

RADIOGRAPHY

The Approval and Accreditation of Educational Programmes and Professional Practice in Radiography

Clinical Education and Training:
Guidance and Strategies for
Effective Relationships Between
Education Providers, Placement
Providers and Learners





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Clinical Education and Training: Guidance and Strategies for Effective Relationships Between Education Providers, Placement Providers and Learners

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Foreword

The publication of this advice and guidance document is timely given that there has been a significant increase in the numbers of learners within clinical imaging and in radiotherapy and oncology departments. In addition, findings from *Clinical Education and Training: Capacity and Quality Project Report* (CoR 2004) indicated some concern about the relationships between education providers, placement providers and learners.

Everyone involved in the education and training of learners, including the learners themselves, have responsibilities to ensure successful outcomes and this document aims to support all those concerned.

The Society and College of Radiographers is grateful to members of the Approvals and Accreditation Board for their help in preparing this document, especially John Newton, Stephanie Wilson and Lesley Forsyth.

lan Henderson

Chair

Approvals and Accreditation Board

1. Background

- 1.1 As part of the Recruitment, Retention and Return of Radiographers' initiatives undertaken by the Society and College of Radiographers, a research project was commissioned to provide information on the capacity and quality of clinical education and training in radiography. This research was carried out by a team from University of Central England in collaboration with Anglia Polytechnic University (now Anglia Ruskin University) and University Hospital Birmingham NHS Trust. The project was completed and findings disseminated in May 2004. The executive summary and full project report can be accessed via the members section of The Society of Radiographers website www.sor.org.
- 1.2 One of the recommendations was as follows:

 Higher education institutions and imaging/radiotherapy departments establish and implement robust procedures to ensure that, where there is a breakdown in relationships between leaner/student and supervisor or mentor, appropriate action is always taken.
- 1.3 This guidance considers the perspectives of the three main stakeholders (education providers, placement providers and learners) and seeks to identify good practice and articulate possible strategies and tools. The document aims to assist stakeholders to prevent problems occurring and ensure that sound relationships are developed of benefit to the learner and maintained throughout the learning period.
- 1.4 This guidance relates to all learners. Contemporary practice in clinical imaging and radiotherapy means that clinical departments will host learners in a variety of contexts;
 - Studying formal programmes from different universities or education providers;
 - Learning at different levels of study and practice, eg assistant, practitioner, advanced and consultant radiographers;
 - Learners from different professions and specialisms;
 - Learners from different learning categories, eg specialist practice, management, extending practice.
- 1.5 Learners who fail to complete their training period do so for a variety of complex reasons. However, it is acknowledged that attrition may be due, in part, to relationship breakdown. Anecdotal evidence suggests that poor treatment and even bullying of learners may be a factor in attrition and this guidance document seeks to highlight this issue as well as to suggest strategies for avoiding such situations.

This guidance document should be considered alongside existing advice, local rules and policies relating to actions in the event of misconduct, dangerous practice, quarantine and whistle blowing procedures and procedures for reporting absence and sickness. Effective procedures exist and should be followed as appropriate. Advice from the appropriate health department, the Society and College of Radiographers, relevant university department(s) and others should be sought and followed as necessary.

2. The learning environment

- 2.1 The Society and College of Radiographers recognises and values the importance of learning for the whole workforce and works towards developing and supporting a learning culture for all. At any one time, all members of the radiography workforce will be a stakeholder in this process, either as a learner, or as an educator, or by supporting colleagues in either role.
- 2.2 Fundamental to the learning environment is the quality of the relationships between learner and the whole workforce in clinical departments and higher education institutions. Relationships are essential for effective learning and if the relationship is wrong the stability of the learner may be adversely affected.

3. Building relationships

- 3.1 Attitude, ethos and culture play a significant role in developing and maintaining good relationships within the workplace. An attitude which places learning and staff development as a priority, is paramount to this.
- 3.2 Formal learning programmes have both academic and clinical elements and are of equal importance for the development of the workforce.
- 3.3 Staff in the clinical environment must:
 - Take responsibility and ownership of clinical learning requirements;
 - Accept responsibility for ensuring good clinical learning opportunities;
 - Be recognised for their input into the learning experience within clinical practice;
 - Play a role in sharing their practice and assessing/evaluating clinical competence;
 - Provide appropriate feedback to learners in the clinical environment;
 - Network with academic tutors.
- 3.4 Similarly academic tutors must:
 - Recognise the importance of supporting clinical colleagues in their roles in learner support;
 - Prepare learners in their care for the clinical environment and the learning opportunities it presents;
 - Have an awareness of the requirements of the clinical environment and how this will affect the learning experience;
 - Network with clinical colleagues.
- 3.5 Developing a mutual understanding of the issues faced by education providers and placement providers will help to underpin meaningful dialogue between all stakeholders involved with learners. For example, academic staff from higher education institutions that incorporate regular visits are able to recognise the richness of the clinical environment as a resource.
- 3.6 Buddying systems such as undergraduate second year students supporting first year students, mentoring by qualified staff, or co-learner buddying systems may provide support and foster an ethos of a learning culture.
- 3.7 Collaborative research activities between clinical departments and higher education institutions provide opportunities for closer relationships.
- 3.8 Methods of reviewing and evaluating effectiveness of key relationships will provide information on how to improve communication systems, eg staff meetings, education forum, clinical education and liaison committee
- 3.9 It is recognised that, on occasions, relationships do break down and this can impact on the mental health of those concerned. Placement providers and higher education institutions will have their own procedures and policies relating to mental health difficulties for staff.

