DIAGNOSTIC RADIOGRAPHY: PORTFOLIO AND CLINICAL FILES

CLINICAL HANDBOOK
FOR STUDENTS AND MENTORS

SEPTEMBER 2017

School of Health & Social Care
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DISCLAIMER

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Introduction

This document is provided guidance and support to both clinical mentors and students for the clinical placements within the pre-registration programmes offered by Teesside University, in Diagnostic Radiography (BSc (Hons), PgDip & MSc).

The information within the clinical handbook is pertinent to both students and mentors with some overlapping themes. Therefore the handbook has been split into three distinct sections consisting of general information, information for students and information for mentors.

The general information section provides both students and mentors with an overview of the programmes provided by Teesside University. This information includes the roles and responsibilities of the staff involved in clinical education. Also included here is an outline of the expected student experience.

The information for the student section provides students with information around their Portfolio of Evidence, an introduction to what a portfolio is and also the tools that can be used in its development will be discussed.

The information for mentors section will include some further information around the programmes provided, such as the philosophies and aims of the programmes. Here also will be an outline of the bipartite meetings and also how the clinical placements are evaluated. There is also some information on the process for managing a student who is considered to be struggling with the clinical aspects of the programme.

It should also be noted that this handbook should be used in conjunction with the appendices document and the Virtual Learning Environment (Blackboard/E@T) (for students) and the practice support website (for mentors and clinical staff).

The section entitled ‘General Information’ is written in a student facing style where ‘you’ is the student (and not the mentor).
General Information

This section contains information specifically surrounding the programmes’ structure and the student experience. There is also some general information around student support that is pertinent to both students and mentors.

The Programmes

The three pre-registration programmes we offer are:
- Bachelor of Science with Honours - BSc (Hons) Diagnostic Radiography
- Postgraduate Diploma - PgDip 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 the Society and College of Radiographers (SCoR). Successful completion of any programme means that the student is eligible to apply for registration with the HCPC. The PgDip and the MSc both utilise similar routes and are discussed in tandem.

During all of the programmes, you undertake three clinical placements, where you are required to complete clinical competencies and you may also be required to undertake other assessments. The focus of the clinical competencies is the same across both the MSc and BSc (Hons) programmes.

An overview of the structure and timing of the programmes can be found in figures 1 and 2. Approximately 50% of your learning occurs in the clinical environment. During this time you have half a day study per week as study time where they engage with learning materials via the university’s VLE (e-learning@tees, often referred to as Blackboard or E@T). The placements are designed to provide you with increasingly demanding opportunities to achieve the outcomes of the programme and to fulfil the requirement for clinical competence. They also offer you the opportunity to experience a range of imaging strategies in different environments, so that as a radiographer you 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. You will be encouraged to apply theoretical knowledge to the practical situation, plan your practice, undertake examinations and reflect on the process and outcomes.
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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

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**Figure 1: 2016-17 Diagnostic Radiography Programmes Structure**
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Figure 2: 2017-18 Academic Year Calendar (Please note the IPL weeks may vary)
The Overall Student Experience across All Programmes

You will be continually assessed throughout all three placements and you will need to gather evidence of your progress which will be presented to your Mentor(s) at bi-partite meetings (‘bi-partite meetings’ are used throughout the handbook to indicate a meeting where written formative feedback is given). Your Mentor will ‘sign off’ the clinical competencies if they are convinced that there is sufficient evidence to warrant this. Examples of the evidence that could be provided is given in appendices 18-20. All competencies should be signed off by the end of the placement and a final meeting will be arranged between you and your Mentor to support this. If you have not been able to provide appropriate evidence then the competencies will not be signed off (see Section 10 on Managing and Supporting the Failing Student).

The evidence of competence will be contained within your portfolio. This portfolio will also contain evidence such as an overview of academic achievement, assessment feedback, Visiting Lecturer meeting notes, student progress forms, certificates of attendance at Continuing Professional Development (CPD) activities and other reflections on performance. A Mentor may request access to the portfolio at bi-partite meetings where the contents can be discussed as evidence towards competence.

Student Mentors play a vital role in supporting and monitoring your progress whilst on clinical placements. The Mentor will meet with you at the beginning of the placement to introduce themselves. The bi-partite meetings will normally occur every four to five weeks to monitor progress towards achievement of competence. The dates of the bi-partite meetings will normally be agreed at the beginning of each placement so that they can be entered into the departmental diary and you can manage their workload effectively. At each bi-partite meeting the Mentor will complete a formative feedback sheet (which reflects the final competencies (see Appendices 18-20)) and provides the basis of discussion between you and your Mentor. You may present evidence or the mentor may discuss or simulate scenarios with you (if appropriate to that competency).

You will also be expected to bring your progress forms and weekly self-report forms to the meeting (Appendices 11-12), that have been completed by the health care professional (radiographer, nurse, etc.). These will help to identify any areas where you may not be achieving thus acting as a formative assessment. At the end of the bipartite meeting, the formative feedback sheet appropriate to that placement (appendices 19-21) will be used to develop objectives that will further facilitate the achievement of the placement outcomes. If your Mentor has a particular
concern about your 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 you are deemed to be failing, since you should normally be provided with an individual learning plan and additional support prior to the end of the placement. This affords you the opportunity to undertake corrective action. This must be brought to the attention of the Placements Officer who will inform the Visiting Lecturer and Programme Leader (see the Supporting the Failing Student section).

