



Roles and Responsibilities in Clinical Education

Responsible person: Louise Coleman
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Summary

SCoR publishes this guidance and advice document to provide information and support for the many stakeholders involved in clinical education within the diagnostic imaging and radiotherapy professions. The quality of clinical education is paramount to the profession; academic rigour is only part of the education process and in order to have the highest quality workforce, the learning of clinical skills must be as important. This document explores the roles and responsibilities of the stakeholders, the Higher Education Institutions (HEIs), the departments providing clinical placements and the learners themselves.

1. Acknowledgements

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Lisa Pharaoh-Stokes, Senior Lecturer, Birmingham City University

Nick Crohn, Radiography Lecturer, University of Leeds

Urvina Shah, Clinical Learning Facilitator, Mount Vernon Hospital

2. Introduction

The Society and College of Radiographers publishes this guidance and advice document to provide information and support for the many stakeholders involved in clinical education within the diagnostic imaging and radiotherapy professions.

The quality of clinical education is paramount to the profession; academic rigour is only part of the education process and in order to have the highest quality workforce, the learning of clinical skills must be as important.

This document explores the roles and responsibilities of the stakeholders, the Higher Education Institutions (HEIs), the departments providing clinical placements and the learners themselves.

This document incorporates examples of good practice and considers how to identify and deal with failing learners. It also aims to raise awareness about the importance of creating a supportive and effective clinical learning environment and hence it is a valuable reference document for the profession.

3. Glossary of terms

Learners

Whilst the Society and College of Radiographers recognises that all individuals should be involved in continuing learning in order to maintain the currency of their knowledge and skills, it uses the term 'learners' in this document to refer to:

- Learners at pre-registration level including:
- individuals training to be assistants;
- assistants learning to become practitioners;
- direct entrants to undergraduate and postgraduate programmes leading to accreditation at practitioner level and registration with a statutory regulatory body;
- returners undertaking updating of their knowledge and skills to gain HPC registration;
- overseas radiographers developing their knowledge and skills for registration and practice in the UK.

Practitioner

The term 'practitioner' is any recognised professional employed at practitioner level (the level achieved on qualification) or above, involved in the support of learners. Normally, a practitioner would be a radiographer.

Educational Provider

The educational provider will, in most instances, be a Higher Education Institution (HEI) that is responsible for the delivery of an approved, accredited and validated programme of study. A member of the teaching team from the HEI who visits a learner's clinical placement is usually described as the liaison tutor/lecturer or similar.

Clinical Placement

The nature of a learner's clinical placement will vary but may be broadly defined as the place where the learner develops and enhances their clinical skills, professional conduct and behaviour. A radiography practitioner who helps to coordinate a learner's clinical education and acts as a link between the clinical placement and the HEI is usually referred to as the liaison/link radiographer or similar.

4. Background

It is essential that the radiography profession continues to attract and retain those individuals committed to achieving excellence in diagnostic imaging and radiotherapy/oncology services and that their experiences as students equip them to be 'fit for purpose' in the delivery of effective services. This is fundamental to retaining and developing a workforce with the skills and knowledge to meet future service requirements.

Timely and effective teaching, learning and assessment strategies within the clinical environment are crucial as they empower and enable learners to acquire and develop their knowledge and skills. With approximately 50% of each training programme being clinically based, the Society and College of Radiographers (SCoR) recognises the essential contributions made by departments in providing clinical training and support for radiography programmes.

The organisation of clinical placements is a vital element in the preparation of competent practitioners. It is here that clinical radiographers, and other healthcare professionals, have a fundamental role as educators. However, there is often tension between the roles and responsibilities associated with meeting workload demands and providing support for learning.

Nevertheless, as a member of the radiography profession, the Code of Conduct and Ethics¹ states that *'you should be willing to be involved in the supervision, teaching, training, appraising and assessing of student radiographers, assistant practitioners and trainees ...When involved in any such activities, you need to develop the skills, attitudes and practices of a caring and competent teacher/trainer. You should be objective and honest when supervising, appraising, evaluating or assessing the performance of others as service users will be at risk if you describe as competent someone who has not yet met or maintained a satisfactory standard of practice'*.

In addition, SCoR's Learning and Development Framework for Clinical Imaging and Oncology 2008² states *'A strong relationship between the learner, the clinical department and the education provider should operate to facilitate professional development'*.

It is in this context that the subsequent sections of this document explore the roles and responsibilities of the stakeholders involved in clinical education, ie, clinical placement providers, the education providers and the learners.

5. Good Practice in Clinical Education

The following framework is based upon recommendations from the Professional, Statutory and Regulatory bodies (PSRBs) associated with radiography education. Government Policy and more recent research by Jackson³ has examined the role of the university-based and clinically-based radiography educators. Further, the framework promotes the notion of a 'learner-centred' approach to radiography education that is both evidence-based and encompasses the use of innovative learning technologies.

