BSc (Hons)/MSc DIAGNOSTIC RADIOGRAPHY

MENTOR HANDBOOK

SEPTEMBER 2014
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1 INTRODUCTION

Thank you for agreeing to be a Mentor for the Diagnostic Radiography programmes here at Teesside University. The three pre-registration programmes we offer are:

- Bachelor of Science with Honours - BSc (Hons) Diagnostic Radiography
- Postgraduate Diploma - PgD Diagnostic Radiography (Pre-registration)
- Master of Science - MSc Diagnostic Radiography (Pre-registration)

All of these programmes are accredited by the Health and Care Professions Council (HCPC), and successful completion of any programme means that the student is eligible to apply for registration with the HCPC.

During all of the programmes, the students undertake three clinical placements, where they are required to complete clinical competencies and may also be required to undertake other assessments. The focus of the clinical competencies is the same across all programmes.

An overview of the structure and timing of the programmes can be found on pages two and three. Approximately 50% of the student’s learning occurs in the clinical environment. During this time they have one day a week as study time where they engage with learning materials via the virtual learning environment e-learning@tees (often referred to as Blackboard). The placements are designed to provide the student with increasingly demanding opportunities to achieve the outcomes of their programme and to fulfil the requirement for clinical competency. They also offer the student the opportunity to experience a range of imaging strategies in different environments, so that as a radiographer they can act as both an informed source and an advocate for the patient.

The clinical environment provides the setting for experiential learning and the development of clinical reasoning, problem solving and a reflective approach to practice. The student will be encouraged to apply their theoretical knowledge to the practical situation, plan their practice, undertake the examination and reflect on the process and outcome.

As a Mentor you will assume responsibility for the students’ learning in the practice setting and as such will play a pivotal role in facilitating the student in achieving their competencies.

The activities of a Mentor include:

- Meeting with the student at least twice during the clinical placement in order to monitor progress towards achievement of competency.
- Agreeing objectives with the student in order to facilitate competency.
- Advising the Site Co-ordinator if there are any concerns in relation to the student’s progress.
- Signing off the relevant placement competencies, once competency has been achieved.
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**KEY**
- Module content delivered in University
- Module content delivered in clinical via Blackboard
- Module supported in clinical via Blackboard
- Image interpretation skills developed in University

**Study Days Whilst on Clinical Placement (ECDL drop in sessions are offered at the University)**

- **BSc:**
  - Year 1 Thursday
  - Year 2 Wednesday
  - Year 3 Wednesday

- **MSc:**
  - Placement 1 Friday
  - Placement 2 Friday
  - Placement 3 Wednesday
### Figure 2  
Diagrammatic Representation of University and Clinical Placement Weeks – Please note the IPL weeks may vary

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**MSc students can negotiate two weeks holiday over the summer period.**

**IPL* – this is a Patient Safety day run at James Cook – usually either a Tuesday or Wednesday**

(Date and day TBC)
2 OVERVIEW OF THE BSc (HONS) PROGRAMME

Students spend a total of 53 weeks on clinical placement throughout the three-year programme. This is divided into:

- 13 weeks in Year 1 plus six weeks over the summer
- 15 weeks in Year 2 plus six weeks over the summer
- 13 weeks in Year 3

The clinical modules and structured clinical outcomes provide the student with the opportunity to both define and solve problems related to professional practice. The developmental nature of the placements will require personal, inter-personal and professional skills of an increasingly higher order.

2.1 First Year Experience

All of the modules within the first year of the BSc programme are one academic year-long – in line with University policy i.e. they begin in October and end in May. Students are introduced to the underpinning principles required for radiographic practice in the University setting until February when they come out for their first clinical placement. The students will continue to study whilst they are in placement supported by a Virtual Learning Environment called e-learning@tees (Blackboard). To facilitate this they get one study day per week (see Figure 1) where they will have access to learning materials and will have the opportunity to engage with peers and module staff via email, blogging and podcasting. This is vital to maintain peer and tutor support and student socialisation.

The clinical competencies are part of the Radiographic Practice 1 module. Information about all of the modules and the assessments can be found on the Mentor Support Website at http://soh-practicesupport.tees.ac.uk (which was demonstrated as part of your Mentor training). Your Site Co-ordinator will be able to guide you if you need any assistance in accessing the site.

