



Scottish Clinical Imaging network

## **Scottish Clinical Imaging Network**

**A WORK-BASED EDUCATION PACKAGE FOR  
RADIOLOGY ASSISTANT PRACTITIONERS  
PERFORMING PLAIN FILM IMAGE APPRAISAL**

(leading to the patient being discharged from  
Radiology, where images are being seen by a  
clinician prior to the patient being discharged from  
the clinical area)

## Scottish Clinical Imaging Network (SCIN)

### A Work-Based Education Package for Radiology Assistant Practitioners Performing Plain Film Image Appraisal

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## Unit Purpose

This unit develops the knowledge and understanding required to appraise a plain film image leading to patient discharge from the X-ray department.

**This is only appropriate where images are being seen by a clinician prior to patient being discharged from the clinical area.**

It is aimed at those currently working as Assistant Practitioners, under the supervision of an HCPC registered Radiographers, within a diagnostic service.

On completion of this unit, candidates will be able to:

1. Demonstrate critique of the images
  - Evaluate images for technical adequacy
  - Identify anatomy on the image
  - Evaluate images for repeat imaging/modified technique
2. Describe basic abnormalities demonstrating knowledge and understanding
3. Demonstrate effective communication with clinicians, carers and patients.
4. Demonstrate the ability to provide the correct advice to the patient post procedure regarding clinic location.

### Recommended prior knowledge and skills

Candidates must hold HNC or equivalent in Diagnostic Imaging and be able to demonstrate a minimum of one-year post qualification as an Assistant Practitioner in Radiography and have suitable experience.

### Assessment

It is recommended that the outcomes within this unit are assessed holistically through formative and summative clinical assessment.

Candidates should be asked to critique the images describing the technical parameters for the imaging, identifying anatomy and evaluate the images for abnormal appearances

Candidates should demonstrate effective communication, with clinicians in the first instance, identifying the abnormality on the image.

Candidates should demonstrate effective communication with the patient and/or carer regarding further imaging/consultation plan on the basis of the abnormality.

### Statement of Standards

The sections of the unit stating the outcomes, knowledge and/or skills and evidence requirements are mandatory. The evidence from these clinical assessments must demonstrate that all evidence requirements have been met for each learning outcome.

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#### **Assessment Guidelines**

##### **Holistic Unit Assessment**

It is recommended that candidates evaluate a range of images within their scope of practice. The candidate should be asked to describe the relevant anatomy of the region under examination, and the views required for each anatomical area.

## **Outcome 1: Demonstrate critique of the images**

#### **Knowledge and/or skills**

Evaluate images for technical adequacy

Evaluate images for repeat imaging/modified technique

Identify anatomy on image.

#### **Evidence Requirements**

Candidates will need to provide evidence to demonstrate their knowledge and skills by showing that they can INDEPENDENTLY:

- Successfully evaluate the radiographic images for their technical adequacy and whether or not there is a need for further images to be taken.
- Identify the anatomy demonstrated.
- Candidates will be asked to evaluate their images, identifying any areas for improvement and carry out a reflective analysis of their performance.

#### **Assessment Guidelines**

##### **Holistic Unit Assessment**

It is recommended that to be able to demonstrate a good understanding of the technical evaluation of the image an assessment is carried out for a range of examinations depending on the individual scope of practice

## **Outcome 2: Describe basic abnormalities demonstrating knowledge and understanding**

### **Knowledge and/or skills**

- Evaluate images for abnormal appearances.
- Describe any abnormalities seen on the image
- Identify whether or not the abnormality may be as a result of technical factors.
- Know how to check previous imaging for comparison
- Understand the significance of the abnormality for the patient (i.e. unexpected fracture)
- Identify the discharge pathway for the patient

### **Evidence Requirements**

Candidates will need to provide evidence of their knowledge and skills by showing that they can describe basic abnormalities on the imaging. The candidate should be able to determine if the abnormality is due to technical factors and demonstrate how to compare the image with any previous imaging.

The candidate should be able to determine the impact for the patient and identify whether further intervention is required prior to discharge.

### **Assessment Guidelines**

#### **Holistic Unit Assessment**

It is recommended that the candidate should follow formative assessment, and

- Be able to successfully critique a minimum of 5 images per each radiological examination (10 for chest x-ray) within the proposed new scope of practice **unaided by the supervising radiographer**

## **Outcome 3: Demonstrate effective communication with clinicians, carers and patients regarding discharge pathway**

### **Knowledge and/or skills**

- Communicate concerns regarding the images to the supervising radiographer
- Communication with Radiologist or Reporting Radiographer regarding need for urgent report.
- Explain to patient, in clear terms, what next step is required.

