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**LSBU**

Institute of Health  
& Social Care

**PRACTICE PLACEMENT HANDBOOK**

**Postgraduate Certificate (PgCert)  
Musculoskeletal Ultrasound Imaging**

**School of Allied and Community Health  
Institute of Health and Social Care**

**Academic Year 2024-2025**

## Welcome letter to Practice Educators/Clinical Mentors

Dear Practice Educator/Clinical Mentor,

We extend our sincere appreciation for consenting to provide a clinical placement opportunity for our LSBU student. As part of the programme requirements, and more specifically the *musculoskeletal ultrasound in professional practice* module, the student will have to complete various clinical and academic activities:

- **Submission of a clinical assessment portfolio:** This portfolio is designed to evaluate the student's competence in performing ultrasound scans, interpreting findings, and formulating diagnoses. The portfolio requires the completion of **1)** the workplace induction sign-off; **2)** submission of 250 logged scans, of these, 100 scans must be directly aided and 150 unaided; **3)** monthly monitoring progression reports; and **4)** the final assessment summary.
- **Submission of a case study and reflective essay:** Students will need to submit an assigned case study and reflective essay that demonstrate their understanding and application of relevant clinical concepts and reflective skills in professional ultrasound practice.
- **Completion of a practical assessment:** Students will be required to perform a practical ultrasound scan examination on six (6) different patients. This will be assessed by an internal and external assessor. The internal assessor could also be the Practice Educator/Clinical Mentor. The practical exam will involve the scanning process for six (6) different patients, each presenting with different anatomical scanning requests, hence covering the breadth of musculoskeletal ultrasound examinations. The practical exam should take place on the same day at the convenience of the internal assessor or Practice Educator/Clinical Mentor, the student, and the external assessor.

To ensure a structured and effective learning experience for the student, it is essential that you adhere to specific procedures outlined in the programme. The following notes serve as a guide for your role and responsibilities as a Practice Educator/Clinical Mentor, as well as general information around the practice placement opportunity.

To further enhance your ability to fulfil your role effectively and support you throughout this process, we invite all new and current Practice Educators/Clinical Mentors to participate in an online training session. This training session is scheduled and runs three times in semester 1.

More information regarding dates can be found in section 2.8 on page 20. Please note that attendance is mandatory for all Practice Educators/Clinical Mentors, internal and external assessors.

Thank you for your commitment to providing a valuable learning experience for our LSBU student in MSK Ultrasound Imaging. Your dedication as a Practice Educator/Clinical Mentor plays a vital role in their development and success.

Yours sincerely,

**Stavros Daoukas**

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## Introduction

These guidelines are to inform students, Practice Educator/Clinical Mentor, internal and external assessors of their roles and responsibilities in practice learning opportunities. It is the student's responsibility to read and familiarise themselves with the practice learning guidelines, as well as share these guidelines with their practice learning provider.

In practice learning opportunities, students should always introduce themselves as a student. Patients/clients and carers should be informed about the student's role and their right to decline to be assessed by a student. Students do not have a right to decline assessing a patient/client or group of patients/clients, unless due to a Reasonable Adjustment in agreement with the Course Director.

These guidelines are not exhaustive and will be regularly reviewed and updated in response to National, Statutory, and local requirements. Any recommendations for future inclusion or clarity are welcomed. The latest version of these guidelines will supersede all previous versions and will apply to all students.

London South Bank University (LSBU) is committed to equality of opportunity both as an employer and as an educational institution. Equality of opportunity means working to ensure that no learner or member of staff receives less favourable treatment on the grounds of: race, gender, age, ethnic or national origin, mental and/or physical disability or illness, marital status, sexual orientation, care responsibility, HIV or Hepatitis status, trade union activity, political or religious belief. The University reserves the right to add further categories to these groups.

The University will:

- promote good relations among its staff and students and will create conditions which contribute to the full development and potential of all its members.
- create an environment which promotes equality of opportunity in education and employment that is free from unlawful discrimination, harassment, or victimisation of any kind.
- create a climate where staff and students are empowered to have the confidence to challenge acts and behaviour which contravene the University's Equality and Diversity Policy and the law.
- respect equally all employees, students, and users of its services.
- support appropriately and reward fairly each student and employee.

## The NHS Constitution Values

The University is committed to integrating the NHS values into every aspect of our work, aligning them with our own core values. While it is acknowledged that not all students and staff will pursue careers within the NHS, we recognize that these values hold relevance across various fields of work and activities. By embedding these values into its ethos, the University fosters a culture that prioritizes patient-centeredness, respect, quality, compassion, improvement, and inclusivity.

## Sonography and Code of Practice for Sonographers

The Society College of Radiographers (SCoR 2018) definition of a sonographer for application to the Public Voluntary Register of Sonographers (PVRs) is:

*“A healthcare professional who undertakes and reports on diagnostic, screening, or interventional ultrasound examinations. They will hold as a minimum qualifications equivalent to a postgraduate certificate or diploma in medical ultrasound, BSc (Hons) clinical ultrasound or an honours degree apprenticeship in clinical ultrasound that has been accredited by the Consortium for the Accreditation of Sonographic Education (CASE). They are either not medically qualified or hold medical qualifications but are not statutorily thoroughly registered as a doctor in the UK”.*

In 2015, the CASE agreed the following four principles should be adhered to with respect to scanning practice and ultrasound education:

1. Reporting should not be separated from scanning.
2. Scanning is a ‘dynamic’ investigation in which the acquisition of suitable images and assessment of them is entirely operator-dependent at the time of the scan. Deficiencies in acquisition cannot be rectified by involving a more skilled practitioner at a later stage. Assessment and interpretation of saved images is recognised as sub-optimal practice although, as with all image interpretation, dual reporting can be helpful in increasing specificity.
3. The risk of patient harm and consequent litigation against any healthcare organisation providing a poor-quality service is very high and therefore the need for competence at the point of scanning is paramount.
4. Workforce modelling and the development of innovative training routes to meet the demand for sonography services should demonstrate increased efficiency of provision and effectiveness in delivery of diagnosis and treatment to patients.



A code of practice can be defined as a set of written rules that explain how people working in a particular profession should behave. It is designed to cover all circumstances, is written in broad terms and expresses ethical principles. In 2022, The British Medical Ultrasound Society (BMUS) and The Society of Radiographers (SoR) defined the code of practice for sonographers, through the SoR & BMUS Guidelines for Professional Ultrasound Practice, as follows:

1. Sonographers have a duty of care to their patients with respect to the minimisation of ultrasound exposure consistent with diagnostic needs.
2. Sonographers are ethically and legally obliged to hold in confidence any information acquired as a result of their professional and clinical duties, except where there is a legal obligation for disclosure.
3. Sonographers must be committed to the provision of a quality ultrasound service having due regard for the legislation and established codes of practice related to healthcare provision in order to minimise risk to patients, patients' carers and other professionals.
4. Sonographers are legally and professionally accountable for their own practice and must not be influenced by any form of discrimination.
5. Sonographers must identify limitations in their practice and request training and support to meet their perceived needs.
6. Sonographers will take all reasonable opportunity to maintain and improve their knowledge and professional competency and that of their peers and students.
7. Sonographers must pay due regard to the way in which they are remunerated for their work.
8. Sonographers have a duty of care to work collaboratively and in co-operation with the multidisciplinary healthcare team in the interests of their patients and patients' carers.
9. Sonographers must act at all times in such a manner as to justify public trust and confidence, to uphold and enhance the reputation of sonography and to serve the public interest.
10. Sonographers must ensure that unethical conduct and any circumstances where patients and others are at risk are reported to the appropriate authority.
11. Sonographers who are held accountable in another area of healthcare must relate this Code to others that govern their practice.
12. Student sonographers pursuing a qualification in medical ultrasound must adhere to their university or higher education institution's codes of conduct that relate to all elements of their ultrasound education and training. Additionally, any requirements set by CASE about supervised training must be followed.

## Standards of Proficiency for a Sonographer

These standards have been developed by the CASE, based on the Health and Care Professions Council (HCPC) standards of proficiency for a Radiographer, which have been amended to relate to ultrasound practice, where relevant.

Sonographers must:

1. Be able to practise safely and effectively within their scope of practice.
2. Be able to practise within the legal and ethical boundaries of their profession.
3. Be able to maintain fitness to practice.
4. Be able to practise as an autonomous professional, exercising their own professional judgement.
5. Be aware of the impact of culture, equality, and diversity on practice.
6. Be able to practise in a non-discriminatory manner.
7. Understand the importance of and be able to maintain confidentiality.
8. Be able to communicate effectively.
9. Be able to work appropriately with others.
10. Be able to maintain records appropriately.
11. Be able to reflect on and review practice.
12. Be able to assure the quality of their practice.
13. Understand the key concepts of the knowledge base relevant to their profession.
14. Be able to draw on appropriate knowledge and skills to inform practice.
15. Understand the need to establish and maintain a safe practice environment.

## Section 1: Practice Learning Opportunities

### 1.1 Rationale for practice learning opportunities

Practice education is an integral and significant component of the total curriculum that enables students to demonstrate and achieve competence. It forms an indispensable part of the learning process. Learning gained in practice settings is vital to students' educational and professional development. Experience gained enables the acquisition of new knowledge and skills as well as the application, consolidation and reflection upon the learning gained in the university environment.