The Assessment Process
You will be assessed throughout the clinical placement via competencies. During the bipartite meetings with your mentor the portfolio will be assessed by your mentor, and evidence of competence will be sought. You will receive feedback on their portfolio and the evidence contained therein, which will provide you with direction towards attainment of competence.

The process towards the end of the placement will be as outlined below:

- Student will meet with their mentor.
- Mentor will assess student and their portfolio of evidence.
- Mentor will inform Clinical Site Coordinator of their decision using the competency statements.
- Clinical Site Coordinator will electronically sign the students E-portfolio (either as a pass or fail).
- Student will bring their portfolio to the end of year meeting.
- Clinical Site Coordinator will forward competency statements to the University Placements Officer.
- Student will receive feedback in line with university guidance.

Students in the 3rd placement will not need to bring in their portfolio at the end of year meeting due to having a specific portfolio assessment within the programme.
Roles and Responsibilities

This section sets out the roles and responsibilities of all members of the team responsible for clinical education.

The Clinical Site Co-coordinator
The Clinical Site Co-ordinator has overall responsibility for the management and administration of students within the clinical environment. Key roles include organising the student rota 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 Clinical 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.
- Must have or be working towards an additional teaching qualification such as the multi-professional AHP educator’s course for which includes the Practice Educator Accreditation Scheme (PEAS) accreditation from the College of Radiographers.

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

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 responsibilities 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 Clinical Site Co-ordinator if there are any concerns in relation to the student’s progress.
• Completing the formative feedback sheet for bi-partite meetings.

Those responsibilities may also extend to:

• Signing off all the placement competencies, once competency has been achieved; except the last section which will be signed off by the Clinical 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 must 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.

It is strongly recommended that Mentors engage with activities outside of their clinical student support role such as participation in student recruitment and module assessments.

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.

The University Placements Officer

The University Placements Officer 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 clinical educators’ 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.
• Allocating first year MSc students in liaison with the Programme Leader.
• Attending the School’s AHP Placements Group meetings and reporting back to the clinical site co-ordinators and visiting lecturer staff.

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.
• Meet with practice based staff/Mentors if required.
• 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 Clinical Site Co-ordinator regarding student progress with particular reference to absence/sickness, progress forms and achievement of competence.

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 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.
• To keep radiation protection badges in good condition and return when requested.
Programme Structures – BSc (Hons)

Students spend a total of 41 weeks on clinical placement throughout the three-year programme. This is divided into:

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

The students will spend 35 hours per week in clinical placement (with ½ day (3.5 hours) on site study). The students are also expected to engage with shift work from around week 6 (depending on student progression) and should engage with all aspects of shift work (including night shifts) from early on in their clinical placements.

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. The overall structure is shown in figure 1.

First Year Experience

All of the modules within the first year of the BSc programme are one academic year-long 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 attend clinical placement for two days prior to this in November and December. The students will continue to study whilst they are in placement supported by a Virtual Learning Environment called e-learning@tees (sometimes called E@T or Blackboard). To facilitate this they get ½ day study per week where they will have access to learning materials and/or study sessions in the clinical site. They will also have the opportunity to engage with peers and module staff via various online tools. This is vital to maintain peer and tutor support and student socialisation.

The clinical competencies are part of the Radiographic Practice 1 module (see appendices 18-20). Information about all of the modules and the assessments can be found on the Mentor Support Website at http://sohsc.tees.ac.uk/sites/practicesupport (which was demonstrated as part of the Mentor training for clinical staff).

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, abdomen 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.
Competencies for Placement 1

A full list of competencies for Placement 1 can be found in Appendix 18. 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
- Abdomen

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 have an induction period in the University to prepare for the 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 the VLE and the students will have one day per week to engage with academic work. Throughout this clinical placement students will also spend two days in MRI and MUS and one day in RNI. Also during this time the student may undertake specialist placements within cardiology and neurology departments (see appendix 17 for example learning objectives). Whilst on the specialist placement they will be required to complete a specialist placement form (Appendix 16) and undertake activities linked to their portfolio.

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://sohsc.tees.ac.uk/sites/practicesupport
Competencies for Placement 2

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

- Cervical spine
- Thoracic spine
- Lumbar Sacral Spine
- CT head
- Mobiles
- Theatre

A full copy of the clinical competencies can be found in Appendix 19.

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. These two weeks will be fixed at the end of the second year (see figure 2). 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. DXA, lithotripsy, dental or hospitals in other parts of the UK or abroad.

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 16).

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 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 Improving the Imaging Service. 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. The students are also required to begin to develop
mentoring skills and are expected to provide feedback to a first year student in the clinical environment. They are prepared for this through undertaking simulation with the 1st year students as part of their Radiographic Practice Three module.

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://sohsc.tees.ac.uk/sites/practicesupport

Competencies for Placement 3

Students return to the clinical department 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 placements within the private sector and for the female students, mammography. At the end of the placement students will be competent in the following clinical areas:

- Trauma
- Pantomography
- Management of two sessions from e.g. CT, fluoroscopy, US, theatre
- Patients requiring complex care e.g.
  - paediatric patients
  - hearing impairment
  - visual impairment
  - learning disabilities
  - bariatric patients
  - patients with dementia
PgDip/MSc Diagnostic Radiography (Pre-Registration)

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 HCPC. 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://sohsc.tees.ac.uk/sites/practicesupport.