The documents that are particularly salient to the nature and scope of this framework include:

- Learning and Development Framework for Clinical Imaging and Oncology (CoR, 2007)
- Clinical Education and Training: Capacity and Quality – Executive Summary (CoR, 2004)
- Code of Conduct and Ethics (CoR, 2008)
- Standards of Proficiency (HPC, 2009)
- Radiography Bench Mark Statements (QAA, 2001)

A Framework for Good Practice:

- Learning should be acknowledged as a core activity within diagnostic imaging and radiotherapy departments and, within the constraints of service provision, should be made a priority for both staff and learners at every level.

- Emphasis should be placed on the fact that teaching, learning and assessment of learners are both statutory and professional obligations. Evidence from both the CoR study⁴ and Jackson's 2010 study³ suggest that the level of learner support and supervision is variable. Similarly, both studies revealed that the culture in the clinical placement and the personality of clinical supervisors have profound effects on the learner and the learning process. Accordingly, where weaknesses or risks are identified, collaborative robust solutions should be sought by the HEI and the practice placement in a timely manner.
- There should be an acknowledgement that learners achieve learning outcomes at different times over a period of study or training. The learning process should therefore involve negotiation and a degree of flexibility, for example, this may include accommodating a range of patterns of work (where feasible) and the use of innovative learning technologies.
- Learning should be subject to regular and systematic auditing for quality to ensure that a congruence of expectations is achieved amongst all stakeholders in radiography education, ie, practice placements, HEIs and learners. Audit should include:
 - the quality of the learning experience;
 - provision of learning resources;
 - physical capacity for learning;
 - feedback from the learners and the supervisors;
 - proposed enhancements and action plans;
 - governance of the learning experience should be maintained by close collaboration amongst all stakeholders involved in radiography education, ie, practice placements, HEIs and learners;
 - clear lines of communication should be established and maintained between practice placements and HEIs, such that all stakeholders are familiar with the expectations of the radiography curriculum and the constraints placed on learning by service provision. This should include timely notification of any changes of circumstance.
- HEIs should work collaboratively with current and potential clinical education providers to:
 - develop innovative learning opportunities by exploring, for example, use of placements in the primary care and independent sectors;
 - fully utilise available technology, where appropriate, to support learning;
 - facilitate the development of teaching and supervisory skills for professional practice from pre-registration level onwards;
 - monitor capacity and regularly review, scope and evaluate potential learning capacity;
 - ensure that learning is both current and evidence-based;
 - ensure that the integration of theory and practice is central to the learning process.

6. Dealing with Failing Learners Effectively

Concerns have been expressed, mainly within clinical departments, that unsuitable learners might 'get through' their radiography education programmes and go on to register as radiographers. It has also been suggested that some clinical mentors/clinical assessors or other clinical staff with roles in the assessment of learners do not see it as their role to fail a learner. Rather, they feel this needs to be the role of the academic educators or the HEI.

Reasons for not failing a learner

Failing a learner can be problematic and this can lead to 'failing to fail' a learner. Some tentative reasons for this phenomenon have been highlighted by the seminal work of Duffy⁵:

- Clinical staff find assessment documentation confusing and full of educational terminology with unclear guidance.
- Clinical assessment criteria are deficient, allowing learners to pass when they are not

sufficiently competent.

- Learners spend insufficient time on placements to allow clinical staff to work with them and, owing to other commitments, clinical staff feel unable to assess learners competently.
- Although recognising the professional responsibility to prevent unsafe learners from becoming registered, it is often difficult to take action which could have serious personal consequences for the individual learner, eg, discontinuation on a programme.
- There may be a fear of the consequences of failing a learner and opening up a 'hornet's nest'.
- Clinical staff may feel like they have failed the student themselves.
- It can be viewed as an uncaring practice, given that radiography is a caring profession.

The potential impact of not failing a learner

- A failing learner may become a radiographer who does not have the requisite skills to perform their role safely and in an effective manner.
- Such an individual may become a radiographer with potential adverse consequences for the public and him/herself.
- These occurrences and situations cause tensions between clinical placements and educational providers

A good practice model for supporting failing learners

It is imperative that the approved assessment criteria and the established guidelines for the clinical performance and behaviour of learners are followed. If the programme documentation provided by the educational provider is unclear, clarification should be sought at the earliest opportunity. Non-compliance with the agreed processes makes it very difficult to support the learner in a timely and appropriate way. **The key message here is that it is of paramount importance that learners who are failing should be clearly identified as early as possible in their learning, and support provided as soon as is practicable.**