The aims of practice experience are to:

- prepare students who are fit for practice, purpose, and award on either eligibility for registration or competency.
- provide relevant experience of a range of health and social care settings as well as diversity of client/patient needs.
- enable students to meet the requirements for competency level practice.
- facilitate integration of theory and practice.
- facilitate interprofessional learning in practice.

### 1.2 Students in practice learning

Whilst undertaking a practice learning opportunity, students are required to familiarise themselves with, and adhere to, local policies and procedures. The prime concern for a student's practice experience should always be to facilitate and maximise learning whilst complying with the PgCert course requirements and meeting assessment competencies. For these purposes, a student's LSBU email address is provided to the placement provider for the purpose of contacting the student with information to facilitate their practice learning opportunity.

Additionally, student's scope of practice should be stated in the placement agreement document and communicated to the Practice Educator/Clinical Mentor, as students should undertake a portfolio of practice/learning and demonstrate competency in the areas that clearly align with their subsequent breadth/remit of ultrasound scanning following completion of the course.

It is noteworthy to recognize that the placement journey commences right from the beginning of the academic year, serving as a means to enrich and bolster various aspects of learning

and student development. This extended duration aids in fostering practical skills, broadening understanding, and providing valuable support to students as they progress in their educational journey.

### 1.3 Securing practice learning opportunities

In preparation for enrolling onto the PgCert MSK Ultrasound Imaging course, in the School of Allied and Community Health, at LSBU, it is the responsibility of the student to identify an appropriate Practice Educator/Clinical Mentor.

Students must acquire a portfolio of 250 ultrasound scans which can be compiled over one academic semester. 100 scans of these must be directly aided and 150 scans will be unaided. The 100 aided scans must be audited. Hence, students must identify an appropriate Practice Educator/Clinical Mentor who has appropriate qualifications and experience (i.e. PgCert/Dip qualification and a minimum of 2 years post qualification experience or level 2 radiology) in MSK ultrasound.

Although the number of hours of clinical practice is difficult to quantify and can potentially have an adverse effect on student learning, as competency of a student may not be achieved at the same length of time when compared with another student, it is recommended that students spend at least 14 hours per week undertaking supervised ultrasound examinations with their Practice Educator/Clinical Mentor for the entire duration of the learning period.

### 1.4 Criteria for eligible placement learning opportunities

The student's clinical placement must be deemed satisfactory according to the following prescribed criteria by the academic team. It is expected that the student will receive training in a secure and supportive environment that provides quality supervised training opportunities. The clinical placement should offer students access to a varied patient case-mix in regularly scheduled clinics that employ high-end equipment. Additionally, placement providers have a duty of care to ensure that training is managed in such a way as to minimise risks to health and safety, such as repetitive strain injury.

The following criteria should be met by the clinical placement:

- a) The placement provider must be a licensed healthcare provider (i.e. NHS trust; private clinic; other healthcare provider).
- b) The placement provider must provide MSK ultrasound imaging services.

- c) The placement provider's annual patient turnover, referred for MSK ultrasound examinations, should be sufficient to satisfy the necessary training time for the student to practice.
- d) The placement provider must provide a patient case-mix practice environment to satisfy various MSK ultrasound examinations and conditions. Students are required to complete ultrasound examinations for all peripheral musculoskeletal regions. Hence, it is not possible to focus on a particular region.
- e) A high specification ultrasound equipment should be available to satisfy a high quality of MSK ultrasound training and examinations.
- f) An active Quality Assurance (QA) certificate (i.e. CQC etc) should be in place.
- g) The Practice Educator/Clinical Mentor must have appropriate qualifications and experience (i.e. PgCert/Dip qualification and a minimum of 2 years post qualification experience or level 2 radiology) in MSK ultrasound to provide satisfactory mentorship to the student. (*where there is a significant shortage of available mentors, qualified staff with a minimum of 1 year post qualification experience may act as the local mentor if at least one other member of the supervisory team meets the minimum requirement of 2 years' experience*).
- h) Learning resources should also include computers and internet access to encourage students to carry out academic and research activities for the successful completion of their coursework.

For quality assurance purposes, the Course Director may conduct a placement visit to ensure that all these points are being met prior to the student's registration onto the PgCert MSK Ultrasound Imaging course and throughout their training. If the necessary support is not provided to the student, university intervention may be considered. If significant concerns are highlighted, the student's studies may be paused or deferred to another year until safe and supportive placement sites can be offered.

## Section 2: Supporting and Facilitating Learning in Practice

### 2.1 Support during practice learning opportunities

During practice learning opportunities, students will be able to access support from both the University (for example: Personal Tutor, Placement Lead, Course Director) and from individuals within the placement provider (for example the Practice Educator/Clinical Mentor, Department Lead).

For students who have specific learning or health needs and need reasonable adjustments relevant to practice learning, as agreed by the Occupational Health provider or Disability and Dyslexia Support team, this information, with the student's consent, will be shared with the placement provider's Practice Educator/Clinical Mentor. This is to ensure that the student's allocated practice learning opportunity is suitable. If necessary, the practice learning opportunity may carry out a work-based risk assessment so that reasonable adjustments may be made to ensure the student gets appropriate support. Students are recommended to contact their Practice Educator/Clinical Mentor for the practice learning opportunity as soon as possible prior to the commencement of the practice learning opportunity. This will allow time for these staff and the student to discuss what reasonable adjustments are required and possible, and to plan for and implement the identified adjustments. The student should include in this discussion their specific needs and identify any known strategies that assist them. The Course Director may be involved if this is thought to be helpful.

All students have a responsibility to work collaboratively and in a professional manner with practice learning providers and its employees, according to local policies and procedures as well as the relevant regulatory body requirements.

### 2.2 Role of the Placement Lead

This is a member of academic staff who is responsible for liaising with identified practice learning opportunities. The Placement Lead will liaise with these areas on a regular basis and ensure that staff is kept informed of course developments that may impact on assessment and supervision.

The Placement Lead aims to have regular communication with a student during their practice learning opportunity. Contact could be in the form of a visit, email, online meeting using a medium such as MS Teams or phone call. The Placement Lead visits are generally to support the student and Practice Educator/Clinical Mentor. Students will normally be informed of the

date and time of the Placement Lead contact and should inform their Practice Educator/Clinical Mentor. The student should prepare for the visit by reviewing their current progress against their identified learning objectives and appropriate competencies and proficiencies. The student should negotiate an appropriate shift so that they will be on site for the visit. Should a student be unable to attend the visit for any reason, it is the student's responsibility to inform the Placement Lead as soon as possible so that the Placement Lead does not make an unnecessary journey and an alternative visit can be arranged.

Should the student have any difficulties or concerns in a practice learning opportunity, they should refer to the flowchart on page 22. The Placement Lead will follow up any issues as appropriate. Equally, should the Practice Educator/Clinical Mentor feel there is a difficulty, concern, or wishes to make an enquiry, they should contact the Placement Lead/Course Director and, if necessary, arrange for them to visit the practice learning opportunity.

### 2.3 Role of the Personal Tutor

This is a member of academic staff; part of whose role is to track their learner's academic and practice progress and provide general pastoral support and guidance where necessary.

### 2.4 Role of the Practice Educator/Clinical Mentor

As set out in the HCPC Standards of Education and Training, a Practice Educator is a registered health and social care professional; working in practice and who has up-to-date knowledge and experience relevant to the student they are supervising and who has received preparation to undertake the role.

The Practice Educator/Clinical Mentor acts as a role model for safe and effective practice in line with their code of conduct, supports learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes, provides support within their supervision providing students with feedback on their progress towards, and achievement of, proficiencies and skills.

Within the roles and responsibilities of the Practice Educator/Clinical Mentor there are key components. There is a requirement to uphold public protection including raising concerns about a student's performance and behaviour or any risks to people arising from the environment in which the student is placed. The Practice Educator/Clinical Mentor should consider and facilitate their own as well as the student's equality and diversity needs including

reasonable adjustments. The Practice Educator/Clinical Mentor should provide inclusive and tailored learning experiences that enable students to meet their learning outcomes. Practical examples of this include providing and facilitating opportunities for students to practice skills, sharing knowledge with the student and effectively demonstrating how to put that knowledge into practice safely, empowering students to take advantage of available resources and learning opportunities, providing opportunities for students to learn independently through less hands-on supervision, and empowering students to take responsibility for their own learning.

The Practice Educator/Clinical Mentor must have appropriate qualifications and experience (i.e. PgCert/Dip qualification and a minimum of 2 years post qualification experience or level 2 radiology) in MSK ultrasound to provide satisfactory mentorship to the student. (where there is a significant shortage of available mentors, qualified staff with a minimum of 1 year post qualification experience may act as the local mentor if at least one other member of the supervisory team meets the minimum requirement of 2 years' experience). An enthusiasm and ability to teach are essential qualities of a good Practice Educator/Clinical Mentor, which, coupled with knowledge and expertise are as important as the length of experience.

Practice Educators/Clinical Mentors are required to attend an online training session aimed at enhancing their ability to effectively fulfil their role and provide support throughout the process. The goal is to ensure understanding and fulfilment of all responsibilities within their scope of practice. We invite both new and current Practice Educator/Clinical Mentor to participate in this training session, which is scheduled to run three times during semester 1. It is important to note that attendance is mandatory for all Practice Educator/Clinical Mentor. This training will greatly contribute to their professional development and ensure optimal performance in their roles. More information regarding the practice placement training day can be found on page 20.