There are three clinical placements within the Postgraduate Diploma (PgDip) programme with students spending a total of 33 weeks in clinical practice, with the same hours as the BSc students. If students stay on to complete the MSc then they will undertake an additional four negotiated weeks.

The overall clinical structure is:

**PgDip**
- Clinical Placement 1 - 11 weeks (excluding two weeks summer holiday)
- Clinical Placement 2 - 11 weeks (excluding two weeks Christmas holidays)
- Clinical Placement 3 - 11 weeks (excluding two weeks summer holiday)

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

The programme is designed to allow the student to exit with a PgDip 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 PgDip they can return and complete the MSc as part of their Continuing Professional Development (CPD) but this must be completed within five years from finishing the programme.

**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 Impact of Policy on Radiographic Practice (IPRP). Further information about both modules and assessments can be found on the Mentor Support Website at http://sohsc.tees.ac.uk/sites/practicesupport.
Clinical Placements 1 and 2

Prior to the first clinical placement students will engage with image review sessions of the chest, abdomen, pelvis and appendicular skeleton. They will spend this time developing the practical skills through using the skills lab, and also engage with theory at M-level. From June through to February students undertake Clinical Placement modules 1 and 2 supported by the VLE, e-learning@tees (Blackboard). To facilitate this they have ½ day study per week. The competencies required for Clinical Placements One and Two are the same as those in the undergraduate programme (i.e. Radiographic Practice One and Two).

In Clinical Placement One 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
- Abdomen

A full list of competencies for the first clinical placement can be found in Appendix 18.

Students return to University for a day in September to submit the first placement competencies and receive information for Clinical Placement 2. The students will have some study time between these two placements (see figure 2). In Clinical Placement Two, the students need to demonstrate competence in the following clinical areas:

- Cervical spine
- Thoracic spine
- Lumbar Sacral Spine
- CT head
- Mobiles
- Theatre
They will also spend two days in MRI, two days in MUS, one day in RNI and two days in a neurology and cardiology respectively. A full copy of the second placement competencies can be found in Appendix 19.

**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. More information can be found in figure 1 and on the Mentor Support Site (http://sohsc.tees.ac.uk/sites/practicesupport)

**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 the clinical departments 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 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 private placements 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:

- Trauma
- Pantomography
- Management of two sessions from e.g. CT, fluoroscopy, US, theatre, general X-ray (if applicable)
- Patients requiring complex care e.g.
- paediatrics
- hearing impairment
- visual impairment
- learning disabilities
- bariatric
- dementia

Please see Appendix 20 for a full copy of the third placement competencies.

**Stage 3 – MSc Dissertation**
Students may choose to step-off with a PgDip 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 (see figures 1 and 2). The award board for the MSc occurs in March. A student who steps-off at PgDip may register with the HCPC and return to complete their MSc part time as part of their CPD.
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. Multidisciplinary team working is therefore part of the clinical competencies, but to further promote the students’ understanding, structured activities occur throughout all programmes. These are identified in figure 2 as Inter-Professional Learning (IPL). The timing of these may change on a yearly basis but the Clinical 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 programmes within a wider School initiative. In Year 1 they have an introductory session where they will work with other health care professional groups from across the School of Health and Social Care (SOHSC). 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 PgDip/MSc programmes (see figure 2).
Simulation in the University Setting

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 spatial awareness needed to handle equipment safely and confidently.

In addition they will have used a commercially available computer simulation called Virtual Radiography™ within the computer labs at the university. These computer labs allow students to simulate undertaking radiographic examinations 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, sternum and facial bones.

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.
### Figure 3 Summary of Clinical Placements for all Programmes

<table>
<thead>
<tr>
<th>Placement 1</th>
<th>Placement 2</th>
<th>Placement 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Image ‘processing’ areas</td>
<td>* General radiography</td>
<td>* General radiography</td>
</tr>
<tr>
<td>* Reception and clerical area</td>
<td>* Accident &amp; Emergency</td>
<td>* Accident &amp; Emergency</td>
</tr>
<tr>
<td>* General radiography</td>
<td>* Wards and theatre</td>
<td>* Wards and theatre</td>
</tr>
<tr>
<td>* Accident &amp; Emergency</td>
<td>* Fluoroscopy suite</td>
<td>* CT (2 weeks)</td>
</tr>
<tr>
<td>* Departmental nursing</td>
<td>* CT (2 weeks)</td>
<td>* IVU / CTU</td>
</tr>
<tr>
<td>* CT (2 days)</td>
<td>* MRI (2 days)</td>
<td>* MRI (2 days)</td>
</tr>
<tr>
<td></td>
<td>* MUS (2 days)</td>
<td>* RNI (1 day)</td>
</tr>
<tr>
<td></td>
<td>* Private hospital (2 days)</td>
<td></td>
</tr>
</tbody>
</table>