All educational providers will have established policies and procedures to support a learner who is failing and these will outline the stages for identifying the failing learner and the support mechanisms in place to address clinical performance and behavioural issues. The nature and degree of failure will vary, as will the context and implications for the safety and well-being of patients, the learner and the supervising practitioner(s). In the first instance, supervising clinical staff should assess the situation and act accordingly. If the situation permits a planned course of action, the following offers a model that might be adopted:

- Stage one - should a learner not be achieving the expected level of attainment or progression, in the first instance, the supervising clinical staff should meet informally with the learner and a representative from the educational provider. This meeting should result in the development of an action plan for the learner which encompasses the support agreed by the educational provider and the clinical placement, and a review date.
- Stage two - if there is no tangible improvement or if the situation escalates, the clinical placement staff should seek the advice of the educational provider who will apprise them of the appropriate course of action to be taken.
- Learners may visit several clinical placement sites during their programme of training. Where appropriate, the educational provider should communicate any issues that a learner may have to subsequent clinical placements. Where such communication takes place, care must be taken to ensure that it focuses on the learner's needs and how these are best addressed by the clinical placement.

7. The Role of the Clinical Placement Provider

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It is expected that all clinical placement providers will organise placements for students that are of acceptable quality. It is the joint responsibility of the HEI and the clinical department providing a placement to ensure that clinical supervisors/mentors/assessors or similar are prepared for their roles so they can confidently facilitate student learning through supervision and assessment.

While many departments have adopted a pro-active approach to the development of life-long learning, there is evidence to suggest that, in some, teaching is not considered an important role and/or staff are not sufficiently prepared to carry out teaching responsibilities. The behaviour of staff towards learners has a significant effect on the quality of learning. Further, the departmental culture and general motivation to support learning are identified as key factors in the creation of high quality clinical learning opportunities.

The Society and College of Radiographers expects that there will normally be a main agreement or contract in place between an education provider and associated clinical placement providers, under the aegis of the local education commissioning, contracting or funding arrangements as appropriate. This should assist in safeguarding the quality of clinical learning for learners.

As part of the service manager's role in clinical education, there is the responsibility for ensuring that:

- there is a clear policy on the management of learner placements in the department;
- all staff understand the importance of having learners within the clinical environment and that they all assist in the learners' development;
- the roles of clinical assessor/mentor/practice educator or similar are reflected in job descriptions;
- learners are provided with an induction to the department;
- an identified member of staff takes responsibility for student placements, including communication, liaison and feedback to the HEI and clinical staff;
- issues concerning learners are a standing item on the agenda at staff meetings, providing regular opportunity for dialogue and that the service responds to issues that arise;
- the learner's attendance is recorded and remains at an acceptable level. It is important that the programme director or course leader is informed of notable absenteeism to be able to deal with this effectively.

As part of the clinical staff's role in clinical education, there is individual responsibility for ensuring that:

- they are familiar with the programme curriculum and design;
- they understand the standards and achievements expected at each level of training and have a clear understanding of the learning outcomes expected to be achieved by each learner;
- they offer a level of supervision appropriate to the competence and experience of the individual learner; both learner and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care;
- they act as a resource for learners seeking specialty information and guidance;
- special consideration is given to identifying learning opportunities for first year undergraduate students, as this is where the highest level of attrition occurs;
- they meet the learner to establish a supportive relationship;
- the learner is provided with opportunities to comment on their training, support is provided and the learner is able to discuss any problems he or she has identified;
- they hold regular review meetings to evaluate the learning objectives to ensure they have been met, giving feedback and highlighting areas that may need additional assistance.

Service managers and staff should work in partnership with HEIs to ensure that:

- there is good communication and effective feedback between HEIs and placement providers. This is essential in ensuring that both learners and supporting staff are clear about the

expected outcomes, the relationship between theory and practice, and the criteria for teaching and assessment in the clinical department;

- clinical supervisors are fully supported;
- the learners are making the necessary clinical and educational progress;
- where a learner's performance is not reaching the required standard, the proper discussions and actions take place, and records are made and maintained. It is important that discussion with the learner takes place and remedial measures are put in place as soon as possible, with clearly defined written objectives to assist the learner in reaching the required standard;
- learners have an opportunity to correct any deficiencies identified and this is recognised as being a very important and supported part of the learning process;
- learners' supervisors/mentors/assessors or similar provide the relevant information about all learners' progress and performance to the programme director/course leader, informing them immediately should any individual learner give rise for concern.

8. The Role of the Education Provider

The following sections outline the roles and responsibilities of the education provider in supporting both the learner in their clinical education and the clinical staff.

Preparing learners for a clinical placement

Whilst it is acknowledged that a learner on their first clinical placement or those practitioners who are returning to practice are in particular need of support and guidance, the preparation and support of the learner is a continuous process.

