

Students studying to become a diagnostic radiographer are required to undertake clinical placements in order to gain the practical skills necessary to become a registered health care professional. This totals approximately 50% of their programme (#1). Recent changes in technology (such as the move to digital radiography), changes to staffing levels and shift patterns, alongside increasing demand for placements, has made placement capacity a growing issue for Higher Education Institutions (HEIs) (#2) (#3) (#4). As part of a range of strategies designed to address capacity issues, a number of new placements in care settings, and with private, voluntary and independent providers (PVI), were rolled out to students at one UK HEI. In addition to building placement capacity, the care placements were expected to have the added advantage of embedding care and compassion, a key area of concern since the Francis enquiry (#5). The purpose of this research project was to undertake a robust evaluation of the success and limitations of these new placements.

## Placements

### Care placements

The care placements were included in the clinical rota for year one students for the first time in the 2015-16 academic year. The aim of including a care placement was two-fold; firstly to build additional capacity into rotas, and secondly to embed care and compassion skills. The second aim had been an aspiration of the academic team for some time, based on previous research into student radiographers' transition to their first clinical placements undertaken at the HEI (#6) (#7). The care placements were in a variety of settings – wards within acute NHS Trusts, nursing homes, care homes, outpatient clinics and GP surgeries. Each care placement lasted one week, with a half day for study (as per students' usual rotas).

### PVI placements

The PVI placements were included in the clinical rota for year 3 students for the first time in the 2015-16 academic year. The aim of including a PVI placement was also two-fold; firstly to build additional capacity into rotas, and secondly to provide students with the experience of working in a non-NHS health care provider setting. The second aim reflected the current changing nature of health care in the UK, and the shift towards an increasing outsourcing of services (#8). Each PVI placement lasted one week, with one day for study (as per students' usual rotas).

## Methodology

Ethical approval was gained from the University Ethics Committee, and gatekeeper consent was gained from the Head of Department. Informed consent was gained from all participants prior to data collection. In addition, all focus group participants were asked to respect each other's anonymity.

The study used a qualitative approach, with two data collection methods within a single study (#9). These included a questionnaire to collect survey data, followed up by a focus group to collect more detailed, qualitative data.

The questionnaires were distributed via an email invitation, to students enrolled on the BSc (Hons) Diagnostic Radiography programme at the university, as part of a rolling programme of placement evaluations. The students were given a further opportunity to complete the placement evaluations via I-pads during a teaching session, in an attempt to maximise participation.

The focus groups consisted of students who had participated in the questionnaire stage of the research and also volunteered to take part in the focus group stage. This provided a convenience sample, as it was a sample that was readily available for the researcher to collect data from (#10). The focus groups were conducted by the researchers, and took approximately 45 minutes each. The focus groups were audio-

recorded, and then transcribed. The data from the focus groups was analysed using thematic analysis. The data from the questionnaires and focus group was triangulated to ensure reliability.

## Results

The questionnaires were distributed to all year 1 and year 3 students enrolled on the BSc (Hons) Diagnostic Radiography programme in 2015-16. This was a total of 75 students; 40 students from year 1 and 35 from year 3. Nineteen students completed the care questionnaire, a 47.5% response rate. Five students volunteered to take part in the care placement focus group, but only four actually attended on the day. Sixteen students completed the PVI questionnaire, a 45% response rate. Four students volunteered to take part in the PVI placement focus group, but only one actually attended on the day.

## Care Placement

The participants in both the questionnaire and focus group had attended a range of 'care placements' including a care home, ward and outpatient clinic. Four key themes emerged from the data: preparedness for placement, value of the experience, structure and timing of the placement and supportive staff.

### Preparedness for placement

Participants identified that they felt the 'key information' provided by the university was helpful in that it gave information regarding how to get to the placement and a named contact person. However, they did not feel that they were fully prepared for their role in the care placement. They also felt that clinical staff were not always aware of the role of the student radiographer for the week, or what the student would gain from the experience (expectations).