The first placement focuses on the development of the skills required for the safe and effective use of general-purpose x-ray equipment. Students will be required to undertake and become competent in examinations of the upper and lower limbs, shoulder, the chest and pelvis. Emphasis is also placed on the development of professional skills, communication skills, clinical reasoning and the reflective skills necessary to become an effective health care practitioner.

2.2 Competencies for Placement 1

A full list of competencies for Placement 1 can be found in Appendix 16. The students need to demonstrate competency in the following clinical areas for adult patients who do not require adaptation of technique and are co-operative:
The students will be continually assessed throughout the placement and will gather evidence of their progress which they will present to their Mentor at bipartite meetings. Their Mentor will 'sign off' the clinical competencies if they are convinced that the students have provided sufficient evidence to warrant this. All competencies should be signed off by the end of the placement and a final meeting will be arranged between the student and Mentor to support this. If the student has not been able to provide appropriate evidence then the competencies will not be signed off (see Section 9 on Managing and Supporting the Failing Student).

Mentors play a vital role in supporting and monitoring the progress of the student whilst on clinical placement. If appropriate the Mentor will meet with the student (bipartite meeting) at the beginning of the placement to introduce themselves. Further bipartite meetings will occur every four to five weeks to monitor progress towards achievement of competence. The dates of the bipartite meetings will normally be agreed at the beginning of each placement so that they can be entered into the departmental diary and the student can manage their workload effectively. At each bipartite meeting the Mentor will complete a formative feedback sheet (which reflects the final competencies (see Appendices 16, 17 and 18) and provides the basis of discussion between the Mentor and the student. The student may present evidence e.g. witness statements; or discussions around an article may occur. The Mentor may also ask the student to simulate an examination (see Appendix 16 for further examples of evidence that may be used).

The student will also be expected to bring progress forms to the meeting (Appendix 13), which has been completed by the health care professional the student has been working with. These will help to identify any areas where the student may not be achieving thus acting as a formative assessment. At the end of the bipartite meeting, the formative feedback sheet will be used to develop personal objectives that will further facilitate the achievement of the placement outcomes. If the Mentor has a particular concern about a student’s progress, then additional bipartite meetings can be arranged and the formative feedback sheet can be completed more often. This will provide written evidence of the support the student has been provided. This is especially important if the student is deemed to be ‘failing’, since they must be provided with an individual learning plan and additional support prior to the
end of the placement. This affords them the opportunity to undertake corrective action. This must be brought to the attention of the Clinical Co-ordinator who will inform the visiting lecturer and Programme Leader (see Section 9).

2.3 First Summer Placement

During the summer period the students will spend six weeks in their base hospital consolidating their clinical skills. Assuming the students have successfully completed their first year modules, there will be no assessment during this period. The content of the six weeks will be negotiated between the student and the placement Site Co-ordinator. The student will develop a Learning Contract and reflect on what they have achieved from those six weeks of placement. This will be placed within the student’s Personal Development Portfolio.

The portfolio will also contain other evidence such as an overview of their academic achievement, assessment feedback, Personal Tutor meeting notes, student progress forms, certificates of attendance at CPD activities and other reflections on their own performance. The Mentor may request access to the portfolio at bipartite meetings where the contents can be discussed as evidence towards competence.

2.4 Second Year Experience

For the first half of the second year the student remains on clinical placement. To help the student make the transition to Year 2 they spend the first two weeks in the University in preparation for their second clinical placement. This placement introduces the student to more complex examinations including the use of contrast media. They will be expected to engage in a more sophisticated process of clinical reasoning through the requirement to deal with more challenging examinations and patients. The students will be asked to gather information on issues such as quality assurance, audit, departmental protocols and patient information leaflets to inform the modules when they return to University. During this period the students will also study material relevant to their professional development portfolio.

Learning will again be supported via e-learning@tees (Blackboard) and the students will have one day per week to engage with academic work. To further support the students they will return to the University for a week mid placement (see Figures 1 and 2).

Throughout this clinical placement students will also spend two days in MRI and MUS, one day in RNI and two days at a private hospital. Whilst on the private hospital placement they will be required to complete a specialist placement form (Appendix 15) and undertake activities linked to their portfolio (see the Mentor Support Website at http://soh-practicesupport.tees.ac.uk).
The students return to the University in February. The names of the modules studied can be seen in Figure 1 and further information on the modules can be found on the Mentor Support Website at http://soh-practicesupport.tees.ac.uk.