### Radiography Experience to be Gained:

<table>
<thead>
<tr>
<th>Placement 1</th>
<th>Placement 2</th>
<th>Placement 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competence on adult co-operative patients in:</strong></td>
<td><strong>Competence in:</strong></td>
<td><strong>Competence in:</strong></td>
</tr>
<tr>
<td>* Hand</td>
<td>* Cervical spine</td>
<td>* Trauma</td>
</tr>
<tr>
<td>* Fingers/thumb</td>
<td>* Thoracic spine</td>
<td>* Pantomography</td>
</tr>
<tr>
<td>* Wrist / carpal bones / forearm</td>
<td>* Lumbar Sacral Spine</td>
<td>* Management of two sessions from e.g. CT, fluoroscopy, US, theatre</td>
</tr>
<tr>
<td>* Elbow/humerus</td>
<td>* CT head</td>
<td>* Patients requiring complex care e.g.</td>
</tr>
<tr>
<td>* Shoulder</td>
<td>* Mobiles</td>
<td>✓ paediatrics</td>
</tr>
<tr>
<td>* Chest</td>
<td>* Theatre</td>
<td>✓ hearing impairment</td>
</tr>
<tr>
<td>* Foot/toes/tarsal bones</td>
<td></td>
<td>✓ visual impairment</td>
</tr>
<tr>
<td>* Ankle</td>
<td></td>
<td>✓ learning disabilities</td>
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<tr>
<td>* Tibia and fibula</td>
<td></td>
<td>✓ bariatric</td>
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<tr>
<td>* Femur</td>
<td></td>
<td>✓ dementia</td>
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<tr>
<td>* Pelvis</td>
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<tr>
<td>* Abdomen</td>
<td></td>
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</tr>
<tr>
<td>Additional experience in:</td>
<td>Additional experience in (if available):</td>
<td>Additional experience in:</td>
</tr>
<tr>
<td>* Reception and clerical area</td>
<td>* Cardio-radiology (2 d)</td>
<td><strong>Private Placements (if possible)</strong></td>
</tr>
<tr>
<td>* IT procedures</td>
<td>* Neuro-radiology (2 d)</td>
<td><strong>Mammography</strong> (females) (2 days)</td>
</tr>
<tr>
<td>* ‘Nursing’ procedures</td>
<td>* Fluoroscopy</td>
<td><strong>Reporting</strong></td>
</tr>
<tr>
<td>* CT (2 days)</td>
<td>* Angiography</td>
<td><strong>CT (2 weeks)</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>MUS</strong> (2 days)</td>
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<td><strong>MRI</strong> (2 days)</td>
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<td></td>
<td></td>
<td><strong>RNI</strong> (1 day)</td>
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<td></td>
<td></td>
<td><strong>MDT meetings</strong></td>
</tr>
</tbody>
</table>

Figure 3 - Overview of the three placements for all programmes.
Prior to each placement the Clinical 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/trust 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 Clinical Site Co-ordinators and 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 Site 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 Head of Department for Occupational Therapy, Social Work and Medical Imaging, and School of Health and Social Care procedures will be followed.

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 Meetings held every two months – attended by the Clinical Site Co-ordinators.
- Programme boards held twice a year – includes representatives from Clinical Site Co-ordinators, Mentors, students and radiology management. The names of representatives can be found on the Mentor Support Website at http://sohsc.tees.ac.uk/sites/practicesupport.
- Student/academic staff liaison meetings – held twice a year.
If complaints from students are unresolved then they are dealt with in line with the SOHSC guidelines (see Appendix 10).

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

Contained within this section is information around the students’ development of a Portfolio of Evidence to support the attainment of competencies within the clinical placement. The portfolio can also be used within the university setting as well, as the skills that the student will learn are transferable to this setting. It may be prudent for mentors to read this section also, as it will give them an insight into the expectations that the students are made aware of.

Preparation for Practice

Prior to the first clinical placement you will 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. **If you miss any of these sessions you WILL NOT be allowed to undertake activities in the clinical environment (i.e. you may attend the hospital for your induction but you will not be allowed any patient contact) until these have been completed.**

You should all access a database called ARC POWNet which contains information on your clinical placement areas. This includes information such as the time of the working day, locker availability, car parking, transport etc. It is suggested that you all take the time to access this via the school e-directory and searching for POWNet within the search box and clicking the web link tab above the document results.

You are also requested to contact their Clinical Site Co-ordinator prior to attending the department for their clinical taster day. The Clinical Site Co-ordinator email will be made available to you on Blackboard. **It is your responsibility to contact the Clinical Site Coordinators.**

At the start of each clinical placement the Clinical 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, and this will normally be 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.
An Introduction to Portfolios

A portfolio is an organised, goal-driven document of a person’s professional growth and achieved competence. It is like a living Curriculum Vitae (CV). For example, every time a new activity is started or a new role is undertaken, you can update your portfolio and reconsider your learning needs in light of your new circumstances. Because of the increasing trend towards providing evidence of lifelong learning, your portfolio can demonstrate your continued commitment to achieving and maintaining your existing knowledge and skills base. It can also prove that you are continuing to acquire new knowledge and skills throughout your professional career.

All health care professionals need to incorporate professional development into their role to remain competent, relevant and clinically effective. The underpinning purpose of CPD is to improve the service to patients and service users. You will be introduced to portfolio development at the beginning of the programme and this will then be built on throughout your degree. You must take ownership and be accountable for your own self-development, through a process of self-evaluation and reflection on practice. To help you through this process a number of activities have been incorporated into the modules throughout the programme. These activities will help you develop the skills needed to evaluate your progress and undertake CPD, which is a requirement for maintaining your professional registration with the Health and Care Professions Council (HCPC) 2014.

Your portfolio is the tool that will help you to manage your personal and professional development in a logical and coherent style. It will provide the framework to record and demonstrate your progress with templates/models available should you wish to use them. The portfolio is in fact a repository for your important documentation, including your completed competencies and certificates. Guidance will be provided by your module and personal tutors.

The creation of your portfolio is not a once only activity. It is a progressive document which will allow you to take responsibility for your own personal development throughout the programme and your future career. Make a commitment to this now.

