

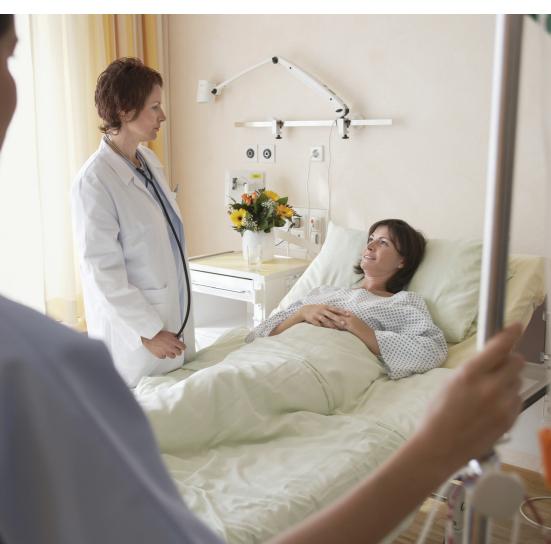
Time for Change: New options for Placement Provision

Author: Alexandra Elizabeth Partner BSc Hons, PG CERT, FHEA Lecturer in Radiography, Faculty of Education, Health and Sciences, University of Derby UK

Introduction

Diagnostic Radiography is facing many challenges due to the current economic climate. According to NHS choices (2013) the National Health Service (NHS) has been undergoing major changes since April 2013 which has impacted on all vital services. There is an emphasis to become cost-efficient, more effective and more streamlined.

The imaging department is one such service, the College of Radiographers (COR) (2007:17) state that there is a "pressure on clinical departments" and provide authoritative guidance, placing educators with the responsibility of design and development of practice based learning with an "increasing emphasis... placed on work-based learning" (COR, 2007:16). This is having an impact, not just on service delivery but on the quality of the learning experience for student radiographers.



Background

Clinical Placement is considered an essential part of undergraduate education as it provides a platform for students to apply their theoretical knowledge in a practical setting (Department of Health, 2002).

Placement is a core and essential part of diagnostic radiography degree programmes that enables direct patient contact and according to the DOH it (2002:3) "helps to develop competence in all aspects of patient management as well as developing clinical reasoning processes". With almost 50% of the programme comprising practical elements (Society of Radiographers, 2012) it's important that students get the most out of their clinical experience.

At our higher education institution we offer a range of clinical placements for students on the 3 year degree, this facilitates

experiential learning in a variety of clinical settings reflecting the diversity and the need for qualified radiographers to be able to adapt to workload and changes. The 'real world' learning that placement offers is incredibly important to a student's success and transition to become a competent allied health professional.

Rationale

Yet with all points taken into consideration placement is under threat. NHS trusts are finding that staff shortages and budget restraints means they are struggling to cope with the same numbers of students and the amount of support available to them. Whilst some services are

expanding such as Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Ultrasound (US) traditional image services such as fluoroscopy and plain film radiography are losing their capacity to train. With the introduction of 7 day working, we as education providers are having to be creative and flexible with our expectations of clinical partners and are requiring students to make full use of 'out of hours' shifts and weekend working.



A white paper by Herrmann et al (2012) discusses how the introduction of digital radiography (DR) equipment means that work flow has been affected. The Welsh Assembly Government (2009) accepts that patient throughput is higher and that there is less time to review images. DR is having many positive effects on the radiography service provided to patients but departments are downsizing, when once 3 plain film computed radiography rooms were running now these are being replaced by one DR room.

It is proving more and more difficult to place students in plain film and fluoroscopy rooms where they can gain the experience and knowledge required for 'bread and butter' radiography.

As a resourceful team who recognise the need to explore new ways of working and new options for placement provision, the challenge has been set.

Methods

The Radiography programme team at the University of Derby reviewed potential new placement ideas and a project leader was appointed. Work started on expanding community hospital placements and the introduction of private, voluntary and independent (PVI) placements.

PVI placements can offer students a diverse experience from that of their usual NHS sites (Nursing Midwifery Council, 2010). Approval was sought from the commissioning bodies and advice from the nursing team who were well underway with a similar project.