2.5 Competencies for Placement 2

The students need to demonstrate competence in the following clinical areas:

- Abdomen
- Cervical Spine
- Thoracic Spine
- Lumbar Sacral Spine
- Organisation of a fluoroscopy session e.g. bariums

A full copy of the clinical competencies can be found in Appendix 17.

2.6 Second Summer Placement

The students will spend an additional six weeks in the clinical environment over the summer period. Two weeks will be spent in their base hospital/s where they will consolidate their clinical skills prior to embarking on a four week negotiated placement. The student must have successfully completed all of their competencies prior to going on the negotiated placement.

The negotiated placement provides students with an element of choice. It will be based on their current ability and needs. Some students may use this time to consolidate the areas of competence gained in the preceding clinical placements. Others may use this time to broaden their experience by visiting specialist placements e.g. dexta, lithotripsy, dental or hospitals in other parts of the UK.

As part of the Radiographic Practice 2 module, students are required to write to hospitals seeking permission to go there for the negotiated placement. They also develop a Learning Contract which is agreed by all parties. At the end of the placement a proforma will be completed by a representative of the department so that student progress can be monitored against their Learning Contract. To further promote accountability students will be required to reflect on what they have learned from the experience and place this in their portfolio (see Appendix 15).

2.7 Third Year Experience

The students remain in University for the first half of the final year. It is during this period that they will begin to prepare for their first post-employment. As well as being fit for practice, students are also required to be fit for purpose. As such they engage in a module called The Impact of Healthcare Policy on Practice which as its name suggests explores the impact of health and social care policy on practice. Whilst on placement students will be required to come up with a service improvement idea and present that via a poster in
University towards the end of the year. You will have been introduced to the skills necessary to support these students during your Mentor training, but your Site Co-ordinator has a copy of the Service Improvement 'Placement Support Pack' DVD should you need to revisit the material. All modules studied in Year 3 can be seen in Figure 1 and further information about the modules and assessments can be found on the Mentor Support Website at http://soh-practicesupport.tees.ac.uk.

2.8 Competencies for Placement 3

Students return to clinical in February for their final placement. The focus of this placement is on developing the competencies required for first post-employment. At the same time it is necessary to ensure that the students experience alternate imaging strategies to enable them to act as patient/staff educators and develop their health promotional skills. Students will engage with cardio-radiology, neuro-radiology and for the female students, mammography. They will also undertake out of hours duties. At the end of the placement students will be competent in the following clinical areas:

- Mobiles
- Theatre
- Trauma including facial bones
- Paediatrics
- CT Head
- Pantomography

Please see Appendix 18 for a copy of the full Year 3 competencies
OVERVIEW OF THE PgD/MSc DIAGNOSTIC RADIOGRAPHY (PRE-REGISTRATION) PROGRAMMES

These programmes are designed for students who already hold a first degree in a related area. The masters (M) level modules explore the underpinning theoretical principles relevant to diagnostic radiography, whilst the clinical modules and associated competencies reflect the BSc programme (i.e. first post competence) and are therefore at the same academic level. Hence these students will be masters in the theoretical underpinnings of radiography but not in the practice of radiography. Upon successful completion of both the M level modules and the clinical modules, students are eligible to apply for registration with the HPC. The modules studied in this programme are outlined in Figure 1 and information about them can be found on the Mentor Support Website at http://soh-practicesupport.tees.ac.uk.

There are three clinical placements within the Postgraduate Diploma (PgD) programme with students spending a total of 44 weeks in clinical. If students stay on to complete the MSc then they will undertake an additional four negotiated weeks.

The overall structure is:

**PgD/MSc**
Clinical Placement 1 - 16 weeks (including two weeks summer holiday)
Clinical Placement 2 - 16 weeks (plus two weeks Xmas holidays)
Clinical Placement 3 - 16 weeks (including two weeks summer holiday)

**Plus for MSc**
Negotiated Placement - four weeks

The programme is designed to allow the student to exit with a PgD or continue with the major project and exit with an MSc. Both awards are recognised and accredited by the HCPC. If a student exits with a PgD they can return and complete the MSc as part of their Continuing Professional Development (CPD) but this must be completed within five years from commencing the programme.