**Participant 4:** "I didn't know if I was supposed to take an active role in the caring of the residents, or whether I was just to observe or to help with smaller tasks. I feel we weren't particularly prepared for our role."

**Participant 3:** "It was very difficult to know my role within the setting and also it was very difficult for the staff to know what my role was within the setting. Previously they had had nursing students, so they were a bit unsure of the benefits a radiographer would gain from being there."

**Participant 3:** "Again, I was unsure whether I was supposed to go ahead and do or call for help..... On some days I was encouraged to feed, clean, help with residents and on other days I was told I couldn't do that role, so it depended on the staff and their expectations."

Considering this feedback from the focus group, it is clear that more clarification regarding what diagnostic radiography students are expected to do whilst on their care placements would be useful, both for future cohorts and for the clinical staff supervising the students in the various settings.

### Value of the Experience

The questionnaires and focus group identified that most participants found the care placements to be a valuable experience, with several participants highlighting that it enabled them to be more confident when working with patients with dementia. As the occurrence of dementia is increasing in society due to the ageing population, interacting with these patients is a valuable skill for our students to learn ([#11](#)). This group of patients are likely to attend the imaging department at some point, and understanding their needs is vital in order to fully support them and provide personalised care ([#12](#)).

**Participant 4:** "I think I learnt so much about dementia that I didn't know before to be honest."

**Participant 3:** "A real eye opener for me as well because I hadn't spoken to patients with such severe dementia."

**Participant 4:** "It taught me about caring to be honest."

Another positive was that the experience helped participants to appreciate the continuity of care and the patient pathway, unlike in radiographic placements where students may only have a brief interaction with patients and experience a 'snapshot' of a patient pathway, based on a particular examination or dedicated imaging room (#13). This brings the benefit of enabling students to contextualise their practice in relation to patient conditions (#13).

**Participant 1:** "Because you are seeing the same patient every single day you can follow their care."

**Participant 4:** "When we qualify and we are radiographers, we're not going to have to sit there feeding people their breakfast. However, it has given me the appreciation of where certain patients go after they've had their treatment and what their needs are."

**Participant 1:** "You did get to see the journey before they arrive and when they leave the radiography department."

These statements indicate the value of the care placement, both in facilitating students to interact with patients with dementia, and in helping them to gain an appreciation of the whole patient pathway.

## Structure and Timing of the Placement

Although overall the care placements evaluated positively, several participants felt that a whole week in the care setting was rather excessive, and that a few days experience in this setting would have sufficed.

**Participant 23:** "Care week should not be a full week. I admit you do learn about patient care in a different environment but maybe two and a half days would be better suited."

**Participant 2:** "I was doing the same thing every day; calling in a patient and checking their BMI or whatever and once you've done that for two days there's nothing more to learn. I spent a week pretty much doing the same thing....."

For participants whose placement was in a care home, GP surgery or outpatient clinic, the timing of the placements was identified as an issue, as their placements were in their second clinical block due to lack of availability of these placements in the first placement block (as they were being used by nursing students from the same HEI). Participants perceived that at this point in their rota their time could be better spent endeavouring to achieve radiographic competencies rather than spending time in a 'care' setting.

**Participant 2:** "I think the timing is a big issue because it did fall at a time when you're finally feeling like you can get all your competencies signed and you're getting used to where you are and more confident .....then you have to go to a care placement."

In contrast, due to placement availability in one Trust, some participants were able to complete their care placement in a ward during their first clinical block. Participants perceived this as advantageous, enabling them to focus more on achieving radiographic competencies in their second placement block.

**Participant 1:** "Ready for second placement block so I could focus more on my x-rays."

Those participants who attended the ward environment valued the inter-professional nature of the setting, and acknowledged that they also learnt things from nursing students.