Overall, the role of the Practice Educator/Clinical Mentor is to:

- Sign the Clinical Placement Agreement Form to facilitate the student's registration on the PgCert course (please see LSBU Clinical Placement Agreement Form or Appendix A at the end of this document).
- Delivering the workplace induction, making the student aware of local policies and procedures prior to their placement commencement.
- Engage in negotiation and clarification with the student to establish how the mentoring role will be fulfilled, considering respective commitments, optimal learning opportunities, and local factors.



- Assist the student in assessing their learning needs in relation to musculoskeletal ultrasound within the practice setting.
- Collaborate with the student to plan and implement strategies for meeting the identified learning needs, documenting them in the learning contract. This may involve activities such as shadowing the mentor and other clinicians, conducting demonstrations, engaging in discussions, observing the student, addressing their inquiries, providing guidance and support, as well as directing them to relevant guidelines, protocols, and additional human or material resources.
- Facilitate learning by encouraging critical thinking and reflection, promoting the integration of theory and practice.
- Allocate sufficient time for the student to carry out scanning protocols and provide constructive feedback on their progress.
- Assess the student's developing scanning competence and deliver monthly feedback on their progress.
- Provide the Module Lead with comprehensive information regarding the student's progress, including any concerns related to their competence, attitude, or motivation.
- Supervise, review, complete and sign off the necessary documentation for summative assessment (LSBU Clinical Assessment Portfolio) comprising:
  - **Workplace induction sign-off**; The Practice Educator/Clinical Mentor is responsible for delivering the induction, making students aware of policies and procedures prior to their placement commencement. Subsequently, both parties are required to jointly sign off on the completed induction. This collaborative effort ensures that the induction checklist is thoroughly addressed and appropriately signed off. It signifies that the necessary steps for induction have been undertaken, and students are equipped with a sound understanding of essential protocols and their placement environment.
  - **250 logged scans**; The Practice Educator/Clinical Mentor reviews the saved ultrasound images, written reports, and diagnostic impressions provided by the student. The Practice Educator/Clinical Mentor assesses the quality of the images, evaluates the accuracy and completeness of the reports, and considers the appropriateness of the diagnostic impressions. They provide feedback on the ultrasound images and reports, and signs them off.
  - **Monthly monitoring progression reports**; On a monthly basis, the student collaborates with the Practice Educator/Clinical Mentor to complete the Monthly Monitoring Progression Report. This report serves as a constructive instrument for assessing advancement and fostering professional growth. During these

interactions, an open conversation unfolds, encompassing evaluation of performance, discourse on accomplishments, and identification of avenues for enhancement.

- **Final assessment summary;** This Final Assessment Summary serves as the conclusive evaluation of the student's performance throughout their placement. It is to be completed by the Practice Educator/Clinical Mentor following the conclusion of their placement period. This assessment signifies whether the student has achieved the requisite standards for independent practice. A successful outcome in all sections is mandatory for a positive assessment.

The mentored clinical skills learning process aims to evaluate clinical competency. Through the documentation of competency and feedback received from the Practice Educator/Clinical Mentor, students are guided in their learning journey and gain a clear understanding of their progress and abilities.

### 2.5 Role of the Department Lead/Clinic Director

The Department Lead/Clinic Director is responsible for reviewing the handbook and furnish vital information regarding the available resources within the clinical department/placement setting. This information is to be included in the Clinical Placement Agreement Form, which determines the suitability of accommodating a student's placement request at the respective Trust/Placement setting, ensuring that the clinical work-based learning requirements of the programme can be met. It is imperative to emphasise that the clinical placement cannot proceed without the endorsement of the Department Lead/Clinic Director.

### 2.6 Role of the internal assessor

An individual from within the clinical department who assesses the student's progress, their readiness to undertake formative assessments and advises on the timing of the summative assessment. This could also be the Practice Educator/Clinical Mentor. The individual would take an active role in the clinical teaching and formal assessment of the student. It is advisable that the internal assessor has a minimum of three years clinical experience.

Internal assessors are required to attend an online training session aimed at enhancing their ability to effectively fulfil their role and provide support throughout the process. The goal is to ensure understanding and fulfilment of all responsibilities within their scope of practice. We invite both new and current internal assessors to participate in this training session, which is

scheduled to run three times during semester 1. It is important to note that attendance is mandatory for all internal assessors. This training will greatly contribute to their professional development and ensure optimal performance in their roles. More information regarding the practice placement training day can be found on page 20.

## 2.7 Role of external assessor

An external assessor is an individual who ensures unbiased clinical assessments are carried out. The external assessor should work independently from the student or student's clinical placement and assist in moderating the final summative competency assessment with the internal assessor.

The external assessor should be carefully chosen to ensure that extensive experience in the field of practice, with a good knowledge of current clinical practice, and academic and clinical standards, to provide a supportive, fair and unbiased summative assessment. The external assessor should be a senior professional with appropriate experience who is able to demonstrate on-going continual professional development relevant to musculoskeletal ultrasound. It is advisable for the external assessor to have a minimum of three years clinical experience.

The student will need to provide the details of an external assessor for the final exam who meets the criteria outlined in the aforementioned paragraph. If the student is unable to identify an external assessor by themselves, the University might be able to identify and allocate an external assessor.

External assessors are required to attend an online training session aimed at enhancing their ability to effectively fulfil their role and provide support throughout the process. The goal is to ensure understanding and fulfilment of all responsibilities within their scope of practice. We invite both new and current external assessors to participate in this training session, which is scheduled to run three times during semester 1. It is important to note that attendance is mandatory for all external assessors. This training will greatly contribute to their professional development and ensure optimal performance in their roles. More information regarding the practice placement training day can be found in the below section 2.8.

The Course Director of the PgCert programme can also act as an external assessor.

## 2.8 Practice placement training day

To further enhance the ability to fulfil the Practice Educator/Clinical Mentor, internal and external assessor role effectively and support them throughout this process, we invite all new and current Practice Educators/Clinical Mentors, internal and external assessors to participate in an online training session. This training session is scheduled and runs three times in semester 1. Please note that attendance is mandatory for all Practice Educators/Clinical Mentors, internal and external assessors. The available dates are as follows:

- Wednesday, 25<sup>th</sup> September 2024
- Tuesday, 8<sup>th</sup> October 2024
- Friday, 1<sup>st</sup> November 2024

Kindly confirm your attendance by sending an email to [daoukass@lsbu.ac.uk](mailto:daoukass@lsbu.ac.uk), specifying the session you will be attending.

If you are unable to attend either session or have not previously supervised a student from London South Bank University, then the Course Director can be contacted at any time to arrange a 1-to-1 meeting via the email address stated in the above paragraph.

## 2.9 Managing difficulties in practice

The student's presence in the practice learning opportunity is as a result of an agreement between London South Bank University and the placement provider offering the practice learning opportunity. It is recognised that difficulties may emerge in the practice setting which are not explicitly articulated within the formal assessment process. Equally, the difficulties may occur prior to a formal assessment point. The difficulties may be identified by the student, the placement provider, or the University. Equally, there are standards and codes of conduct which govern practice education and make explicit the expectations for the learner, practice learning opportunity provider and the University. Failure to meet the required expectations may be identified by the Practice Educator/Clinical Mentor, student or University. The following are examples of potential difficulties and concerns that can occur in practice:

1. Practice Educator/Clinical Mentor
  - The student's attitude or behaviour is considered to adversely affect patient/client care, the provision of the service, relationships within the service team.
  - The student's conduct contravenes any of the placement provider's policies (e.g. health and safety, antidiscrimination).
  - Serious breach of the discipline's code of professional conduct.

- Due to unforeseen circumstances, the student cannot be provided with the quality of experience, support or supervision reasonably expected and consequently the student's learning may be adversely affected.
- Demands made of the student on staff resources for supervision are excessive to the extent that patient/client care is adversely affected.
- The student's health is impacting on their ability to engage with practice learning.

## 2. Student

- The student is persistently expected to undertake duties beyond those which might be reasonably expected of a student at their stage of the course or which may put them at unnecessary risk.
- Antidiscrimination policies are blatantly ignored to the detriment of the student.
- The student reports experiencing discrimination, harassment, or victimisation.
- The student is left unsupported/unsupervised.
- The student's health is impacting on their ability to engage in practice learning.
- Insufficient learning resources and opportunities to meet the practice learning requirements.

## 3. University/Placement Lead

- Anti discriminatory practices are not observed to the detriment of the student.
- The student reports experiencing discrimination, harassment, or victimisation.
- Practices used in the practice learning opportunity are putting the student at unnecessarily risk.
- The student is not receiving the supervision required to further their knowledge and experience.
- Serious breach of professional conduct and/or standards of practice.
- The student's poor behaviour or conduct in practice is reported to the University and requires investigation through the LSBU Fitness to Practise process.
- The student's performance on the programme is to be the subject of review at the next scheduled Examination Board and it is not considered in the interests of the student to remain in the practice setting.

It is anticipated that the approach to resolving a difficulty in practice must involve the student, the placement provider, and University Placement Lead/Head of Division. Below is an overview of the typical procedure for managing difficulties in practice. At all steps, all parties will be kept informed and will have an opportunity to discuss and put forward their views. All

discussions and processes will be transparent to all parties involved. All discussions and actions must be documented and signed by all parties.