4. Needs of learners

- 4.1 It is recognised that there are times within the learning cycle when learners may need to access impartial and confidential advice and guidance on a range of issues whether they are personal, professional, academic, or financial. It is helpful for all stakeholders to be aware of the nature of such advice, where it can be accessed and refer learners as appropriate. Advice may be available within the higher education institution or practice provider setting.
- 4.2 Learners may require an advocate to represent them in a number of contexts in the event of relationship breakdown. The roles of mentor or advocate may be taken by an education provider or placement provider and should be seen as an important part of professional activity and development.
- 4.3 Learners need to be encouraged to take a proactive approach in contributing to their own learning and the learning of others. Academic and clinical colleagues need to work together to ensure learners understand what is expected of them and how their success will be judged.

5. Strategies and tools

5.1 The provision of robust guidance to learners will help to support them throughout the learning experience.

Resources from the higher education institution need to include:

- Student handbook, module guides, learning support material, resources lists, assessment information, outlines of roles and responsibilities;
- Counselling services;
- Study skills;
- Student services;
- Student union;
- Personal tutor:
- Link tutors.
- 5.1.2 Resources from clinical departments need to include:
 - Local rules and protocols;
 - Roles and responsibilities;
 - Hospital services;
 - Counselling services.

Education providers need to have a full set of documentation and information relating to the clinical environment and similarly practice providers must have a library of higher education institution material.

- 5.2 The role of supervisor/mentor needs to be recognised and enhanced through development activities. This should include protected time when appropriate, rewards and honorary titles (eg honorary lecturer position). Supervisor and assessor training needs to be given a high priority. Appropriate supervisor training programmes need to be made available. Such courses should seek the approval of the College of Radiographers through the established short course approval scheme.
- 5.3 Methods of sharing information between education providers and placement providers to include:
 - Newsletters (both ways), shared circulation lists, e-mail contact;
 - Regular liaison meetings;
 - Regular items and attendance at staff meetings;
 - Notice board and or virtual notice board;
 - Use of flowchart on how to access information;
 - Named contacts /link personnel.
- 5.4 Higher education institutions to consider undertaking 'road shows' in relevant clinical departments to promote newly validated/approved training programmes.
- 5.6 Empowerment of learners will enhance the quality of the learning experience. Systems such as learner input into continuous improvement of learning environment and programmes such as representative attendance and input, questionnaires and forums, are useful strategies.

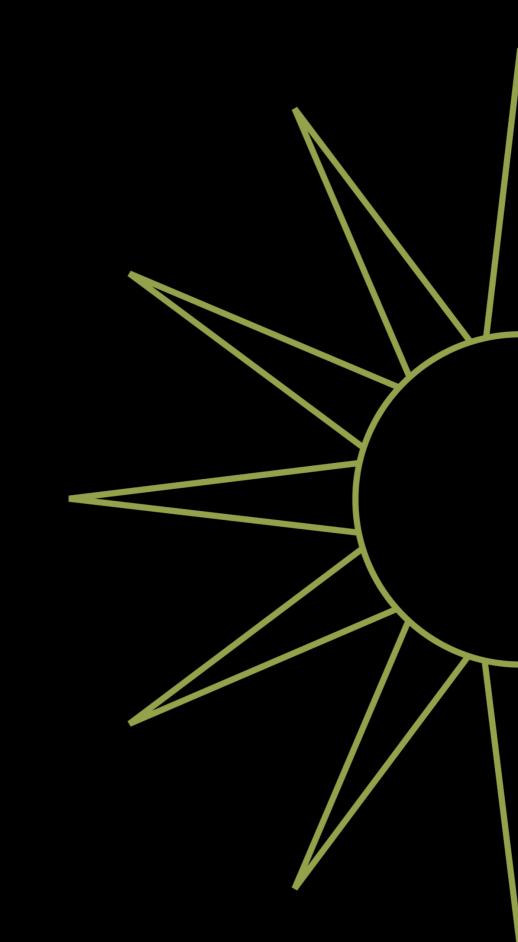
6. Expectations

- 6.1 Learners to have access to impartial professional advice and guidance, including:
 - Student advisers;
 - Student services;
 - Student union services;
 - Counselling services;
 - Personal tutors /clinical tutors.
- 6.2 Education providers and placement providers to each identify and publish sources of knowledge information, and share such lists and resources.
- 6.3 Education providers and placement providers to develop and implement a strategy to enhance staff knowledge and understanding of the clinical environment and training programmes undertaken by learners in those departments. Reciprocal arrangements for shared understanding of the clinical and academic environments and requirements are established, valued and maintained.
- 6.4 Any suggestions or accusations of poor treatment or bullying of learners must be taken seriously by managers and suitable action taken using established local policies, including disciplinary procedures, as appropriate.
- 6.5 Formalised programme documentation to address pastoral and learner guidance issues and be available in both the academic and clinical environments.

References

The College of Radiographers 2004 Clinical Education and Training Capacity and Quality Project Report.

The College of Radiographers 2004 Clinical Education and Training Capacity and Quality Executive Summary.







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