**3.1 Stage 1**

The first stage of the programme is undertaken in the University commencing in January when the students study two M level modules, Radiographic Studies and Contemporary Issues in Health and Social Care. The submission of the second assessment for the Contemporary Issues module is delayed until September to allow integration of theory with practice. Students will be required to come up with a service improvement idea and critically evaluate the tools or techniques that could be used to undertake the project. You will have been introduced to the skills necessary to support these students come up with an idea during your Mentor training, but your Site Co-ordinator has a copy of the Service Improvement ‘Placement Support Pack’ DVD, should you need to revisit the material. Further information about both modules and assessments can be found on the Mentor Support Website at http://soh-practicesupport.tees.ac.uk.
3.2 Clinical Placements 1 and 2

Prior to the first clinical placement students will engage with image review sessions of the chest and appendicular skeleton, where they will begin to develop the skills required for image interpretation and comment. From June through to February students undertake Clinical Placement modules 1 and 2 supported by the Virtual Learning Environment e-learning@tees (Blackboard). To facilitate this they have one study day per week as outlined in Figure 1.

The students need to demonstrate competency in the following clinical areas for adult patients who do not require adaptation of technique and are co-operative:

- Hand
- Fingers/thumb
- Wrist, carpal bones and forearm
- Elbow and humerus
- Chest
- Foot, toes and tarsal bones
- Ankle
- Tibia and fibula
- Knee and femur
- Pelvis
- Shoulder

A full list of competencies for the first clinical placement can be found in Appendix 16.

The students will be continually assessed throughout the placement and will gather evidence of their progress which they will present to their Mentor at bipartite meetings. Their Mentor will ‘sign off’ the clinical competencies if they are convinced that the students have provided sufficient evidence to warrant this. All competencies should be signed off by the end of the placement and a final meeting will be arranged between the student and Mentor to support this. If the student has not been able to provide appropriate evidence then the competencies will not be signed off (see Section 9 on Managing and Supporting the Failing Student).

Mentors play a vital role in supporting and monitoring the progress of the student whilst on clinical placement. If appropriate the Mentor will meet with the student (bipartite meeting) at the beginning of the placement to introduce themselves. Further bipartite meetings will occur every four to five weeks to monitor progress towards achievement of competence. The dates of the bipartite meetings will normally be agreed at the beginning of each placement so that they can be entered into the departmental diary and the student can manage their workload effectively. At each bipartite meeting the Mentor will complete a formative feedback sheet (which reflects the final competencies (see Appendices 16, 17 and 18.) and provides the basis of discussion between the Mentor and the student. The student may present evidence e.g.
witness statements; or discussions around an article or radiographs may occur. The Mentor may also ask the student to simulate an examination (see Appendix 16 for further examples of evidence that may be used).

The student will also be expected to bring progress forms to the meeting, which have been completed by the health care professional the student has been working with (see Appendix 13). These will help to identify any areas where the student may not be achieving thus acting as a formative assessment. At the end of the bipartite meeting, the formative feedback sheet will be used to develop personal objectives that will further facilitate the achievement of the placement outcomes. If the Mentor has a particular concern about a student’s progress, then additional bipartite meetings can be arranged and the formative feedback sheet can be completed more often. This will provide written evidence of the support the student has been provided. This is especially important if the student is deemed to be ‘failing’, since they must be provided with an individual learning plan and additional support prior to the end of the placement. This affords them the opportunity to undertake corrective action. This must be brought to the attention of the Site Co-ordinator who will inform the visiting lecturer and Programme Leader (see Section 9).

Students return to University for a day in September to submit the first placement competencies and receive information for Clinical Placement 2.

In Placement 2, the students need to demonstrate competence in the following clinical areas:

- Abdomen
- Cervical Spine
- Thoracic Spine
- Lumbar Sacral Spine
- Organisation of a fluoroscopy session e.g. bariums

They will also spend two days in MRI, two days in MUS, one day in RNI and two days in a private hospital. A full copy of the second placement competencies can be found in Appendix 17.

3.3 Stage 2

Students return to the University in February to complete the second stage of the M level modules. During this period they develop a research proposal and further develop their knowledge of radiographic principles to include more complex examinations and more complex patients.

3.4 Clinical Placement 3

Whilst in University students begin to further extend their skills of image interpretation to include manifest abnormalities of the axial and appendicular skeleton. Students return to clinical in June for their final placement during which time they will be encouraged to sit in on reporting sessions with a
reporting radiographer or radiologist. The focus of this placement is on developing the competencies required for first post-employment. At the same time it is necessary to ensure that the students experience alternate imaging strategies to enable them to act as patient/staff educators and develop their health promotional skills. Students will engage with cardio-radiology, neuro-radiology and for the female students, mammography. They will also undertake out of hours duties. At the end of the placement students will be competent in the following clinical areas:

- Mobiles
- Theatre
- Trauma
- Paediatrics
- CT Head
- Pantomography

Please see Appendix 18 for a full copy of the third placement competencies.