### **Evidence Requirements**

It is recommended that candidates should be able to evidence that they can communicate their concerns effectively to the supervising radiographer. Discuss with the patient the need to have the image evaluated by a Radiologist or reporting Radiographer and be able to inform the patient what step is required next.

### **Assessment Guidelines**

It is recommended that candidates are assessed by the supervising Radiographer on their communication skills with both clinicians and patients.

Candidates may be asked to critically evaluate their own performance.

## **Outcome 4: Demonstrate the ability to provide the correct advice to the patient post procedure regarding results process or clinic location**

### **Knowledge and/or skills**

- Knowledge of the discharge process for each patient group
- Knowledge of the geography of the clinic/department/ward structure
- Knowledge of the hospital transport systems
- Knowledge of hospital transfer documentation

### **Evidence Requirements**

The candidate should be able to evidence that they have an understanding of the patient discharge process for all patients, where to return the patient to and how to complete the appropriate documentation

### **Assessment Guidelines**

Holistic Unit Assessment

It is recommended that the candidate be asked to demonstrate the various post examination communication processes required to ensure that the patient is discharged to the appropriate clinic/ward/department.

## **Support Notes: Guidance on the delivery and assessment**

This part of the unit is offered as guidance. The support notes are not mandatory.

### **Requirements**

- Candidates for this unit must be currently working in a clinical diagnostic radiography department as an Assistant Practitioner.
- Practical training is essential and knowledge can be enhanced through tutorials, discussions and guided reading.
- It is recommended that candidates refresh previous knowledge in the following areas:
  - Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)
  - Departmental authorisation guidelines
  - Departmental protocols
  - Communication skills, verbal, non-verbal and written
  - Confidentiality policies
- Useful information to help with this unit can be found at the following web-sites:
  - IRMER2017 <http://www.legislation.gov.uk/ukxi/2017/1322/contents/made>
  - <https://www.sor.org/learning/document-library/scope-practice-assistant-practitioners>
  - <https://www.sor.org/> (Society and College of Radiographer)
  - <https://www.e-lfh.org.uk/> (e-learning for health)

### **Delivery**

- The AP will have completed a recognised educational course in imaging. Candidates will be currently working in a clinical diagnostic radiography department as an assistant practitioner and will have been in post gaining practical experience for a minimum of 1 year.
- The delivery of the unit will be undertaken in the clinical setting by HCPC registered radiographers who are currently practising in plain film imaging and have experience of undertaking clinical assessment.
- All 4 outcomes of the unit will be assessed through clinical practice with appropriate questions used by the assessing Radiographer. It is expected that



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various degrees of clinical complexity will be documented within the log book to demonstrate a diverse learning experience.

- The log book will also include reflection on practice by the candidate and feedback from the assessor and this will culminate in a detailed pathway to the competence of the candidate

## Assessment

### Outcome 1

#### **Demonstrate critique of the images.**

Candidates will have previous knowledge and skills of the required imaging projections for each examination and will be able to use this knowledge in critiquing the image.

The candidate should be able to discuss in detail the technical aspects of the examination and be able to reflect on the quality of the image. Critical evaluation of images either in a live scenario or in a tutorial is key to ensuring that the candidate has the knowledge and skills to describe the relevant anatomy on the image.

Candidates will need to provide evidence to demonstrate their knowledge and skills by showing that they can:

Successful Technical Evaluation of the radiographic images. Identify whether or not there is a need for any further radiographic images and identify the anatomy on the image.

It is recommended that a log book is kept with the candidate providing a reflective account of their performance.

Technical Evaluation of Image should include patient identification, name of projection, region of interest, centring, collimation, marker, exposure, artefact, repeat, & anatomy and abnormalities demonstrated.

### Outcome 2

#### **Describe basic abnormalities demonstrating knowledge and understanding**

Candidates are expected to undertake self-directed learning to be able describe basic abnormalities e.g. Fracture or dislocation. It is recommended that the candidate has observation in reporting sessions to enhance their knowledge.

Candidates should be familiar with PACS and should be able to check previous imaging to identify whether or not an abnormality is a new finding.

Discussion should be had around significance of the abnormality for the patient (i.e. unexpected fracture) and should be able to describe the pathway for the patient. I.e. referral to Emergency Department.