**Participant 1:** "...Nursing students showed me quite a lot of things."

However, a possible negative regarding the ward environment was that nursing students could seem to take priority over radiography students.

**Participant 1:** "... they would be taught things with priority over me, which I understand."

From these statements, it can be concluded that the length and timing of the care placement were issues, which had an impact on the perceived value of this placement. It would be interesting to further analyse the

relationship between those participants who expressed preference for a shorter care placement and the actual setting in which they were placed.

## Supportive Staff

The focus group identified that the staff in the care placements were perceived as particularly supportive and encouraging.

**Participant 2:** "... They were the most welcoming and friendly people.....and they really wanted me to learn while I was there."

**Participant 3:** "This sounds really silly, but they gave you praise if you did something well."

Participant 1: "The staff were really, really lovely and they were willing to help me. For example, at the start of the week they asked me what I needed to get done, saying let's try and get as many things done as possible for you and they did; they taught me so many things."

**Participant 1:** "I managed to get lots of competencies signed off in that week."

These comments indicate that the staff were particularly pro-active in creating a supportive learning environment and encouraging participants to achieve relevant competencies. Staff also provided feedback to participants to support their development. This is a very positive finding, as constructive feedback has been identified as a vital component in the placement experience ([#14](#)).

## PVI results

The PVI settings were all private hospitals with a range of imaging modalities. These provided a range of learning opportunities in addition to plain film radiography, such as CT, MRI, mammography and theatre radiography. Three key themes emerged from the data: the value of the experience, supportive staff and differences between working in the PVI setting and the NHS.

### Value of the experience

The participant who attended the focus group had a particularly positive experience at their PVI placement. Compared with NHS placements, the participant felt that they had experienced 'enhanced' learning on their PVI placement, both academically and clinically. A major factor contributing to this was the quieter environment and less busy workload.

**Participant 1:** "The environment was unhurried; there was no pressure of a waiting queue."

**Participant 1:** "In terms of workflow, coming from an A&E hospital, it was quite drastically reduced."

Possibly due to the less pressured environment, clinical staff had time to discuss alternative techniques with the participant, both to benefit them clinically and also to assist with a 'self-audit' the participant was undertaking as part of their dissertation.

**Participant 1:** "They contributed academically as well."

However, the less busy environment was not always seen as an advantage. One questionnaire participant highlighted this in the free text section of the placement evaluation.

**Participant 17:** ".....the private hospital was a waste of time. I x-rayed maybe 10 people over the whole week. This experience was not useful."

From the placement evaluations, it appears that the combination of a less busy workload and utilising placement sites that had not accommodated students previously, perhaps led to students not achieving as many competencies during their PVI week as they may have done in an NHS placement. It would be worth

the programme team reviewing this, as it may be that different shift patterns, eg evenings, may be more appropriate.

The questionnaire data, along with anecdotal evidence from clinical staff, suggests that the PVI diagnostic imaging placements themselves found accommodating students to be a valuable experience too. One participant commented to this effect in the free text section of the questionnaire.

**Participant 5:** “[The placements were] appreciative of the help of students.”

The student in the focus group suggested that an extra week in the PVI setting would be of value, and that it could be of benefit to first and second year students too, in order to prepare them for the busier environments in NHS hospitals.

**Participant 1:** “[Students] should start going from first year.”

These comments indicate that although the environment can be quieter in a PVI setting than in an NHS setting, this provides opportunities for enhanced student support.

### **Supportive staff**

From the placement evaluations and the focus group, it appears a particularly positive aspect of working in the PVI setting was supportive staff who were able to provide additional time for image evaluation. This could be due to the mix of experienced ‘old school’ and more newly qualified radiographers. Staff being supportive of flexibility in working patterns was also identified as being of benefit, in order to maximise learning opportunities.

**Participant 1:** “When you took an image, whether it needed a repeat or whether it was excellent, they still went through it with you every time ..... the whole learning experience was totally enhanced by having that.”