3.5 Stage 3

Students may choose to step-off with a PgD and apply for registration with the HCPC (award board November) or they can choose to continue and undertake a major research project and be awarded an MSc. Following the submission of the project, the student’s undertake four weeks negotiated placement prior to returning to the University for the poster-presentation associated with their project. The award board for the MSc occurs in March.

A student who steps-off at PgD may register with the HCPC and return to complete their MSc part time as part of their CPD. As such the standard charge will be applied. This must be completed within five years of beginning the programme.
4 INTER-PROFESSIONAL LEARNING

Much of the focus of health care policy is around patient centred care, seeing things through patient's eyes and an awareness of the patient journey. Multi-disciplinary team working is therefore part of the clinical competencies, but to further promote the students’ understand, structured activities occur throughout all programmes. These are identified in Figure 2 as IPL. The timing of these may change on a yearly basis but the Site Co-ordinator is given an up-to-date calendar each year and a copy is placed on the Mentor Support Site.

The IPL will occur in both the Radiography modules and in a wider School initiative. In Year 1 they have an introductory session where they will work with other healthcare professional groups from across the School of Health and Social Care. IPL will be embedded within modules across all years of the programme and the students will be informed of this within specific modules at the appropriate time.

Some IPL days occur in clinical practice. They will have the opportunity to participate in one of these sessions which are shared with medical students as well as AHP, social work and nursing students.

The above is mirrored in the PgD/MSc programmes (see Figure 2).
5 SIMULATION

Prior to the student coming out for their first clinical placement they will have practiced the skills of radiography in a non-functioning x-ray suite here at the University. These enable them to develop the psychomotor skills and spacial awareness needed to handle equipment safely and confidently.

In addition they will have used a commercially available computer simulation called Virtual Radiography™. These computer labs allow students to simulate taking an x-ray in a safe and supported way. Students initially gain familiarity with the x-ray room and its components, which aids learning in the clinical skills labs and out in practice. The basic principles of radiographic technique are taught in this way. Students get instant feedback on centring, collimation and patient positioning as an actual radiograph is produced. The virtual radiography experience also allows students to rehearse specific sequences of actions, such as placing cassettes in the bucky and centring to them.

In the second year students will have a wealth of experience to bring back to the simulation sessions. At this time virtual radiography may be used to supplement this clinical experience by targeting examinations not routinely encountered. All students will undertake simulated oblique spine projections as part of the second year clinical induction and facial bones and mandible as part of the third. Also in the final year simulation labs for trolley trauma patients utilizing a horizontal beam will be undertaken. Areas examined will include pelvis and lateral hip, lateral spines and sternum.

The technical aspects of the course are also supported by simulation. In the first year, students are introduced to the x-ray tube via a 3D computer simulation facilitated by a Physics Tutor. In the second year, exposure factor manipulation, system design and dose calculation are explored via an interactive computer simulation of the x-ray beam.
6 QUALITY OF CLINICAL PLACEMENTS

Figure 3 provides an overview of the three placements for all programmes.

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<th>Figure 3 Summary of Clinical Placements for all Programmes</th>
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Radiography Experience to be Gained:

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<td>Abdomen</td>
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<td>Wrist, carpal bones and forearm</td>
<td>Cervical Spine</td>
<td>Trauma</td>
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<td>Paediatrics</td>
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<td>Lumbar Sacral Spine</td>
<td>CT Head</td>
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<tr>
<td>Foot, toes and tarsal bones</td>
<td>Organisation of a</td>
<td>Pantomography</td>
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<td>Ankle</td>
<td>fluoroscopy session e.g.</td>
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<td>Tibia and fibula</td>
<td>bariums</td>
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<td>Knee and femur</td>
<td>Additional experience in:</td>
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<td>Pelvis</td>
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<td>Shoulder</td>
<td>Mobile radiography</td>
<td>Out of hours radiography</td>
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<td>Radiographic reporting</td>
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<td>Review of sectional images</td>
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<td>Additional experience in:</td>
<td></td>
<td>Screening services</td>
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<tr>
<td>Abdomen (non-contrast)</td>
<td>Mobile image intensifier - theatre</td>
<td>Tertiary referral centres</td>
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<tr>
<td>Axial skeleton</td>
<td>Out of hours radiography</td>
<td>MDT meetings</td>
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<td>Image review</td>
<td>Quality assurance processes</td>
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<td>Office/IT procedures</td>
<td>Audit</td>
<td>BSc students:</td>
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<td>MRI</td>
<td>Service Improvement activities</td>
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<td>PgD/MSc students:</td>
<td>MUS</td>
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<td>Service Improvement activities</td>
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Prior to each placement the Site Co-ordinator will draw up a rota for each student which will allow them to achieve the placement outcomes. A Mentor will be allocated to each student to oversee this process.