### **Step 1:**

The student and Practice Educator/Clinical Mentor will attempt to clarify and address any difficulties jointly.

→ **issue resolved**

↓ **Not resolved move to next step**

### **Step 2:**

The student and/or Practice Educator/Clinical Mentor will contact the Placement Lead. Given the nature of the difficulty, the Placement Lead may seek advice from the Course Director, the student's Personal Tutor and/or the Strategic Placement Lead. Likewise, the student or the Practice Educator/Clinical Mentor may seek advice or the direct involvement of the organisation's education lead. The Placement Lead (or Head of Division, if appropriate) will contact the practice setting with a view to setting up a meeting with the student and Practice Educator/Clinical Mentor to address the difficulties jointly. This is only done with the consent of the student if concerns relate to their treatment or observed concerns whilst on placement. If the concerns relate to the student directly and they do not involve an immediate escalation to Fitness to Practice, then an invite to resolve the issues will be given to the student and appropriate support offered during this process.

→ **issue resolved**

↓ **Not resolved move to next step**

### **Step 3:**

Potential outcomes will depend on the nature/seriousness of the difficulties:

- agreed action plan between student, Practice Educator/Clinical Mentor and Placement Lead to address the difficulty with a timeframe for review and evaluation.
- involvement of the placement provider/organisation Practice Education Team.
- suspension or withdrawal of the practice learning opportunity.

A breach of discipline or behaviour conduct may require the student to refrain from practice until such time as the incident has been further investigated. The issues may also be referred into the LSBU Fitness to Practise process.

## 2.10 Theory assignments

Students usually have theory assignments to complete as an on-going process whilst undertaking a practice learning opportunity. Practice staff should never be expected to assist students with theory assignments. Guidance for completion of theory assignments should be sought, overall, from university staff. Students should not take time off from their practice learning opportunity to complete theory assignments or to deliver them to the University. Theory assignments should be completed when the student is not scheduled to attend the practice learning opportunity.

## 2.11 Learner self-directed learning and reflection

Practice Educators/Clinical Mentors should provide a basic induction to the practice learning opportunity. Students should seek out information for themselves with the support or help of the supporting staff, if necessary, in relations to for example:

- Policies and procedures for the practice area (e.g. infection control).
- Information related to their patient/client's diagnosis.
- The role of other members of the multi-disciplinary team.
- Health and Safety policies.
- Emergency procedures.
- Fire policy.

Students are expected to use their initiative and organise themselves and their time to maximise their learning. Learning should be reflective in nature. Students are encouraged to reflect not only on their own behaviour, thoughts, and feelings but also on others' behaviours, thoughts, and feelings. They should also attempt to see the above in a socio-economic context and take into consideration aspects of good anti-discriminatory practice.

## 2.12 Quality monitoring of the practice learning opportunity

Quality monitoring of the practice learning opportunity is undertaken jointly by the Placement Lead and the Practice Educator/Clinical Mentor. An important element of the continuous quality monitoring process is the feedback that students provide regarding their practice learning experience. It is vital to know from all students what went well and not so well, so that practice learning experience can keep improving and evolving. After the student completes their clinical placement at the designated setting, they must complete the End-Placement Feedback Form (Appendix H) that must be sent to the Placement Lead/Course Director. A monthly monitoring progression report (Appendix G) must also be completed monthly, as part

of the summative assessment and the LSBU Clinical Assessment portfolio, throughout the placement and in consultation with the Practice Educator/Clinical Mentor.

### 2.13 Requests due to faith and religion

If a student needs to request time away from their practice learning opportunity for a religious day(s) or holiday, the student must negotiate the time off with the Practice Educator/Clinical Mentor and the Course Director as far in advance as possible to see if and how this can be accommodated. Any agreed practice time off is required to be made up.



## Section 3: Attendance

### 3.1 Sickness/absence reporting

The following notes comprise sickness/absence reporting instructions, however, it is the student's responsibility to familiarise themselves and comply with local arrangements, if applicable.

As soon as the student knows that they will be unable to attend their designated placement day/time slot due to sickness/absence, the student must contact the Practice Educator/Clinical Mentor.

Although the student may not wish to be specific with regard to the nature of their sickness/absence, the student should adhere to the following procedure:

1. Telephone or email the Practice Educator/Clinical Mentor (or the most senior member of staff on duty)
2. Clearly state their name, university and cohort.
3. Clearly state that they will be absent.
4. Give some estimate of how long they feel they may be absent.
5. Keep a record of the communication.
6. Record the date(s) and hours of the sickness/absence in the practice hours section within the Clinical Assessment Portfolio.

In cases where there is prolonged absence and this might affect either their practice learning opportunity overall and/or the on-campus lectures, or both, the student must also follow the above process with the Placement Lead/Course Director.

When the student is ready to return to the practice learning opportunity, they must notify the Practice Educator/Clinical Mentor; in certain instances, such as following surgery or injury, a 'fitness to return to work' certificate may be required before returning to practice. The student should check with their Course Director if they are unsure if this might be required.

### 3.2 Unauthorised absence

Absence from the practice learning opportunity is deemed to be non-attendance when this has not previously been negotiated or when the student has failed to follow the sickness/absence reporting procedure.

Persistent lateness/poor timekeeping is considered poor professional behaviour and must first be discussed with their nominated Practice Educator/Clinical Mentor, then with the Placement Lead/Course Director. This will be recorded in the Clinical Assessment Portfolio and taken into account when assessing the student and considering their progression.

Unauthorised absence from a practice learning opportunity will be noted and may result in a referral for the practice learning opportunity.

### 3.3 Meeting requirements following sickness/absence

Any time missed through sickness/absence, special leave or compassionate leave must be made up to meet the requirements of the programme in terms of achieving the minimum number of required ultrasound scans and reports. Students should endeavour to retrieve outstanding practice and ultrasound scans during the practice learning opportunity in which they occurred.

When the student returns to the practice learning opportunity, the student must discuss with their Practice Educator/Clinical Mentor if and when they will be able to make up all the time they have missed. The Placement Lead can also provide advice to practice staff and the student.

Students who have long periods of sickness, or frequent short-term sickness/absence, may be required to attend Occupational Health or G.P. for a health assessment, which the Course Director will request.

Building up an excessive deficit of practice and ultrasound scans may result in the student having difficulties in meeting the requirements for the successful completion of this module and consequently the completion of the PgCert. Therefore, students should seek advice from their Placement Lead, Personal Tutor, or Course Director if they need to make up practice time and ultrasound scans and they are unsure how to plan for this.

### 3.4 Attending personal appointments

Students are expected to arrange personal appointments (e.g. G.P. appointment, dental appointment), during the hours they are not on their practice learning opportunity. It is at the discretion of the Practice Educator/Clinical Mentor whether to grant the student authorisation to attend a personal appointment when they had been expected to be on the placement.

### 3.5 Attending mock exams/tutorials at a university campus

University lecturers sometimes have to schedule mock exams/tutorial support and assessment practice events during the students' practice learning opportunities. The student should attempt to arrange their practice learning opportunity schedule accordingly, and in communication with Practice Educator/Clinical Mentor so that they can attend the tutorial/event during the hours they are not on placement. The student should provide the Practice Educator/Clinical Mentor with written proof of a scheduled tutorial/event (e.g. lecture schedule or email communication by the Module Lead/Course Director).

### 3.6 Attending exams at a university campus

Sometimes exams occur during students' practice learning opportunity. This can occur because the School of Allied and Community Health follows the LSBU exam timetable, so all students across the University sit exams at the same time. In this situation, the student should attempt to arrange their practice learning opportunity schedule so that they can attend the exam/s. The student should provide the Practice Educator/Clinical Mentor with written proof of a scheduled exam (e.g. exam timetable or email communication by the Module Lead/Course Director).

### 3.7 Occupational health considerations and reporting an incident

All students must have received occupational health clearance prior to commencing practice learning opportunities. Students must inform the Course Director of any changes to their physical/psychological health status, which may affect their practice learning. This includes pregnancy.

If there is a concern about a student's physical/psychological health, during the course the University can request the student to attend LSBU Occupational Health for assessment.

If a student is involved in any incident, accident or sustains personal injury (e.g. physical abuse from a patient), they must complete an incident form or equivalent document, keeping a copy for their own records, and follow the local organisation policy with the guidance of the Manager. It is the student's responsibility to inform the LSBU Occupational Health provider of the incident.

Any student who incurs a sharps/splash injury whilst on placement must inform the member of staff in charge or Manager. It may as a result be deemed necessary for the student to be referred to the local organisation Occupational Health Department or an Accident & Emergency Department. The student must also complete an incident form or equivalent document, keeping a copy for their own records.

If a student suspects they have developed an allergic reaction to a substance or product (e.g. gloves), during their practice learning opportunity they should report this immediately to the Manager and seek advice from the LSBU Occupational Health or local Occupational Health Department.

It is the student's responsibility to be aware of their Hepatitis B status as well as their chicken pox, measles, mumps, rubella and tuberculosis (TB) status and to make/attend appointments as necessary to ensure continuing immunity with their GP.

If a learner believes they have been in contact with an infectious disease (e.g. chickenpox, rubella, TB, measles), they must seek advice from the Occupational Health Department of the local organisation or the LSBU Occupational Health, before attending their practice learning opportunity.