Your portfolio can be used to:

- Produce evidence of what you have achieved in the clinical environment, particularly in the application of theoretical knowledge to practical tasks. You will be able to make theory/practice links.
- Identify your personal and professional development throughout the programme and monitor your progress.
- Create a fuller picture of the diversity of your experience.
- Enable you to reflect on how you are learning.
- Develop your skills of presenting information.
- Develop a resource to be used at job interviews.
- Collate and demonstrate your achievement of the practice module outcomes and competencies. It should therefore include evidence which demonstrates your progress towards achievement of practice competencies.

Whilst on clinical placement you will need to collect evidence to support completion of your competencies. These can be kept in your portfolio giving easily access to both your Mentor and yourself. If your competencies are not complete, any outstanding competencies will be highlighted so that the module tutor can monitor your progress.
Why do I need a Portfolio?

CPD is the way health professionals continue to learn and develop throughout their careers so that they can keep their skills and knowledge up-to-date and are able to work safely, legally and effectively. You can think of your clinical placements as opportunities to develop these lifelong learning skills. This will help you to gather evidence of your competence, and demonstrate to your mentor that you are able to undertake the aspects of the role that are being assessed.

There are a number of stages to the cycle of CPD, which are listed below:

- Determine where you are
- Decide where you want to go
- Decide what you need to do to get there
- Work out a plan of how to get there
- Put the plan in action

CPD is not measured exclusively in the attendance of lectures, seminars, workshops, placements and training courses, but in all aspects of your life where an advancement of knowledge takes place. This may include: viewing television documentaries on relevant topics, attending a discussion group, undertaking a question and answer session with a medical consultant, completing a reflective log or being an active member of a committee. Whatever CPD you undertake it requires evidencing so that it can inform your decision-making and planning. This means you must record all CPD activities and comment on their relevance and value. CPD activities should not just be presented as a list.

You are encouraged to take ownership of your own learning. Through the portfolio you will be empowered to set appropriate targets, plan how these targets are going to be achieved, reflect on your learning experiences, and engage in on-going professional development. It is an opportunity for you to become actively involved in your learning. You will be encouraged to look critically at your learning needs and develop strategies in order to meet them. It also encourages you to reflect on what you have learnt, how you have learnt it and how this can be applied to your practice.

At the end of the programme, you should possess a document of which you can be proud and one that reflects your own personal achievements. Your portfolio is a working document which will provide you with evidence for your CV and for first post and future interviews, whilst also identifying future learning and professional development needs. Since your portfolio is portable you will be able to continue with it after graduation as you will leave this programme with the necessary skills to fulfil the HCPC requirements for CPD.
What should I include in a Portfolio?

Your portfolio should be neat, look professional, and have a logical flow with evidence being easy to locate. This is your opportunity to be creative and to give your portfolio the personal touch.

The following points provide some helpful tips on how to present your portfolio:

- Make a contents page so that the information within your portfolio is easy to locate.
- Insert dividers between each section – these should be clearly visible.
- Present the material in a logical and orderly manner (normally reverse chronologically i.e. newest at the front).
- Use the same style and format throughout.
- Take pride in the work that you put into your portfolio.
- Your portfolio is a representation of you and your professionalism. Where possible, all information should be word-processed.
- Attention to the graphical content of your portfolio may be appropriate to make the document as appealing to the reader as possible.
- You must support any discussion with appropriately referenced literature. A reference list should be included at the end of each entry.

It is important to record events as they happen. This information can then be collated and organised at the end of each year or when making applications for your first post. In the first year, it is important to collect a lot of information because you do not know what form your final portfolio will take. Things you don’t want can be removed later. However, you cannot add what you don’t have. In the second year, you should be more discerning as you will have a better idea of the things you want to include. This is when your personal style really takes over. The final year will see you removing the irrelevant material as you work the portfolio into a document that can be taken to interview to give a prospective employer an idea of your experience and personality.

One way in which you can structure the portfolio is around the competency statements. It may help both you and your mentor if you can ‘map’ the evidence within your portfolio with your competence statements (i.e. indicate which competencies your evidence is addressing).

Year 1 - Evidence
You can include a variety of forms in your portfolio from your first clinical placement, including written reflections, formative and summative
feedback, Learning Contracts/Action Plans, formative feedback sheets, annual print out of results and achievement of key skills.

As a minimum, the following **must** be included in your Year 1 portfolio.

- Contents page
- Current CV/Profile and personal details
- Identification of preferred learning style
- Strengths, Weaknesses, Opportunities and Challenges (SWOC) analyses
- Action Plans
- Certificates e.g. manual handling, Basic Life Support, infection prevention and control, conflict resolution
- Evidence of IPL attendance
- Reflections
- Progress forms from bi-partite meetings
- Record of personal tutor meetings
- Assessment results and feedback
- Evidence of achievement of clinical competencies
- Attendance sheets from clinical placement
- Feedback and action plan from your 360° Communication and Inter-personal Skills tool
- Identification of opportunities outside the curriculum that have afforded learning opportunities

These documents should be placed in a file and made available to your personal tutor at the end-of-year meeting, in May/June for the BSc students and in September at the end of the first clinical placement for the MSc students. This will allow it to be formatively assessed. You will not receive a mark for this, but you will receive feedback on the good parts of it and how it can be improved.

**Year 2 – Building on Year 1**

You will receive formative feedback from your Personal Tutor on your previously submitted portfolio with some actions to address. You will now be developing your own style and you can include a variety of additional evidence to demonstrate your progress and development.