The rotas for each individual hospital and the way Mentors support students may vary depending on local work practices, however, the final outcomes across all
placements are monitored and form part of the annual programme review to ensure that no one group of students are unfairly advantaged or disadvantaged.

Each clinical area undergoes a bi-annual placement audit to ensure that it is still able to support student education. At the end of each placement the students complete a placement evaluation form and at the end of each year, the Site Co-ordinators/Mentors also complete an evaluation form. This information is collated by the University and is fed into the annual programme report. Feedback is provided to each placement area and any concerns are followed up by the relevant visiting lecturer and/or Programme Leader.

Should concerns be raised about an individual Mentor, the Clinical Co-ordinator will provide support and additional training will be offered to Mentors who are not performing to the programme standard. If the situation is not resolved, the Mentor will be de-selected and an alternative Mentor sought.

If issues are raised about an individual visiting lecturer, this will be brought to the attention of the Principal Lecturer.

If there are any issues relating to the quality of provision then the normal communication channels should be used to resolve the problem before it becomes a major issue. These include:

- Visits at least twice per placement by the Visiting Lecturer – who meets with students and clinical staff.
- The Clinical Liaison Committee held bi-monthly – attended by the Site Co-ordinators.
- Programme boards held bi-annually – includes representatives from Site Co-ordinators, Mentors, students and senior management. The names of representatives can be found on the Mentor Support Website at http://soh-practicesupport.tees.ac.uk.
- Student学术 staff liaison meetings – held twice a year.

If complaints from students are unresolved then they are dealt with in line with the School of Health & Social Care guidelines (see Appendix 12).

All students undergo a risk assessment at the commencement of the programme including immunisations. If you have concerns about the health of any student please inform the Site Co-ordinator who will contact the Programme Leader to arrange for the student to be referred back to Occupational Health.

Prior to the first clinical placement the students cover:

- Client/patient confidentiality and consent
- Conflict resolution
- Manual handling
- Infection prevention and control
- Basic Life Support
- Information Governance
Manual handling, infection prevention and control, BLS and Information Governance are revisited at the University prior to each placement.

At the start of each clinical placement the Site Co-ordinators arrange a placement induction session for all students. The first year BSc students will have been allocated an e-buddy from the third year students at the same hospital. They are out on placement together, which should help the first year students settle in. This also occurs with the Stage 1 and Stage 2 MSc students.
MENTOR TRAINING

Initial Mentor training occurs over one day either at the University or at a Clinical Trust Site so staff from all hospitals can meet and share their experiences.

The training day enables clinicians to explore their educational role and begin to develop the skills required to facilitate the learning and assessment of students on placement. A variety of learning and teaching methods such as group discussions and reflection on practice, are used.

Participants will be introduced to how student competence is assessed throughout the programme. Giving feedback to students is explored along with the support of the failing student. This can help raise the standards of clinical education for students and increases consistency in the quality of the clinical education process. Throughout the day clinicians are encouraged to demonstrate analysis of their role as a Mentor and to articulate how the learning from this day can be applied to the practice environment. Following this training day, ongoing support is provided by the Site Co-ordinator.

Mentors will also be directed to other educational opportunities available within the University to further support the development of their role, e.g. there is a M level multidisciplinary Clinical Educators module which is PEAS accredited with the College of Radiographers.

The following areas are addressed in the initial training of student Mentors:

- Introduction to the Diagnostic Radiography pre-registration programmes.
- Introduction to the learning environment.
- Formative and summative assessments – competency statements.
- Facilitating learning – the role of the Mentor.
- Supporting and assessing students.
- Conducting a bipartite meeting.
- Providing evidence of competency.
- Giving feedback – recording information – developing objectives.
- Problems encountered in practice - case scenarios.
- Managing and supporting the failing student.
- Managing students with a disability (SENDA).
- Service Improvement.
- CPD activities for Mentors.