Students who have been suffering from diarrhoea and vomiting should not attend their practice learning opportunity and should seek advice from their GP, prior to returning to the placement.

If a student is taking any prescribed medication, which needs to be taken into their practice learning opportunity, it is the student's responsibility to store the medication safely. The medication should be clearly labelled to be identifiable to the student and the Practice Educator/Clinical Mentor should be informed.

The contact details for LSBU's Occupational Health are:

OH Works

Dedicated Telephone No: 020 7815 8310

Email: [lsbu@ohworks.co.uk](mailto:lsbu@ohworks.co.uk)

### 3.8 Pregnancy, maternity, paternity and adoption

It is the responsibility of the student to inform their Course Director and Placement Provider as soon as the pregnancy has been confirmed. This is to ensure that the appropriate risk

assessment can be carried out in order that the student and her unborn child are not put at unnecessary risk.

Students should refer to the 'LSBU Learner Pregnancy, Maternity, Paternity and Adoption Policy' (published August 2022), which is available at: <http://www.lsbu.ac.uk/about-us/policies-regulations-procedures> and/or MyLSBU. They should also discuss their situation with their Course Director. In addition, students should follow the Placement Provider's policy. Seconded students should also follow their Placement Provider's policy.

### 3.9 Disclosure and barring service (DBS) clearance

All students must have received enhanced DBS (for Adult and Child workforce) clearance prior to commencing their first practice learning opportunity.

Students are required to inform the Course Director of any changes to their DBS status (e.g. if they have received a caution or conviction during their course).

It is the responsibility of the student to keep their DBS document safe as students may be asked to show evidence of DBS clearance (original copy, not a photocopy) to secure a place at some practice learning opportunities.

Placement providers do have the right to refuse a student who has any DBS history, as some placement providers will only accept clear DBS certificates.

### 3.10 Alcohol, drugs and substances

Students have a professional requirement to adhere to the codes of practice for learners with the relevant regulator at all times e.g [Guidance on conduct and ethics for learners](#) | (hcpc-uk.org)

Students must not consume alcohol when in attendance at their practice learning opportunity, including during rest breaks. Students must also ensure that they do not attend their practice learning opportunity under the influence of alcohol, even if consumed prior to their attendance. Any disregard for this requirement may result in the student's immediate suspension from the practice learning opportunity and referral into the LSBU Fitness to Practise process.

Students must not take or consume illegal drugs, substances, medication not prescribed to them, or medication prescribed for someone else at any time. Any disregard for this requirement may result in the student's immediate suspension from the practice learning opportunity and referral into the LSBU Fitness to Practise process.

Students should not attend the placement if they are under the influence of prescribed and/or self-medication which could have a detrimental effect on their ability to perform. In such an event the student should follow the procedure for reporting and making up sickness/absence. Likewise, if a student suspects that a colleague may be impaired due to any of the above and is a threat to patient safety, they should follow the raising and escalating concerns procedure as outlined in section 4.2.

### 3.11 Jury service

If a student receives a summons to attend jury service and feels that it would impact on their attendance in practice (or theory), the student is advised to contact the Jury Summoning Bureau to explain their situation. The student can request a letter to confirm the predicted impact on their practice learning opportunity (or theory) requirement from their Course Director if the Jury Summoning Bureau requires additional evidence. For further direct information:

Jury Central Summoning Bureau 8 Pocock Street

London SE1 0BJ

Email: [jurysummoning@justice.gov.uk](mailto:jurysummoning@justice.gov.uk)

Telephone: 0300 456 1024

## Section 4: Student Responsibilities and Rights

### 4.1 Rights of students

All students have the right to be placed in a safe learning environment in accordance with Health and Safety requirements. Where the Placement Provider provides an induction programme, it is mandatory for the student to attend. The Placement Provider may not offer the student a practice learning opportunity if the student has not attended an induction. In the event of a student having concerns regarding their safety they should discuss this with the Practice Educator/Clinical Mentor, or Lead of the Department immediately. At the same time, the student must inform the Placements Lead/Course Director.

All students have the right to be treated in accordance with applicable legislation, such as the Equality Act (2010) and in accordance with the HCPC policies. It is the student's responsibility to inform the Practice Educator/Clinical Mentor of specific needs or requirements prior to commencing the practicing learning opportunity.

If a student has a problem or concern during their practice learning opportunity, they should discuss this with their Practice Educator/Clinical Mentor, in the first instance. The Practice Educator/Clinical Mentor will take advice as appropriate either within the organisation or with the University.

### 4.2 Raising a concern by a student

LSBU fully support students who raise concerns. If a student raises a concern with their placement provider and/or the University, they will be fully supported by the placement provider and the University throughout the ensuing process.

Where a student is concerned that a member of staff, another student, carer, family member or visitor is behaving inappropriately (this may include concerns about someone being under the influence of alcohol, drugs or other substances) or the student has witnessed unsafe, unprofessional or poor practice, the student should raise their concern by informing:

- Their Practice Educator/Clinical Mentor, or Lead of Department
- A member of their placement provider Practice Education Team
- Their Personal Tutor/Placement Lead/Course Director

Where a student is concerned that there is an immediate risk of harm to a patient/client the HCPC requires that it is reported immediately to anyone listed above in order to protect the health, well-being and safety of a patient/client or others.

While it is preferable for the student to raise concerns with someone in the practice learning opportunity, ultimately it is very important that the student raises their concern with somebody within the placement provider organisation or the University.

All placement provider organisations will have their own specific policies and guidance regarding raising and escalating concerns and safeguarding patients/clients and others. These policies will be followed when any concern is raised even if it was initially raised through the University.

### 4.3 Confidentiality

Confidentiality should be maintained at all times. Students need to be clear as to what information should be given and to who at all times e.g. what information should be given to other professionals, patients/clients and relatives. In order to ensure clarity, the student should discuss any issues with their Practice Educator/Clinical Mentor, other practice learning opportunity staff or if necessary, University staff.

Students should never discuss patients/clients outside the practice learning opportunity. Theory assignments directly related to the practice learning opportunity should maintain anonymity for staff, patients/clients, organisations and practice learning opportunities.

Students should also think very carefully about what information about themselves is disclosed to patients/clients and never disclose information that might compromise their safety (e.g. personal telephone number, social media contact details).

Students must not disclose passwords or use passwords inappropriately.

Students must not access case notes held by their placement provider organisation where they do not have a legitimate reason to do so. This includes the student's own case notes or the case notes of anyone that is known to them (e.g. family members, friends). Students must follow the policy of their placement provider organisation regarding accessing and viewing case notes.



Students must adhere to HCPC directives on confidentiality, the Data Protection Act (1998), General Data Protection Regulation (2018) and the practice learning opportunity's policies on confidentiality and data protection. A breach of confidentiality may result in the student being removed from the practice learning opportunity and referred into the LSBU Fitness to Practise process.

It is recognised that during the course, students may feel that they need to divulge information to members of the Course Team around issues of a personal or professional nature. Changes or events occur in a student's life around which they may seek the support of University staff, especially when they feel that these issues may affect their progress on the course. In these circumstances staff will endeavour to give support and develop relationships of trust with students. It is important, however, that students are aware that even though staff will treat information about them in a discreet and confidential manner, confidentiality is not the same as secrecy. This may also apply to Practice Educators/Clinical Mentors in whom students may also confide.

Confidentiality means that the circumstances in which information is shared and with the people with whom it is shared are understood by all parties. Both the staff team and practice staff will aim to adhere to the principles of confidentiality and seek to maintain discretion and sensitivity about information they have received and with whom it is shared. This should be done in the context of 'a need to know' basis and the impact it has in the practice learning context.

Therefore, it is important to note that for both students and practice staff, information shared may be disclosed to other members of the course team and between the practice staff and the University if it is believed to be in the student's or patient/client's best interest and will be at the discretion of the staff members concerned after thoughtful and careful consideration. The student will always be informed of any decisions made in this context.

According to University academic rules, students are not obliged to share their academic assessment results with practice staff.

#### 4.4 Internet including social networking usage

Social networking can provide peer support during practice learning opportunities and in students' future careers. Social networking should always be used in a way that adheres to professional boundaries and confidentiality. Students who are in doubt as to what they can

say on a social networking site can take advice from their Personal Tutor. They can also refer to HCPC 'Communications and using social media' policy.

Students should not invite patients/clients, their carers, their family/relatives/friends to become their 'friends' or equivalent on social networking sites (e.g. Facebook™, Twitter™, Instagram™), and should decline any invitations from the above groups to become 'friends' for the duration of their course unless this is on an approved and monitored site.

While there are opportunities to discuss your learning and development on social networking sites, students need to maintain confidentiality of those in their care, those they may work with including placement provider organisations. Breaking confidentiality in such situations will be viewed as unprofessional behaviour and deemed a breach of confidentiality, which may result in the student being removed from the practice learning opportunity and referred into the LSBU Fitness to Practise process.

#### 4.5 Consent

Students must always seek the understanding and co-operation of the patient/client before undertaking any clinical/care activity. However, please be aware that a patient/client has the right to decline care by a student. If a student has any concerns about the ability of the patient/client to give consent or is uncertain of their response, they should involve their Practice Educator/Clinical Mentor or a qualified member of staff in establishing effective communication with the patient/client.

