



MSc DIAGNOSTIC RADIOGRAPHY (pre-reg)

STAGED CLINICAL ASSESSMENT

This section to be completed by the student.

Name

Matriculation No.

Hospital

Department

Examination

Date

Assessor

To be completed by the Assessor (Please tick):

PASS

FAIL

Assessor's signature _____

Student's signature _____

**This document must remain intact to facilitate marking and collation.
 Clinical Assessor completes the remainder of this document by ticking the boxes.**

Examinations are to be performed according to local protocol.

Patient Consent Received by.....Supervisor Sign

Check of pregnancy status is appropriate. YES / NO (Please circle)

1 THE REQUEST

The student should not be prompted, the single appropriate question being 'which projections will you do?'

		Yes	No
a) *	Has the student checked all request details are completed: patient ID, clinical information, signature of referrer, date?		
b)*	Has the student followed the local IRMER rules for justification and authorisation of the request?		
c)	Does the student demonstrate understanding of the medical terminology used?		
d)	Has the student considered viewing previous films etc ?		
e)	Does the student know which projections are appropriate?		
f)	If the examination was a mobile one, did the student seek the permission of a nurse prior to the examination?		

2 ADVANCE PREPARATION

		Yes	No
a)	Was the X-ray room presented in a tidy fashion?		
b)	Did the student demonstrate awareness of infection control issues?		
c)	Was the X-ray equipment, including image receptors where appropriate, set		

4 THE EXAMINATION – TECHNICAL

For ALL projections did the student:

Yes	No
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- a) position paheaaT g(he) -5 r(Ye) -3 (c) -3(Ye) -3(p11(tor (c) -5orre

7 THE EXAMINATION – DIAGNOSTIC QUALITY

Were the images of diagnostic quality according to local protocol?

Projection 1

Projection 2

Projection 3

Yes	No

Please give reasons for repeat radiographs below.

Copies of the assessment images are not required.

8 STUDENT CRITIQUE OF THE RADIOGRAPH(S)

Diagnostic quality is NOT an issue in this section. The student is required to critique the original radiographs (not repeats) under the tabulated headings. For all projections, please indicate whether or not this was achieved.

Did the student correctly appraise the radiographs with regard to -

Projection Number -

1		2		3	
Y	N	Y	N	Y	N

9 GENERAL INFORMATION

Please delete inapplicable.

a)

THE STUDENT SHOULD COMPLETE THIS PAGE

1. **Projection(s)** -----

2. **No. and size of image receptors** -----

3. **For each projection, list the exposure factors as tabulated:**

Projection	KVp	mA	Time	SID	IR	Grid?	Focus Size	S-Value/ Exp. Index

4. **Explain your reasons for choice of projections and other factors.**

STAGED CLINICAL ASSESSMENT

MARKING SCHEME

The student must pass the practical element of the Clinical Assessment before proceeding to the element of discussion with the Academic Tutor.

CRITICAL ELEMENTS

- 1 An automatic fail is the result of a **NO** response in section **1a) and 1b)**.
- 2 An automatic fail is the result of a **NO** response in section **3b), 3c) and 3f)**.
- 3 An automatic fail is the result of a **NO** response in section **3g)**(if appropriate).
- 4 Failure is the result of three **NO** responses in section **1e) and section 5b) and h)**.
- 5 Failure is the result of **NO** responses in **any 3** categories in section **4**.

The clinical assessor and the student must report the failure to the Module Coordinator as soon as possible.

As necessary, the student will be counseled and retrained prior to reassessment.

REFLECTIVE REPORT

A mandatory element of the ePortfolio, is the completion of a critical reflective report for each staged clinical assessment. The report should incorporate a short description of the staged clinical assessment