The names of all Mentors who have undergone training will be kept on a system called ARC at the University. It is recommended that clinicians have an update every two years to ensure their knowledge remains current, to discuss any problems and also to share best practice. This may occur at the University or at a hospital site and may be facilitated by a member of University staff and/or the Site Co-ordinator.

The update session will include:

- Update on the programmes and any impact on the learning experience.
• Mentorship – the process reviewed.
• Facilitating learning in practice – student diversity – sharing of experiences.
• Providing evidence of competency – discussion.
• Managing feedback – managing problems – sharing of experiences.
• Managing and supporting the failing student – sharing of experiences.
• Contemporary practice issues e.g. supporting students to develop a service improvement idea.
• CPD activities for Mentors.
8 STUDENT SUPPORT - ROLES AND RESPONSIBILITIES OF STAFF

It is important that students have appropriate high quality support in the practice environment.

8.1 The Site Co-ordinator

The Site Co-ordinator has overall responsibility for the management and administration of students within the clinical environment. Key roles include organising the student rotas to ensure that the learning outcomes are achieved and that adequate supervision is provided. They will attend bi-monthly Clinical Liaison Meetings held at the University. They will also provide support for Mentors and act as a link with the Visiting Lecturer and University.

The Site Co-ordinator should:

- Be a diagnostic radiographer working in the relevant clinical area.
- Be a senior member of the radiography team.
- Demonstrate evidence of CPD.
- Be a good role model.
- Provide support and advice to Mentors.
- Facilitate the bi-annual updating of Mentors.
- Attend bi-monthly Clinical Liaison Meetings held at the University.
- Provide advice to the University team on changes in clinical practice.
- Attend the annual update day at the University in September.
- Ideally have an additional teaching qualification such as the multi-professional AHP educator’s course for which Practice Educator Accreditation Scheme (PEAS) accreditation is being sought from the College of Radiographers.

In addition, the Site Co-ordinator will sign off the final section of the competencies and complete the documentation on the e-portfolio in preparation for the Assessment Boards.

8.2 The Mentor

The Mentor plays a pivotal role in the learning and support for students in the practice setting. The term ‘Mentor’ is used to denote the role of the radiographer who assumes the responsibility for ‘signing off’ the student’s clinical competencies in the practice setting. It is essential that those who act as Mentors have the appropriate skills to prepare students for the world of health care and ensure that the student’s learning experiences are fully supported and valued. Therefore they should have been qualified for at least one year.

The activities of a Mentor include:
• Meeting with the student at least twice during the clinical placement in order to monitor progress towards achievement of competency.
• Agreeing objectives with the student in order to facilitate competence.
• Advising the Site Co-ordinator if there are any concerns in relation to the student’s progress.
• Signing off all the placement competencies, once competency has been achieved; except the last section which will be signed off by the Site Co-ordinator. Please remember that if a competency is achieved prior to the end of the placement the student must maintain this competency and will not be signed off until the end of the placement.

Mentors should possess a repertoire of skills in their area of practice. The Mentor’s contribution to the learning takes account of the experience available, the student’s stage within the whole programme and the student’s previous learning and achieved outcomes. Mentorship skills are transferable, however, should the Mentor transfer to a new area of practice they would be expected to develop sound professional knowledge and skills in that area before retaking on the Mentor’s role.

Mentors should:
• Be registered as a radiographer with the Health and Care Professions Council.
• Be qualified for a minimum of one year.
• Be a good role model.
• Demonstrate evidence of CPD.
• Attend the Mentors training programme and bi-annual updates.

8.3 The Clinical Co-ordinator

The Clinical Co-ordinator is a member of University staff who has overall responsibility for the clinical education of the students.

Key roles include:
• Providing a regular bulletin on broader issues relating to audit, practice placement developments and student evaluation to ensure that all those involved in planning, providing and auditing placements are up-to-date with developments.
• Organising and chairing the Clinical Liaison Meetings held at the University.
• Organising and contributing to Mentor training and update days.
• Contributing to the delivery of the multi-professional AHP course.
• Keeping clinical documentation up-to-date.
• Keeping the mentor support site up-to-date.
• Liaising with the placements office at the University and facilitating Mentor and student evaluations of placements.
• Liaising with the placements office at the University and facilitating bi-annual placement educational audits.
• Allocating first year BSc placements in liaison with the Programme Leader.
• Organising BSc specialist placements in Years 2 and 3.
• Negotiating places and allocating first year MSc students in liaison with the Programme Leader.
• Organising MSc specialist placements for CP2 and CP3.
• Attending the School’s ‘Strategic Clinical Placement Group’ meetings.