The Society and College of Radiographers (SCoR, 2010:1) advise that alternative placements such as "health centres with diagnostic imaging facilities or cancer support units, mobile facilities and private clinics may be incorporated" into clinical rotations.



Potential placements were identified and contacted with a request for expressions of interest and then follow-up meetings arranged. For community placements the key points to be investigated were; access to resources, availability of public transport, variety and amount of clinical work and the variety of suitably trained staff.

Despite patient services taking priority, certain standards for student training still need to be maintained, the Health Care Professions Council (2012) stipulate that placements must be safe, supportive, provide a range of experiences and have an appropriate amount of qualified staff.

Some small departments in isolated areas are run by 1 or 2 radiographers whom have not supervised students for a number of years. It was necessary to insist that all sites have a fully trained clinical supervisor who has undertaken our e-learning package and passed the subsequent assessment.

Results and Discussion

As a programme we have never previously utilised PVI placements, so this was new territory. However, with student tariffs a clear incentive as well as free continual professional development (CPD) through the clinical supervisors package there were many benefits on offer for these businesses. After providing clear guidance on what is expected, and a visit to the private hospitals to gain a perspective on services offered

it became clear the PVI's could offer a valuable learning experience for students.

Current third, second and first year students were asked to vote on these new introductions via student representative meetings, the results were unanimously in favour. There are now four private hospitals in the placement rotation planned for Sept 2015 with one more potential on board, offering clinical placements to our final year students. Community placements have increased from three to seven with two more awaiting confirmation in the future.

An unexpected gain was the variety that these new placements could offer, the aim was to increase fluoroscopy and plain film capacity but theatre, CT, MRI, US, Mammography, Nuclear medicine and Dentals have all increased. The trial period covers third year students but may be rolled out to cover second or first year students in the following academic year.

Conclusion

This project has been fruitful in many different ways, relationships have

been built between outlying community providers and private hospitals within our three local counties. Networking between staff and CPD we are able to offer has increased and there is a potential recruitment increase to post graduate modules that we offer.

The current dilemmas of keeping quality placements available to students has been solved by looking at smaller radiology departments and looking for

support outside of the NHS. This has not only helped with the immediate challenge of capacity but with more trained clinical supervisors able to complete and sign off student assessments and there is even more diversity in the student's experience.

Student radiographers will be undertaking both NHS and private work-based learning, understanding the differences in patient experience and increasing employability.

The adopted changes are helping the radiographers of the future to be more adaptable and more able to take a post in either setting whilst helping them make an informed decision about their career pathways.

References

- College of Radiographers (2007) Clinical Imaging and Oncology Learning and Development Framework for Clinical Imaging and Oncology. Society of Radiographers. Available online at: http://www.sor.org/system/files/document-library/public/sor_learning_development_framework_clinical.pdf Accessed 15/04/2014
- Department of Health, (2002) Review of Clinical Placements for Allied Health Professions. Available online at http://www.dhsspsni.gov.uk/clinical_placements_review.pdf Accessed 01/02/2014
- Health Care Professionals Council (2012). Standards of Education and Training: your duties as an education provider. HCPC
- Herrmann, T et al (2012) White Paper: Best practices in Digital Radiography: American Society of Radiologic technologists. Available online at www.asrt.org/docs/whitepapers/asrt12_bstprac.pdf Accessed 04/04/2014
- NHS choices (2013) The NHS structure explained. Available online at <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx> accessed 05/04/2014
- Nursing and Midwifery Council (2010) Standards for Pre-Registration Nursing Education. London: NMC
- Society of Radiographers (2012) Quality standards for Practice Placements. SOR
- The Society and College of Radiographers (2010) Analysis of student clinical placement experience survey. London: The College of Radiographers
- Welsh Assembly Government (2009) The Future Delivery of Diagnostic Imaging Services in Wales, Crown copyright. Online at <http://www.wales.nhs.uk/sitesplus/documents/829/doc%20futuredeliverydiag.pdf> Accessed on 14/04/2014