#### 4.6 Documentation

Students must adhere to 'The Standards of conduct, performance and ethics' (HCPC 2016), local guidance and any other similar related regulator guidance when saving images and reporting.

Documentation within the practice learning opportunity is sometimes used by students for theory assignments. Permission must always be gained from Department Lead with regard to using or photocopying any documentation. Any assignment must maintain anonymity for staff, patients/clients, Trust/care organisation and the practice learning opportunity. A written record of this permission must be countersigned by the Manager and the record must be kept by the student (LSBU Confidentiality Policy, 2012).

#### 4.7 Professionalism: student behaviour and conduct

Students are reminded that they will have completed and signed a Directional Statement pertaining to behaviour and conduct at the beginning of the academic year of their education. Guidance on behaviour and conduct is found throughout 'The Standards of conduct, performance and ethics' (HCPC 2016). The learner should communicate in English at all times while undertaking a practice learning opportunity as per local placement provider/organisation policy.

#### 4.8 Student/patient relationship

Students must always ensure that they identify themselves as a student when they first meet a patient/client. Students must not impart their personal values or beliefs to patients/clients, carers and/or their family/friends, nor appear judgemental about the lifestyle choices or information they receive from patients/clients, carers and/or their family/friends.

Students should never arrange to meet patients/clients, their carers, their family or friends socially, during or following completion of a practice learning opportunity. Students must not embark on a relationship beyond professional boundaries with the aforementioned as per The Standards of conduct, performance and ethics' (HCPC 2016). The relationship between the student and the patient/client must remain professional.

#### 4.9 Patient/client/visitor behaviour

Sometimes patients, clients and visitors may behave inappropriately (e.g. verbal comments/abuse, sexual harassment, physical aggression) under the influence of alcohol or other substances, medical reasons such as hypoxia, dementia. If a student is subjected to or witnesses inappropriate behaviour they should not engage/respond in a way which may aggravate the situation. The student should report the incident to their Practice Educator/Clinical Mentor and document it accordingly as per local practice learning opportunity policy. A discussion with their Practice Educator/Clinical Mentor and/or other staff will take place and conclude with a decision regarding further action.

The student is encouraged to respond to an untoward incident by regarding it as a learning experience. The student should reflect on their behaviour, thoughts and feelings and discuss these in supervision. The Practice Educator/Clinical Mentor or other members of staff should be available to role model how to deal with these situations and advise and support the

student. The student can also speak to their Personal Tutor, Module Lead, Course Director and utilise reflective sessions to get peer feedback and support.

#### 4.10 Mobile devices and audio/visual recordings and images

The student is responsible for ensuring that their personal mobile phone or other mobile devices are switched off whilst they are in the practice learning opportunity.

Students are not permitted to take audio and/or visual recordings and images by using a camera, video recorder, tablet or any other device, at any practice learning opportunity unless without their written permission.

Where a student uses or continues to use a mobile device inappropriately, this will be viewed as unprofessional behaviour, which could lead to a referral in the practice learning opportunity and referral into the LSBU Fitness to Practise process.

## 5. Student Behaviour and Dress in Practice Learning Opportunity

### 5.1 Dress, appearance and personal hygiene

Placement provider/trust/organisation policy on dress, appearance and personal hygiene must be followed and supersedes any guidelines listed in this section. It is expected that students will present themselves in a way that supports a perception of personal and professional integrity as this will have a direct effect on the practitioner/patient/client relationship and subsequent care, reduce the risk of cross-infection, and maintain staff and patient/client safety.

In areas where uniform is not worn, students should not dress in a manner that could be seen as politically, culturally, ethnically or sexually provocative or inappropriate. The values and religious/cultural sensitivities of clients/patients in relation to dress should be remembered and due respect given to this. The student's own values and religious/cultural sensitivities are also important and need to be remembered and respected. Where a formal uniform is not required, students should dress informally but smartly. Clothing should not be tight or restrict movement and should not have inappropriate or insensitive logos, pictures and images on (e.g. a T-shirt that makes some kind of reference to alcohol as patients/clients/carers/staff maybe recovering from chronic, excessive alcohol use).

Students should wear clean clothing that are not creased. The clothing must be changed daily to reduce the risk of cross-infection. If a student wears a headscarf, it should be plain and comply with placement provider's/organisation policy regarding colour, unadorned and tucked into the collar of the clothing. It must be changed daily to reduce the risk of cross-infection.

Shoes should be practical (i.e. no high heels/strappy unstable sandals), although the placement provider's/organisation policy for shoes must be followed.

If a student is repeatedly at fault with their dress, appearance or personal hygiene this could lead to referral in the practice learning opportunity.

### 5.2 Personal hygiene including hair and fingernails

Particular attention should be paid to personal hygiene. The student should ensure that they are clean and free from unpleasant body odour. Perfume and aftershave should be discreet and not over-powering.

Hair should be clean, well-groomed and away from the face. If hair falls below the collar line it should be tied back above the collar line. If a male student has a beard or moustache, this should be well groomed and clean.

Fingernails should be clean, short, neatly manicured and without nail varnish (including clear nail varnish). Artificial nails and nails that have been accessorised are not permitted in any practice learning opportunity.

### 5.3 Body adornment

Placement provider/organisation policy must be followed in relation to jewellery, which is likely to be limited to a plain/flat ring and a small pair of flat or stud earrings. Placement provider/organisation policy must be followed in relation to visible tattoos and visible body piercing. Students are not permitted to wear false eyelashes or eyelash extensions in any practice learning opportunity. Students may wear make-up, but it should be discreet.

## 6. PGCert MSK Ultrasound Imaging course – Programme overview

### 6.1 Learning outcomes of the course

The Postgraduate Certificate (PgCert) in Musculoskeletal Ultrasound Imaging in the School of Allied and Community Health at London South Bank University is a 1-year part-time course designed for healthcare professionals, who hold a relevant first degree and post-qualification experience in musculoskeletal settings and wish to expand their scope of practice to include musculoskeletal ultrasound imaging.

The course is accredited by the Consortium for the Accreditation of Sonographic Education (CASE), including a pathway assessment that leads to a competency-based qualification ensuring graduate become skilled, competent, and confident practitioners in musculoskeletal ultrasound.

The PGCert Musculoskeletal Ultrasound Imaging course aims to:

1. Develop students' fundamental understanding of the physics, principles, and concepts of musculoskeletal ultrasound imaging, as well as its relevance to ultrasound professional practice.
2. Develop students' ability to apply scientific, ergonomic, and safety principles and equip them with practical skills to operate ultrasound equipment safely and effectively.
3. Enable students to competently identify, evaluate, and interpret normal and abnormal anatomy and pathophysiology relevant to advanced clinical practice, including the ability to independently report ultrasound examinations according to evidence-based practice, and communicate the results both orally and in written reports using appropriate terminology.
4. Develop students' knowledge and understanding of the professional issues and clinical governance in musculoskeletal ultrasound practice.
5. Explore the role of the sonographer/advanced practitioner in relation to patient management in musculoskeletal ultrasound imaging and develop a critical understanding of professional practice and behaviour across key areas to challenge, develop, and maintain standards in the field of musculoskeletal ultrasound imaging.
6. Foster students' ability to communicate clearly and effectively with patients, carers, and other healthcare professionals in a professional and appropriate manner.

## 6.2 Musculoskeletal ultrasound in professional practice

The Clinical Assessment Portfolio is a mandatory component of the CW1 summative assessment of the module *Musculoskeletal Ultrasound in Professional Practice*. This portfolio is designed to evaluate the student's competence in performing ultrasound scans, interpreting findings, and formulating diagnoses. The portfolio requires the submission of 250 logged scans, including a detailed patient history, written reports, and diagnosis/differential diagnoses. The scans should cover a range of peripheral joints and anatomical structures. 100 scans must be directly aided, while 150 scans will be unaided. Of these, the 100 aided scans must be audited.

Following completion of the summative assessment and the course overall, it is recommended that the student presents their complete portfolio of practice/learning and competency assessments to their employer (or regulator, as appropriate) as evidence of their initial practice. Hence, the clinical assessment portfolio can be used in evidence of practice for professional bodies and regulators.

The portfolio should consist of 250 logged scans in total.

- a) Of these, 100 scans must be directly aided, ensuring adequate guidance and quality control; the student conducts an ultrasound examination under the direct assistance of the Practice Educator/Clinical Mentor. During this session, the student captures ultrasound images, gathers patient history, writes a report, and formulates a working diagnosis and differential diagnoses. These records serve as the basis for the audit process. The Practice Educator/Clinical Mentor reviews the saved ultrasound images, written reports, and diagnostic impressions provided by the student. The Practice Educator/Clinical Mentor assesses the quality of the images, evaluates the accuracy and completeness of the reports, and considers the appropriateness of the diagnostic impressions by utilising the British Medical Ultrasound Society (BMUS) Peer Review Audit Tool.
- b) The remaining 150 scans may be conducted without direct assistance but should still adhere to the highest standards of competence and professionalism and must be reviewed by the Practice Educator/Clinical Mentor; a comment/feedback box is embedded in the report template to fulfil this purpose.
- c) Scans should cover a diverse range of peripheral joints and anatomical structures to demonstrate a comprehensive understanding of ultrasound imaging techniques and pathologies.