8.4 The Visiting Lecturer

A member of the Medical Imaging Team is aligned to a clinical placement area or areas and assumes Personal Tutor responsibility for the students placed there. A list of the Visiting Lecturers (VL’s) and the hospitals to which they are attached can be found on the mentor support site. The VL maintains close contact with the placement area and visits at least twice per placement to meet both students and clinical staff.

The Visiting Lecturer will:

• Provide a link between clinical practice and the University.
• Work with practice based staff to explore and agree the best means of facilitating individual students in achieving clinical competence.
• Meet with the students twice during each clinical placement to enable them to discuss their practice experiences and clinical knowledge to date.
• Identify areas of concern which students may be experiencing in completing their competencies.
• Review the student’s portfolio and personal Progress File.
• Liaise with the Site Co-ordinator regarding student progress with particular reference to absence/sickness, progress forms and achievement of competence.

8.5 The Role of the Student

The students will be made aware of their responsibilities as a professional prior to their placement. They should:

• Act as advocates for the University.
• Act appropriately toward Mentors, users, carers, relatives and other health care professionals.
• Take responsibility for their own learning by accessing the distance learning material provided on e-learning@tees, and gathering requested information to inform teaching on return to University.
• Provide their Mentor with the relevant paperwork at all bipartite meetings.
• Engage with their portfolio activities and be prepared to discuss these with their Mentor and Personal Tutor.
9 MANAGING AND SUPPORTING THE FAILING STUDENT

Sometimes you may be concerned about the progress of a student. Signs of a failing student might include:
- Poor communication and interpersonal skills.
- Lack of interest and participation.
- Persistent lateness.
- Lack of personal insight.
- Lack of interest in professional boundaries.

These concerns may be expressed through their weekly progress forms or radiographers may have commented to you personally as their Mentor.

Symptoms can be difficult to assess because:
- Emotional issues are involved.
- Supporting a failing student is time-consuming.
- As their Mentor you may feel responsible.
- There may be personal circumstances that should be taken into account.
- You may be new to the mentoring role and lack confidence.

However, you need to remember that you have a responsibility to protect the patient. Also the student must be afforded the opportunity to succeed by being provided with additional support.

If you have any doubts or worries then early intervention is key. Use your ‘gut feelings’. Don’t give the benefit of the doubt, listen to those alarm bells.

Set up a bipartite meeting which must be documented on the ‘Mentor Concern Form’:
- Ask why the student is late or disinterested.
- Avoid jumping to conclusions.
- Ask the student how they think they are getting along in particular areas.
- Be clear to the student exactly what the problem is and give examples from their progress forms.

Agree an Action Plan with the student specifying the responsibilities of those involved. You should:
- Make it clear what you expect from the student.
- Remove any obstacles to learning.
- Agree some objectives to be met prior to the next meeting.
- Specify the responsibilities of those involved.
- Agree a time and date for the follow-up review.

A copy of this form should be kept by the student and Mentor to inform the follow-up review. The Mentor should inform the Site Co-ordinator of the nature of the concern and when the follow-up review is due to take place.
Should the student meet the agreed objectives at the follow-up review, and no further concerns have been expressed, then the Mentor Concern Form should be kept by the Site Co-ordinator until the end of placement when it will be forwarded to the Visiting Lecturer at the University who will place it in the student file.

If the student fails to meet the objectives and further concerns are expressed by clinical colleagues then you must inform the Site Co-ordinator who in turn will inform the Visiting Lecturer. At this stage a meeting will be set up between the student, Mentor/Site Co-ordinator and the Visiting Lecturer to explore the issues further.

Formal written feedback will be provided to the student including an Action Plan agreed by all parties. Regular bipartite meetings will be arranged to discuss the progress of the student.

If the student continues to cause concern such as when:

- Detailed and regular feedback on poor performance has had no effect.
- There is a lack of appropriate response from the student.
- The student does not provide evidence to support the achievement of competency.
- The student acts in an unprofessional manner despite feedback and support.
- The student is considered to be a risk to the patients.

The Site Co-ordinator should inform the Programme Leader and Visiting Lecturer. The Programme Leader will initiate a Stage 1 Professional Misconduct Hearing. The results of the meeting will be documented and should the student fail to achieve the competency statements by the end of placement this will be discussed at the award board and appropriate action taken.