## Assessment

Candidates should be able to successfully perform a minimum of 5 procedures for each area body (10 chest x-ray examinations) within the scope of practice unaided by the supervising radiographer and critiquing the image.

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It is recommended this is kept as a log book with the candidate providing a reflective account of their performance.

Practical Log Book is provided

#### **Outcome 3**

##### **Demonstrate effective communication with clinicians, carers and patients regarding discharge pathway**

Candidates are expected to build on existing communication skills with patients and clinicians.

Tutorial or role-play sessions may be used to assess images and to discuss the most appropriate next steps.

#### **Assessment**

The candidate should be assessed on their communication skills for each examination.

The candidate should be able to identify the need for the image to be reviewed by a Radiologist or Reporting Radiographer. The candidate should be able to explain to the patient the need for the image to be reviewed and then explain to the patients what needs to happen next. They should be able to identify the appropriate pathway for the patient e.g., referral to Emergency Department.

The candidate should be encouraged to keep a reflective account of their experience.

#### **Outcome 4**

##### **Demonstrate the ability to provide the correct advice to the patient post procedure regarding results process or clinic location**

Candidates should be able to demonstrate an awareness of the discharge process for all patients. They should have knowledge of any discharge guidance that is issued to patients. They should be able to explain to patients when they are likely to receive the results of their examination.

Candidates are expected to have knowledge of the geography of the clinical setting they are working in so they can describe to patients where they need to return to after their examination.

Candidates should be able to demonstrate that they have a knowledge of the hospital transport systems and any necessary documentation.

#### **Assessment**

The candidate should be observed communicating discharge information to the patient and be able to locate any discharge guidance. The candidates should be asked to demonstrate use of the systems in place for patient transfer.

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**On completion of the module** the assessment results will be reviewed by the Mentor and the Radiology Manager

**Next steps** will be to follow the Flowchart in the AP scope of practice Pack as found on SCIN web page:

seeking approval of Change of practice via Governance Group

Update of Scope of Practice

Possibly using for Accreditation

### **Annual Audit of practice set up locally**

## **APPENDIX 1 - RADIOLOGY ASSISTANT PRACTITIONER DEVELOPMENT: Example of Practical Logbook**

**Unit Title: Plain film image appraisal, (leading to the patient being discharged from Radiology, where images are being seen by a clinician prior to the patient being discharged from the clinical area)**

Radiology Assistant Practitioner Name	
Radiographer Mentor Name	
Hospital	
Health Board	
Date Started	

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**UPPER LIMB:** A minimum of 5 complete radiological examinations for each body part: shoulder/ humerus/ elbow/ forearm & wrist/ hand/ fingers & thumb

CASE	DATE	BODY PART & VIEWS	OUTCOME 1 Demonstrate critique of the images			OUTCOME 2 Describe basic abnormalities demonstrating knowledge and understanding				OUTCOME 3 Effective communication with clinicians, carers and patients			OUTCOME 4 Provide correct advice	Supervising Radiographer: Initial and comment
			Unassisted Technical evaluation: Yes/ No	Unassisted Evaluation of Repeat Imaging/ further intervention Yes/ No	Unassisted Evaluation of Anatomy: Yes/ No	Ability to identify presence of abnormality: Yes/ No	Ability to correctly describe abnormality present Yes /No Or N/A	Knowledge of patient's next step in the pathway (Yes/ No	Comparison with previous images (Y/N or N/A)	With patient on discharge (Yes/No)	With referring clinician, if applicable (Yes/No)	With carer, if applicable (Yes/No)	Knowledge of discharge process and location (Yes/No)	
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**LOWER LIMB:** A minimum of 5 complete radiological examinations for each body part: pelvis & hip/ femur/ knee/ tibia and fibula & ankle/ foot & toes

CASE	DATE	BODY PART & VIEWS	OUTCOME 1 Demonstrate critique of the images			OUTCOME 2 Describe basic abnormalities demonstrating knowledge and understanding				OUTCOME 3 Effective communication with clinicians, carers and patients			OUTCOME 4 Provide correct advice	Supervising Radiographer: Initial and comment
			Unassisted Technical evaluation: Yes/ No	Unassisted Evaluation of Repeat Imaging/ further intervention Yes/ No	Unassisted Evaluation of Anatomy: Yes/ No	Ability to identify presence of abnormality: Yes/ No	Ability to correctly describe abnormality present Yes /No Or N/A	Knowledge of patient's next step in the pathway (Yes/ No	Comparison with previous images (Y/N or N/A)	With patient on discharge (Yes/No)	With referring clinician, if applicable (Yes/No)	With carer, if applicable (Yes/No)	Knowledge of discharge process and location (Yes/No)	
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**CHEST X-RAY:** A minimum of 10 complete radiological examinations