The role of the education provider in preparing learners for clinical placement is to ensure that learners are:

- made aware of their professional responsibilities and expected professional conduct and behaviour. Here, reference should be made to the SCoR Code of Conduct and Ethics¹ and those related documents published by the Health Professions Council;
- aware of the radiation protection measures in place and their role in ensuring that such measures are always applied;
- able to contribute to medical imaging examinations/protocols for patients receiving radiotherapy, appropriate to their level of study, under the direct supervision of a registered practitioner. This may be reinforced by simulated learning exercises organised by the educational provider or placement provider;
- conversant with medical imaging/radiotherapy terminology appropriate to their level of study;
- given a generic overview of what to expect, how they fit into the imaging/radiotherapy team and the wider interactions with other health care professionals. This may be achieved, in part, by giving learners the opportunity to meet with clinical staff prior to attending their clinical placement where possible;
- fully conversant with the methods of assessment employed in clinical practice; these will vary with educational level and programme of study.

Supporting learners in clinical practice

Support during clinical placements by the education providers is pivotal and can take a number of forms. Below are some examples:

- An identified academic tutor/lecturer or similar from the education provider may visit learners on a regular basis. This helps the learners to connect the academic and clinical skills

components delivered during their programme. Additionally this helps to establish a good working relationship between the education provider and the placement provider. If such clinical visits are not feasible, regular contact should be maintained with the learner and a meeting should be scheduled at least once per semester/period of study.

- The liaison/clinical tutor/professional development facilitator or similar may provide academic and pastoral support for the learner. This may involve apprising clinical colleagues of changes of circumstance or particular needs that a learner may have.
- Attendance at clinical placement should be documented and a learner's progress should be reviewed on a regular basis. Appropriate action should be taken where necessary.
- Support for the philosophy of lifelong learning through emphasis on key skills and learning strategies during the preparation of learners for clinical practice, with continuous reinforcement of these throughout the programme of study.

Supporting service managers and clinical staff

Service managers and clinical staff require continuous support to enable them to deliver a high standard of clinical supervision and to facilitate timely learner progression and achievement. To accomplish this:

- education providers need to fully acquaint service managers and clinical staff with the curriculum that the learner is engaged with. This includes models of assessment and assessment criteria and expected stages of attainment according to level of study. This may be, in part, fulfilled by the provision of up-to-date programme documentation;
- it is advisable that educational providers deliver regular training sessions to service managers and clinical staff including how to support a failing learner;
- a designated member of the academic teaching team should be easily contactable should a query arise about a learner's curriculum or progress;
- it is of paramount importance that education providers build and maintain a good rapport and excellent working partnerships with their placement providers. This may be achieved through clinical visits and inviting clinical staff to appropriate committee meetings convened by the education provider. Such committees also help to maintain curriculum developments that align with changes in clinical practice;
- the quality and consistency of clinical supervision should be regularly audited. Where risks are identified, they should be jointly addressed by the clinical placement provider and the education provider working together;
- issues relating to professional suitability and conduct should be jointly discussed and addressed by the education provider and the clinical placement provider.

9. The Role of the Learner

The characteristics of each learner will vary with age, educational and life experiences. However, every learner has a key role to play in developing themselves and identifying their own specific learning needs during a programme of study. Accordingly, all learners should:

- be proactive in identifying their own learning needs and able to articulate these;
- take responsibility for planning and auditing their own learning and progress in conjunction with the clinical staff and their educational provider;
- be conversant with the curriculum of their own programme of study, including methods of assessment and the role played by the clinical supervisor in the assessment process;
- be aware of, and be compliant at all times with local rules, placement providers' policies, statutory and professional regulations and codes of conduct and behaviour;
- inform the education provider of any changes to personal circumstances. This includes illness and criminal record bureau (CRB) status;
- maintain high levels of attendance and punctuality. If learners are unable to attend clinical

practice, it is their responsibility to inform both the education provider and the clinical placement;

- attend clinical placement in a uniform that complies with workplace regulations and standards.

10. Summary

This document has explored the roles and responsibilities of all stakeholders involved in clinical education. It is clear that there needs to be close links between the education provider and the clinical placement and that learners also need to take responsibility for their own learning. The best learner experience occurs where the education provider makes clear their expectations and supports service managers and the radiography workforce to enable them to provide a high quality clinical learning experience. In this way, the learners understand what it means to be a member of the radiography workforce and are clear about the standards they have to meet to be successful.

SCoR recommends that education providers and clinical placement providers review their current procedures and, if necessary, make the changes necessary to take into account the examples of good practice described in this publication.

11. References

1. The Society and College of Radiographers, Code of Conduct and Ethics, London SCoR 2008
2. The Society and College of Radiographers, Learning and Development Framework for Clinical Imaging and Oncology, London SCoR 2008
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