As well as those essential items from the first year (contents page etc.) you should build on the year portfolio through discussion of some of the following:

- Attendance Sheets for both base hospital and negotiated components
- Completed specialist placement forms
- Reflections using ‘more challenging’ models
- Evidence of progress including feedback and action plan from your 360°
- Communication and Inter-personal Skills tool
By the end of the programme
By the end of the programme you should have developed your own style and included a variety of additional evidence to demonstrate your progress and development. Your portfolio should now be well structured and you should have acted on any previous feedback given. In addition you can include:

- Reflection on your overall programme experience and how you feel about taking up your first post
- Five year action plan – where do you see yourself in five years’ time?

By this stage your portfolio will be very large and should not be taken to interview in this state. It should now be streamlined against the essential criteria outlined in the person specification of the job for which you are applying. As each person specification is different, you need to adjust your portfolio for each interview you attend. Hopefully, all your hard work will now pay off.
Who will help me with my Portfolio?

In order to pass your three clinical placements, you must achieve the Practice Competencies and demonstrate this achievement through your Portfolio of Evidence at your bi-partite meetings with your Mentor. The Portfolio of Evidence will be part of the signing off of your competencies, at your bi-partite meetings with your Mentor. At the final bi-partite meeting, if your Mentor believes that you are competent (see competency statements in appendices 18-20) through you demonstrating evidence, then you will be signed off.

If during your placement the Mentor has a concern that you may not achieve your competencies by the end of the placement they are required to complete a Concern Form (see appendix 7). This will clearly identify for you what the concerns are and an Action Plan will be developed specifying the responsibilities of those involved. The Mentor will inform the Clinical Site Co-ordinator of the nature of the concern. See also the Supporting the Failing Student section of this handbook.

When we use the term competence we are referring to the demonstration of the appropriate skills, underpinned by the relevant knowledge and performed in the right manner. The diagram below illustrates the interconnectedness of all three components of competence. All three components are needed to ensure competence and are therefore assessed through your competency statements. These can be found for each of the placements in the appendix.

![Figure 4 - The Model of Competence](image-url)
For example, to undertake a postero-anterior (PA) radiograph of the chest successfully, you need to demonstrate all three components of competence.

1. **The knowledge** of why the chest radiograph should be taken PA and appropriate exposure factor selection. This should include the anatomy and physiology of the respiratory system in order to understand what you are imaging and evaluating. You would also have to have knowledge of issues of informed consent to ensure that you sought the individual’s permission to undertake the examination.

2. **The skill** of being able to use the equipment appropriately and accurately. Other skills would include appropriate communication and inter-personal skills.

3. You then need to be able to perform the examination demonstrating the correct **attitude** and professional **behaviour**, being polite, courteous and respectful of the individual. Being able to respect their privacy and dignity and maintain confidentiality.

This is a relatively straightforward example and you may be able to think of other aspects of knowledge, skill, or behaviour that may also be relevant. This does, however, demonstrate that competence is not perhaps as straightforward as it may seem.

Evidence included in the portfolio should demonstrate an integration of theory with practice. This will include:

- **Essential Evidence** – this is evidence that you must collect in order to demonstrate achievement of specific Practice Competencies.
- **Supplementary Evidence** – this is evidence which you collect in addition to the Essential Evidence. It should support and enhance the record of your achievements. However, you do need to ensure you collect only relevant material or your portfolio will not be focussed.

Essentially, it should comprise of a collection of material that demonstrates:

- Evidence of your clinical experience.
- Reflections on your experience.
- The learning that has occurred as a result of your experience in the University and practice setting. This can include feedback from formative assessments.
- The possible implications for your personal and professional development.

A combination of evidence is desirable and evidence can be used to support more than one practice competency.
The production of your portfolio is intended to demonstrate individual effort; however, your Personal Tutor will provide advice and guidance by monitoring your portfolio on a regular basis and you will receive feedback from your mentor at your bi-partite meetings as well. Your Personal Tutor will visit you whilst you are on clinical placement (becoming your visiting lecturer). Please bring your portfolio along to these meetings. In addition, further meetings can be arranged whilst you are in the University, but it is your responsibility to arrange these.

At the end of Year 1 and Year 2 (BSc) and Clinical Placements 1 and 3 (MSc), your portfolio will be formatively assessed by your Personal Tutor and you will receive feedback which will help with the development of your portfolio the following year.
What tools do I need to build my Portfolio?

There are a number of different ways you can add evidence to a portfolio. What follows are a selection of ‘tools’ that you can use to enhance your learning whilst you are on your clinical placements.

Models of Reflection

Reflection is an ideal vehicle for providing evidence of achievement and encapsulates the wide range of activities associated with thinking about your learning. Reflection underpins good professional practice, as it gives you an opportunity to review your current practice and help you to identify areas that may need further development.

It takes time and practice for people to develop good reflective skills. Do not be discouraged if reflection doesn’t come naturally to you. It is an important tool in practice-based professional learning settings where individuals learn from their own experiences. It is not necessarily the subject of the reflection that is important, but the analysis in terms of what can be drawn out to demonstrate learning. It is also important you consider how this will be used to improve the patient experience.

It is important that throughout your clinical placement, you are able to:

- Identify and reflect on your own needs as a student radiographer.
- Understand your individual strengths and weaknesses.
- Develop self-awareness.
- Identify significant learning events as they occur.
- Realise how the experience or event will impact on future practice and the patient.