The audit process is a comprehensive, systematic review and evaluation of the student's overall performance and quality of the ultrasound scans that goes beyond written feedback. During the audit, the Practice Educator/Clinical Mentor assesses the student's competence, including their technical skills, interpretation abilities, report writing, and diagnostic accuracy. Students should use the information provided by the audit process and reflect on the feedback received from the Practice Educator/Clinical Mentor and identify areas for further development, as part of their reflective essay.

The audit process involves the following steps:

- a) **The Practice Educator/Clinical Mentor reviews the scans and documentation:** The Practice Educator/Clinical Mentor reviews the saved ultrasound images, written reports, and diagnostic impressions provided by the student. The Practice Educator/Clinical Mentor assesses the quality of the images, evaluates the accuracy and completeness of the reports, and considers the appropriateness of the diagnostic impressions by utilising the BMUS Peer Review Audit Tool (Appendix C)
- b) **The Practice Educator/Clinical Mentor provides feedback:** Based on the BMUS Peer Review Audit Tool, the Practice Educator/Clinical Mentor scores relevant elements of the ultrasound examination and provides feedback to the student. The feedback can include comments, suggestions, and constructive criticism regarding the quality of the images, the content and structure of the reports, and the accuracy of the diagnostic impressions. The purpose of this feedback is to guide the student towards improvement and promote professional growth.
- c) **The student reflects on feedback:** The student carefully considers the feedback provided by the Practice Educator/Clinical Mentor. This reflection involves self-assessment and critical analysis of their own performance, identifying areas of strength, weaknesses, and opportunities for growth based on the Practice Educator's/Clinical Mentor's feedback. The information derived from the feedback, is used to inform student's reflective essay.

## 6.3 Indicative anatomical structures to be covered during the work-based learning

### 6.3.1 Shoulder

- Long head of biceps brachii
- Rotator interval
- Coracohumeral ligament
- Superior glenohumeral ligament

- Coracoacromial ligament
- Subcoracoid triangle fat pad
- Latissimus dorsi
- Teres major
- Subscapularis
- Subacromial/subdeltoid bursa
- Transverse humeral ligament
- Pectoralis major
- Anterior labrum
- Short head of biceps brachii
- Coracobrachialis
- Pectoralis minor
- Coracoclavicular ligaments
- Acromioclavicular joint
- Sternoclavicular joint
- Teres minor
- Long head of triceps
- Supraspinatus
- Infraspinatus
- Posterior glenoid labrum
- Spinoglenoid notch
- Suprascapular notch
- Superior glenoid labrum
- Axillary pouch
- Inferior glenohumeral ligament
- Inferior glenoid labrum
- Dynamic assessment of structures

### 6.3.2 Elbow and forearm

- Distal biceps brachii tendon
- Brachialis
- Pronator teres
- Brachioradialis
- Median nerve
- Brachial artery

- Antebrachial cutaneous nerve
- Lacertus fibrosus
- Posterior interosseous nerve
- Superficial cutaneous nerve
- Humeroulnar joint
- Humeroradial joint
- Coronoid fat pad
- Radial fat pad
- Common extensor tendon
- Radial collateral ligamentous complex
- Medial collateral ligamentous complex
- Extensor muscle group
- Common flexor tendon
- Ulnar nerve
- Triceps brachii tendon and olecranon fat pad
- Flexor muscle group
- Dynamic assessment of the structures

### 6.3.3 Wrist and Hand

- Tendons of the dorsal compartment
- Median nerve
- Flexor retinaculum
- Ulnar nerve and artery
- Flexor digitorum superficialis and profundus
- Flexor carpi radialis
- Flexor pollicis longus
- Distal radioulnar joint
- Radiocarpal joint
- Carpometacarpal joints
- Metacarpophalangeal joints
- Interphalangeal joints
- Flexor pulleys
- Volar plates
- Ulnar and radial collateral ligaments

#### 6.3.4 Hip and groin

- Hip joint
- Anterosuperior labrum
- Iliacus
- Anterior capsule and iliofemoral ligament
- Rectus femoris
- Vastus lateralis
- Vastus medialis
- Vastus intermedius
- Biceps femoris
- Semitendinosus
- Semimembranosus
- Gluteus maximus
- Gluteus medius
- Gluteus minimus
- Tensor fascia lata
- Sartorius
- Gracilis
- Adductor longus/brevis/magnus
- Pectineus
- Femoral nerve/artery/vein
- Sciatic nerve

#### 6.3.5 Knee and thigh

- Rectus femoris
- Vastus lateralis
- Vastus medialis
- Vastus intermedius
- Biceps femoris
- Semitendinosus
- Semimembranosus
- Suprapatellar joint recess
- Suprapatellar fat pad
- Prefemoral fat pad
- Femoral trochlea cartilage

- Patellar tendon
- Superficial and deep infrapatellar bursae
- Prepatellar bursa
- Tibiofemoral joint space
- Hoffa's fat pad
- Medial and lateral collateral ligaments
- Medial and lateral menisci
- Posterolateral corner
- Pes anserinus insertion
- Iliotibial band insertion
- Popliteal fossa
- Anterior cruciate ligament
- Posterior cruciate ligament

#### 6.3.6 Ankle and foot

- Talocrural joint space and capsule
- Anterior fat pad
- Anterior tibial artery
- Anterior talar recess
- Tibialis anterior
- Extensor hallucis longus
- Extensor digitorum longus
- Achilles tendon
- Flexor hallucis longus
- Tibialis posterior
- Flexor digitorum longus
- Posterior tibial artery and veins
- Tibial nerve
- Feel fat pad
- Plantar fascia
- Flexor digitorum brevis
- Abductor digiti minimi
- Lateral collateral ligaments of the ankle joint
- Medial deltoid ligament of the ankle joint
- Anterior tibiofibular ligament

- Peroneus longus and brevis
- Metatarsophalangeal joints
- Interphalangeal joints
- Volar plates

## Appendices

### Appendix A. Clinical Placement Agreement Form

<b>Section A. Details of the Student</b> (To be completed by the S)	
Full name:	
E-mail address:	
Contact number:	
Scope of practice:	
<b>Section B. Details of the Practice Educator/Clinical Mentor</b> (To be completed by the PE/CM)	
Full name:	
Position:	
Qualifications: ( <i>i.e. CASE Accredited PgCert/Dip, MSc etc</i> ):	
Professional/Regulatory Body registration: ( <i>i.e. HCPC; SoR; GMC etc.</i> )	
Indemnity and medico-legal insurance cover details: ( <i>this will ensure that you, the student and LSBU are adequately covered</i> ).	
Years of MSK Ultrasound experience:	
E-mail address:	
Contact number:	
<b>Section C. Details of the Clinical Department/Placement setting</b> (To be completed by the PE/CM)	
Type of placement setting: ( <i>i.e. NHS trust; Independent/Private site etc.</i> )	
Full address of clinical placement setting:	
<b>Section D. Details of the Department Lead/Clinic Director</b>	

(To be completed by the DL/CD)	
Full name:	
Position:	
E-mail address:	
Contact number:	
<b>Section E. Resources of the Clinical Department/Placement setting</b> (To be completed by the DL/CD and PE/CM)	
Approximate number of patients referred in your setting for MSK ultrasound examination per week:	
How many hours of MSK ultrasound examination/training will the student have per week?	
Are there any other trainees at this placement site that will also be expecting training? <i>(if YES, please provide details on how there will be adequate training to MSK ultrasound examinations for each student)</i>	
<b>Section F. Declaration of the internal assessor</b> (To be completed by the PE/CM)	
Is the Practice Educator/Clinical Mentor available to act as the internal assessor for the final summative practical assessment?	
Yes / No <b>(please delete as appropriate)</b>	
<i>If no, please complete section F below, to provide the details of the internal assessor. Please note that the Practice Educator/Clinical Mentor eligibility criteria also apply for the internal assessor.</i>	
<b>Section G. Details of the internal assessor</b> (To be completed by the IA only if you have answered "NO" to section F above)	
Full name:	



Qualifications: ( <i>i.e.</i> CASE Accredited PgCert/Dip, MSc etc):	
Professional/Regulatory Body registration: ( <i>i.e.</i> HCPC; SoR; GMC etc.)	
Indemnity and medico-legal insurance cover details: ( <i>this will ensure that you, the student and LSBU are adequately covered</i> ).	
Years of MSK Ultrasound experience:	
E-mail address:	
Contact number:	
<b>Section H. Details of the external assessor</b> (To be completed by the EA)	
Full name:	
Qualifications: ( <i>i.e.</i> CASE Accredited PgCert/Dip, MSc etc):	
Professional/Regulatory Body registration: ( <i>i.e.</i> HCPC; SoR; GMC etc.)	
Years of MSK Ultrasound experience:	
E-mail address:	
Contact number:	

## 5. DECLARATION

(To be completed/signed off by the Practice Educator/Clinical Mentor, Department Lead/Clinic Director, internal assessor, and external assessor. **It is the responsibility of the student to return this document to the LSBU Course Director, once completed and signed off by all parties)**)

### 5.1 Practice Educator/Clinical Mentor

I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I am committed to providing the necessary resources and supervision to enable the student, \_\_\_\_\_, to meet the clinical work-based learning requirements of the programme. I acknowledge and fully understand my role as a Practice Educator/Clinical Mentor in ensuring that the student receives appropriate guidance and support during their clinical placement. This includes providing a safe and conducive learning environment, as well as facilitating the student's acquisition of necessary clinical competencies and skills.