**Participant 25:** “I really enjoyed MRI at the private hospital as I was given the chance to scan. The cross-sectional manager was very supportive and I was able to change my hours to view relevant procedures.”

These comments reinforce the positive experience of the majority of participants during their PVI placements.

### **Differences between working in the PVI setting and NHS**

There were several comments in the free text section of the placement evaluation, about appreciating the differences between each setting.

**Participant 2:** “I enjoyed being able to see a different side of healthcare.”

**Participant 4:** “.....interesting to see a very different structure of working and patient care.”

Participants noted the reduced workload compared to NHS placements and had experienced different procedures both prior to performing examinations and during post processing in the PVI setting.

**Participant 1:** “Also ringing up the consultants to clarify that it’s just an AP x-ray because for each projection they are charged.”

**Participant 1:** “With being private patients, the way you post process afterwards, it involves booking the patient into the system so that they can pay for their treatment.”

These statements demonstrate that participants were able to draw comparisons between the settings, which will inevitably help their clinical practice.

### **Limitations of the study**

Care placement questionnaire data was anonymous so therefore the researchers were not aware of whether the participants went to a care home, ward or GP surgery. This information regarding the setting would have increased the validity of the study, as it would have given context to the participants' comments. However, the researchers were able to elicit this information in the focus group.

Several students did not fill in the questionnaire about the PVI placement correctly, as they had written extremely positive comments yet gave a low numerical rating of the placement. This needs to be revised for future studies to ensure ratings and free text comments correlate.

Despite initial interest from potential participants, only one student participated in the PVI focus group, which decreases the validity of the focus group data. This may have been due to the timing of the focus group, which was scheduled at the end of the programme in order to make sure that all students would have completed their PVI placements, and be able to contribute to the research. However, this seemed to cause issues with the availability of participants. As the focus group data was triangulated with the questionnaire data, conclusions may still be drawn from participants' responses.

## **Conclusions and Recommendations**

From participants' responses in this study, it appears that both the care and PVI placements have had a positive impact on the student experience. The care placements have increased participants' knowledge and confidence about working with patients with dementia; helped students to develop strategies to encourage patients with dementia to co-operate with examinations; and enhanced their communication skills. The PVI placements provided a wide range of learning opportunities and clinical experience within the same week. It is acknowledged that further work needs to be done to underpin and support these placements and as such, we have drawn up recommendations for action as a result of this study.

### **Care placement recommendations**

- Provide further advice and clarification regarding the role of student radiographers in the care placement setting, for both students and clinical staff.
- Investigate the possibility of altering timing of placements, to bring all care placements into the first placement block.
- Request feedback from students who have attended the individual care placements, on how to make the best use of the learning opportunities available. This could then be used to inform future cohorts.
- Continue formal placement evaluations as part of annual monitoring.

### **PVI placement recommendations**

- Promote the opportunity for flexible working patterns during PVI placements to ensure students are on placement during the busiest times and able to make full use of all available learning opportunities.
- Consider the possibility of utilising PVI placements for first and second year students.

Further research could be carried out to evaluate the value of the PVIs accommodating students, eg help with workload, CPD opportunities for clinical staff supervising students, exposure of students to the department. This may result in improved recruitment and retention for these departments in the future.

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## **How to use this article for CPD**



- Think about your experience as a student radiographer, and the first time you had to provide care for a patient. Write a paragraph or two reflecting on this experience, describing what went well, and what could have been better.
- Think about your last experience of mentoring a student radiographer in an area requiring additional patient support (eg angiography). Were you able to provide appropriate support to both patient and student? Did the student understand their role?
- What do you understand about PVI settings and how they operate? Write a paragraph or two to explain what a PVI is to a student.
- QA Code: 11D84684     [\(Figure #1\)](#)

## REFERENCES

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This article has been prepared following local guidance relating to the use of patient data and medical images.

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