How do you decide what experience to reflect on?

When you are deciding which experience to reflect on, think about the purpose of your reflection and why you are doing it. Think about the following:

- Any aspects you feel you are doing well in.
- Areas of your practice that you have achieved success.
- The times when you have received recognition.
- Things that have not gone well.
- A critical incident and how it will inform future practice.
- Things that have made you feel uncomfortable.

Reflection needs thought and preparation. Atkins and Murphy (1992) highlight that the following skills are needed for reflective practice:

- Self-awareness
- Descriptive skills
- Critical analysis
- Synthesis
• Evaluation
For the BSc students, these skills will be developed as you move through your programme – they are linked to graduateness. Initially you will benefit from using a model of reflection of your choice, as it will help to identify the key stages and the learning outcome of the reflection. There is no set number of reflections required. However, it is suggested that the task be undertaken for a range of situations/ incidents throughout both your clinical placements and your time at University. You should also reflect on any study days/events attended to demonstrate that learning has occurred. From these reflective logs, you should be able to formulate a basis for future developments in the form of an Action Plan.

Initially, you may want to use a simple reflective model, but as your skills of reflection develop, you will be directed to use a more complex reflective tool. See the following pages for some suggested models of reflection.

Kolb’s Reflective Cycle
In Kolb’s reflective cycle there are four stages in learning that follow on from each other. Concrete Experience of doing a task is followed by a personal Reflection on that experience. This is then followed by Learning from the experience – or the application of known theories to it (Abstract Conceptualisation). The final stage is the construction of ways of modifying the next occurrence of the experience (Active Experimentation). This is turns leads to the next Concrete Experience.

Figure 5 – Kolb’s Reflective Cycle
Gibb’s Reflective Cycle
Gibbs takes into account the feelings and emotions which played a part in a particular event. Gibbs identified a series of six steps to aid reflective practice.

These steps make up a cycle that can be applied over and over. The six steps are:

- **Description** - what happened?
- **Feelings** - what were you thinking and feeling?
- **Evaluation** - what was good and bad about the experience?
- **Analysis** - what sense can you make of the situation?
- **Conclusion** - what else could you have done?
- **Action plan** - what will you do next time?

Figure 6 – Gibb’s Reflective Cycle

John’s Model of Reflection (1994)
The following cues are offered to help practitioners to access, make sense of, and learn through experience. This can be used as a guide for analysis of a critical incident or general reflection on experience.

| **Description** | - Write a description of the experience.  
- What are the key issues within this description that I need to pay attention to? |
|-----------------|--------------------------------------------------------------------------------------------------|
| **Reflection**  | - What was I trying to achieve?  
- Why did I act as I did?  
- What are the consequences of my actions? |
| Influencing factors | - What internal factors influenced my decision-making and actions?  
|                     | - What external factors influenced my decision-making and actions?  
|                     | - What sources of knowledge did or should have influenced my decision-making and actions?  
| Alternative Strategies | - Could I have dealt better with the situation?  
|                        | - What other choices did I have?  
|                          | - What would be the consequences of these other choices?  
| Learning | - How can I make sense of this experience in light of past experience and future practice?  
|            | - How do I now feel about this experience?  
|             | - Have I taken effective action to support myself and others as a result of this experience?  
|             | - How has this experience changed my way of knowing in practice?  

**Boud, Keough and Walker Model**

This model is excellent for the specialist/negotiated clinical placements. It requires:

- Reflection before action – i.e. planning – what do I know? What do I want to know? What pre-reading and preparation do I need to do?
- Reflection in action i.e. modifying practice to ensure achievement of objectives.
- Reflection on action i.e. after the event. What have I learned? What do I still need to learn? What actions will I take? How will I use this information to improve my practice and therefore the patient experience?

The focus in Boud, Keough & Walker’s model is on the learner and the environment in which the learning takes place, as well as the skill set and preparation the learner brings with them to the learning experience. The great strength of the work of is that they address emotions. For them reflection is an activity in which people ‘recapture their experience, think about it, mull it over and evaluate it identifying three key aspects’:
- Returning to experience – that is to say recalling or detailing salient events.
- Attending to (or connecting with) feelings – this has two aspects: using helpful feelings and removing or containing obstructive ones.
- Evaluating experience – this involves re-examining experience in the light of one's intent and existing knowledge etc. It also involves integrating this new knowledge into one's conceptual framework.

Experience(s)  Reflective processes  Outcomes

**Figure 7 - Boud, Keough & Walker's Model**

**SWOC/SWOT Analysis**

SWOC stands for **Strengths**, **Weaknesses**, **Opportunities** and **Challenges**. It is also often referred to as a SWOT where T stands for **Threats**.

A SWOC analysis is a useful tool for doing a stock-take of your situation and how prepared you feel for the task ahead. It will help you to think about your strong points and those that need developing further. You should undertake a SWOC analysis each year and from this develop your Action Plan. The SWOC requires you to reflect upon your experiences to date and judge your areas of strength and areas of weakness as they relate to the competencies. Through your Action Plan, you can determine how you can build on your strengths and identify personal objectives for tackling your weaknesses. You can then reflect back at the end of the year and determine if you successfully achieved the objectives you set for yourself.
This is an important part of your own personal and professional development and may be continued after you have finished the programme.