CASE	DATE	BODY PART & VIEWS	OUTCOME 1 Demonstrate critique of the images			OUTCOME 2 Describe basic abnormalities demonstrating knowledge and understanding				OUTCOME 3 Effective communication with clinicians, carers and patients			OUTCOME 4 Provide correct advice	Supervising Radiographer: Initial and comment
			Unassisted Technical evaluation: Yes/ No	Unassisted Evaluation of Repeat Imaging/ further intervention Yes/ No	Unassisted Evaluation of Anatomy: Yes/ No	Ability to identify presence of abnormality: Yes/ No	Ability to correctly describe abnormality present Yes /No Or N/A	Knowledge of patient's next step in the pathway (Yes/ No	Comparison with previous images (Y/N or N/A)	With patient on discharge (Yes/No)	With referring clinician, if applicable (Yes/No)	With carer, if applicable (Yes/No)	Knowledge of discharge process and location (Yes/No)	
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## **APPENDIX 2 - RADIOLOGY ASSISTANT PRACTITIONER DEVELOPMENT: Reflection Log**

Unit Title: Plain film image appraisal, (leading to the patient being discharged from Radiology, where images are being seen by a clinician prior to the patient being discharged from the clinical area)

Reflection to be completed on a **weekly** basis may include

- Outcome 1 Technical Evaluation Candidates will be asked to evaluate their images, identifying any areas for improvement and carry out a reflective analysis of their performance.
- Outcome 2 Describe basic abnormalities. It is recommended this is kept as a log book with the candidate providing a reflective account of their performance.
- Outcome 3 The candidate should be encouraged to keep a reflective account of their communication experience

The reflection log will include reflection on practice by the candidate and feedback from the assessor and this will culminate in a detailed pathway to the competence of the candidate.

What went well this week:
What did not go so well this week
What will I want to achieve next week, and what do I need to achieve this

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Input from supervising radiographer
Assistant Practitioner Name/ date
Supervising Radiographer Name/ date

## **APPENDIX 3 - RADIOLOGY ASSISTANT PRACTITIONER DEVELOPMENT: A guide for Mentors**

In the context of the integration of health and social care services in Scotland, AHP staff are being asked to work in new roles and deliver new models of service. This requires robust clinical and professional governance arrangements to be in place to support staff. Clinical supervision ensures staff practice safely and effectively while maintaining high professional standards of professional conduct. The purpose of this document is to provide guidance for the clinical mentor supporting the Assistant Practitioner training. The document focuses on the purpose of supervision within the healthcare environment underpinned by an evidenced based framework, the expectations of both the assistant practitioner and clinical mentor and the responsibilities included within the clinical mentor role.

### **Supervision**

Professional supervision is defined as “a formal process of professional support and learning, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations” Department of Health (1993). Clinical supervision is a formal/informal arrangement that enables a practitioner to discuss his or her own work performance in a safe environment with someone who is more experienced (DHSSNI, 2013). The overall intention of supervision is to improve professional self through lifelong learning, improve professional practice and to feel, and be supported as a member of staff (NHS Lanarkshire, 2010). This is with the aim of ultimately supporting the delivery of safe, effective, and person-centred care to the people who use health and social care services. (NHS Education for Scotland 2018).

### **Supervision Training**

NHS Education for Scotland (NES) Clinical Supervision is an online training resource available at TURAS and Units 1-4 are designed for Supervisors. The resource is designed to support practitioners to develop relevant knowledge and skills for participating in clinical supervision.

<https://learn.nes.nhs.scot/3580/clinical-supervision>

### **Expectations of the Clinical Mentor**

As a clinical mentor your role is to support the Assistant Practitioner with their practical training and help the individual to meet the learning outcomes outlined within this module. From the outset the clinical mentor and Assistant Practitioner should be clear about their expectations and agree and maintain their roles and responsibilities.

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The role of the clinical mentor is multi-faceted and involves supporting the quality of work undertaken by the participant, being an educator and role model and providing support throughout the training. There is also a need to motivate and empower participants to take responsibility for the development of their understanding and practice (Helen and Douglas 2014).