When reviewing your strengths and weaknesses you may wish to refer to the model of competence. Do you have strengths or weaknesses in relation to skills, knowledge, or perhaps behaviours? This may help you to focus your SWOC on areas that are of particular relevance to your competencies. This will help you develop some essential skills. You can also refer to any self-assessment tools you have used e.g. Learning Styles Questionnaire, Team Role, Emotional Intelligence. These will be undertaken in various models throughout the programme. Good self-awareness is the key in the development of leadership skills.

An example of a template for a SWOC is given below. Alternatively you may choose to use your own.

**SWOC Template**

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action Plans**

An Action Plan is a documented agreement between the individual requiring development and the person who is managing that development. So this may be completed between yourself and your Mentor at the end of your bi-partite meetings. They are beneficial to all parties involved in the learning process because they provide an opportunity to clarify and articulate expectations, provide a time frame and also clarify each individual’s responsibility. As a student you must also be pro-active and as such you may develop your own Action Plan based on feedback and personal reflections.
A good action plan should address:

- **Competency Area** – an identification of the area you wish to improve.
- **Knowledge/Abilities Needed** – what you want to learn. This should be stated in the form of objectives which should be SMART i.e. (Specific, Measurable, Achievable, Realistic, and Timely).
- **Resources and Strategies** – identify the resources needed to meet these needs e.g. other staff, visits to other departments, books, tutorials, visiting the learning hub.
- **Barriers** – often there are situations, events, or attitudes that may interfere with your learning. Early identification of these potential problems can lead to greater success.
- **Evidence of Accomplishment** – for each objective, you should list indicators that they can used as evidence to demonstrate that you have achieved the outcome. The more specific the indicator, the easier it will be to evaluate whether or not you have accomplished what you set out to achieve.
- **Date of Completion** – a date should be set for the achievement/completion of your learning.

An Action Plan between two or more people may sometimes be called a Learning Contract which as the name suggests is a contract that you enter into with another person e.g. your mentor or other students. As such you are required to sign and date the contract.

**Placement Evaluations**

It is important that all clinical placements are evaluated by our students and that we collect this information to provide feedback to our placement sites. These are undertaken using ARC POWNet. There is a code of conduct for the completion of the questionnaire and it is imperative that you abide by this. This code is detailed at the start of the questionnaire.
Mentor Information

Contained within this section is information for mentors of Diagnostic Radiography Pre-registration students. There is information around updates for mentors, CPD activities within the SOHSC and also some information around the processes to be followed if they believe a student to be failing. It may be prudent for students to read this section also.

Mentor Training

Mentor training occurs over one day at the University so staff from all hospitals can meet and share their experiences. These will be held four times a year at the university, in our Darlington Campus. The weeks of these updates are fixed and for this academic year (2017-18) will take place on the following dates:

- 19th October
- 7th February
- 12th April
- 7th June

The training day enables clinicians (both new to mentoring and experienced mentors) to explore the educational role and to develop and hone 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 some elements of the theory of how adults learn in a work based environment. 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, experienced mentors are encouraged to share their experiences, 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 Clinical Site Co-ordinator and updates with the University Placement Officer.

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 an M-level multidisciplinary Clinical Educators module which is PEAS accredited (Practice Educator Accreditation Scheme) with the College of Radiographers.

The following areas are addressed in the 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.
- CPD activities for Mentors.

The names of all Mentors who have undergone training will be kept on a system called ARC at the University unless they decide to opt out of their email being retained on the database.

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. The AHP Placement Team is currently developing some e-learning materials that will be available via the practice support site, to help with the update of mentors and practice educators.

**Mentor Evaluation**

At the end of the clinical placements all Mentor will receive an email asking them to complete an evaluation of the year. The Mentor evaluation focusses on how you feel you have been supported by the university in your dealings with the students (such as information about the programme, help with assessment of the students, the practice support website, etc.). Please take you time to complete this as it provides us with important information on how we are doing. You will receive this via email and a link to the Bristol Online Survey site used by the university.
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 the key. Don’t give the benefit of the doubt, listen to those alarm bells. You should arrange a bi-partite meeting with your Clinical Site Co-ordinator and the student. Your Clinical Site Co-ordinator may decide to undertake this meeting with or without you; this will depend on the nature of the concern. However the meeting must be documented on the Mentor/Clinical Site Co-ordinator Concern Form (see Appendix 8). The following should be taken into consideration:

- 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.

An Action Plan should be agreed with the student specifying the responsibilities of those involved. These 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, Mentor and Clinical Site Co-ordinator to inform the follow-up review. The Visiting Lecturer for that site should be informed that this has taken place.

Should the student meet the agreed objectives at the follow-up review, and no further concerns have been expressed, then the fully completed Mentor/Clinical Site Co-ordinator Concern Form should be signed by all parties and kept by the Clinical 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 Clinical Site Co-ordinator who in turn will inform the Visiting Lecturer. At this stage a meeting will be set up between the student, Mentor/Clinical 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 Clinical Site Co-ordinator should inform the Programme Leader and Visiting Lecturer. The Programme Leader may 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. See figure 8 for a flowchart representation of the process.
Key:
CSCo – Clinical Site Coordinator  
St - Student
VL - Visiting Lecturer  
M - M

Figure 8 – Flowchart for the Management & Support of the Failing Student
Further Reading

Students


Health and Care Professions Council (2013) *Standards of Proficiency for Radiographers*, London: HCPC.

Health and Care Professions Council (2014) *Continuing Professional Development and your Registration*, London: HCPC.


Mentors