I confirm that I will attend the mandatory Practice Placement Training Day.

Yes / No **(delete as appropriate)**

Full name of Practice Educator/Clinical Mentor:

Signature of Practice Educator/Clinical Mentor:

Date:

### 5.2 Department Lead/Clinic Director

I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I confirm that the current resources at our Department/Clinic allow for the accommodation of the aforementioned student to meet the clinical work-based learning requirements of the programme and have reviewed the Section D of this form.

Full name of Department Lead/Clinic Director:

Signature of Department Lead/Clinic Director:	
Date:	

### 5.3 Internal Assessor

I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I am committed to act as the internal assessor for the final competency practical assessment for the student, \_\_\_\_\_, to meet the clinical work-based learning requirements of the programme.

I confirm that I will attend the mandatory Practice Placement Training Day.  
Yes / No **(delete as appropriate)**

Full name of internal assessor:

Signature of internal assessor:

Date:

### 5.4 External Assessor

I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I am committed to act as the external assessor for the final competency practical assessment for the student, \_\_\_\_\_, to meet the clinical work-based learning requirements of the programme. I also hereby confirm that I work independently from the student or the student's clinical placement.

I confirm that I will attend the mandatory Practice Placement Training Day.  
Yes / No **(delete as appropriate)**

Full name of external assessor:	
Signature of external assessor:	
Date:	

<b>5.5 For university use only</b> (To be completed/signed off by the Course Director)	
Full name of Course Director:	
Signature:	
Date:	

## Appendix B. Report Template

### B1. Aided

Section A. Scan Details				
<b>Date of scan:</b>		<b>Setting:</b>		<b>Level of supervision:</b>
<b>Scan ID no:</b>		<b>Type of machine:</b>		Minimal / Med / High
Section B. History				
Section C. Ultrasound Findings				
Section D. Conclusion				
Section E. Signature				

B2. Unaided

Section A. Scan Details				
<b>Date of scan:</b>		<b>Setting:</b>		<b>Level of supervision:</b>
<b>Scan ID no:</b>		<b>Type of machine:</b>		Minimal / Med / High
Section B. History				
Section C. Ultrasound Findings				
Section D. Conclusion				
Section E. Comments/Feedback				
Section F. Signature				

Appendix C. BMUS Review Audit Tool: Template

<b>Date of scan:</b>	<b>Reporter:</b>	<b>Machine/Site:</b>
<b>Date of review:</b>	<b>Reviewer:</b>	<b>Scan ID no:</b>

**Image Quality (I)**

<b>I</b>		<b>Score:</b>	<b>Comments:</b>
<b>3</b>	Good image quality		
<b>2</b>	Acceptable image quality		
<b>1</b>	Poor image quality		

**Report Quality (R)**

<b>R</b>		<b>Score:</b>	<b>Comments:</b>
<b>3</b>	Report content & structure optimal		
<b>2</b>	Report of acceptable quality		
<b>1</b>	Poor report quality		

**Clinical Quality (C)**

<b>C</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
Clinical referral appropriate			
Clinical question answered			
Appropriate advice or conclusion			

<b>Overall score:</b>					<b>Comments:</b>		
<b>I:</b>		<b>R:</b>		<b>C:</b>			

## Appendix D. BMUS Review Audit Tool: Guidelines and Instructions

### Image Quality (I)

- |                                     |  |
|-------------------------------------|--|
| <b>3</b> – Good image quality       | High quality examination. Organs identified by characteristic features and/or labelling. Appropriate measurements made. May include suboptimal images but with evidence that this was due to patient factors and attempts have been made to address these. |
| <b>2</b> – Acceptable image quality | Reasonable image quality but a few poorer quality images and parameters (i.e. incorrect focus, measurement, protocol, colour, label, etc).   |
| <b>1</b> – Poor image quality       | Images of an unacceptable standard.  |

### Report Quality (R)

- |   |  |
|---|--|
| <b>3</b> – Report content & structure optimal | Report answers clinical questions and gives appropriate advice and conclusion (within local guidelines). Report may also include additional clinical information gained from verbal feedback from patient and include documentation of any information given to the patient. |
| <b>2</b> – Report of acceptable quality       | Report satisfactory but additional diagnosis or advice could have been provided.   |
| <b>1</b> – Poor report quality                | Report of an unacceptable standard. List of descriptive findings with no attempt to correlate to clinical setting or answer clinical question posed. May also include disagreement with the report findings.   |

### Clinical Quality (C)

**Yes = 1 point, No = 0 points**

- |                                  |   |
|----------------------------------|---|
| Clinical referral appropriate    | The referral contains a clear clinical question and is appropriate for ultrasound imaging. See BMUS recommendations for justification of referrals.<br>*NB add q to total score if NO to differentiate between examination quality and referral quality |
| Clinical question answered       | The report answers the clinical question posed or the question gleaned from questioning the patient during the examination.   |
| Appropriate advice or conclusion | The report includes a conclusion or appropriate advice where applicable and in line with local guidelines. This may include a statement of normality including no abnormality demonstrated or no cause for symptoms in normal examinations.             |



## Appendix E. Marking scheme of summative practical assessment

<b>Institute of Health and Social Care</b> <b>School of Allied and Community Health</b> <b><u>MODULE TITLE: Musculoskeletal ultrasound in professional practice</u></b>	<b>OVERALL PERFORMANCE:</b> (Provisional until Exam Board)
---	---

<b><u>EX1: Practical Assessment</u></b>	
Student name: _____	Date: _____
Placement setting: _____	
Internal assessor: _____	
External Assessor: _____	

for independent practice. A pass mark in all sections is required. Complete the below assessment form as follows:

Pass (✓) | Fail (X) | Non-applicable (n/a)

### Pre-patient arrival

A. Preparation for scan	Patient Number					
	1	2	3	4	5	6
A1. Correct interpretation of the request						
A2. Confirmed referring clinician/practitioner						
A3. Checked patient's history and details						
A4. Checked previous images/results (if applicable)						
A5. Adequate room preparation						
A6. Input or select correct patient data on US unit						

### Patient arrival & examination

B. Patient preparation	Patient Number					
	1	2	3	4	5	6
B1. Introductions						
B2. Patient identifiers checked						
B3. Provided overview of the referral and explanation of US examination						

B4. Obtained patient's consent						
B5. Obtained additional information to assist scanning						
B6. Correct equipment selection						

**Patient Number**

<b>C. Risk assessment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
C1. Considered risks/contraindications of the US examination						
C2. Considered operator position						
C3. Demonstrated awareness of infection control						

**Patient Number**

<b>D. Examination procedure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
D1. Correct patient positioning throughout						
D2. Correct manipulation/settings of ultrasound equipment throughout						
D3. Patient monitoring throughout						
D4. Clear and effective communication with patient/carers throughout						

**Patient Number**

<b>E. Technical competence</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
E1. Scanning technique and probe manipulation/handling						
E2. Correct identification of anatomy						
E3. Correct identification of pathology ( <b>if applicable</b> )						
E4. Image generation/quality						
E5. Measurements/Calliper						
E6. Recognises own limitations and/or limitations of the examination						

## Post-examination care/assessment

F. Post-examination care/assessment	Patient Number					
	1	2	3	4	5	6
F1. Report writing skills						
F2. Accuracy of diagnosis/differential diagnoses						
F3. Communication of the results to the patient/carer						
F4. Accurate recording of all data collected						

**If the examiner deems something to be unsafe, they might stop the assessment from continuing – unsafe practice is an instant referral.**

Instant referral for unsafe practice

Overall comments

### Signatures of:

Internal assessor: ..... Date: .....

External assessor: ..... Date: .....

Appendix F. Marking scheme of formative practical assessment

<p><b>Institute of Health and Social Care</b>  <b>School of Allied and Community Health</b>  <b><u>MODULE TITLE: Musculoskeletal ultrasound in professional practice</u></b></p>	<p><b>OVERALL PERFORMANCE:</b></p>  <p><b>Pass / Fail</b></p>
--	---

<p><b><u>F1: Mock Practical Assessment</u></b></p> <p>Student name: _____ Placement setting: _____</p> <p>Practice Educator/Clinical Mentor: _____</p> <p>Date (Pt no.1): _____</p> <p>Date (Pt no.2): _____</p> <p>Date (Pt no.3): _____</p> <p>Date (Pt no.4): _____</p>
--

To achieve a pass in each section, the student must perform at the standard required for independent practice. A pass mark in all sections is required. Complete the below assessment form as follows:

Pass (✓) | Fail (X) | Non-applicable (n/a)

**Pre-patient arrival**

A. Preparation for scan	Patient Number			
	1	2	3	4
A1. Correct interpretation of the request				
A2. Confirmed referring clinician/practitioner				
A3. Checked patient's history and details				
A4. Checked previous images/results (if applicable)				
A5. Adequate room preparation				
A6. Input or select correct patient data on US unit				

**Patient arrival & examination**

B. Patient preparation	Patient Number			
	1	2	3	4
B1. Introductions				
B2. Patient identifiers checked				

B3. Provided overview of the referral and explanation of US examination				
B4. Obtained patient's consent				
B5. Obtained additional information to assist scanning				
B6. Correct equipment selection				

**Patient Number**

**C. Risk assessment**

	1	2	3	4
C1. Considered risks/contraindications of the US examination				
C2. Considered operator position				
C3. Demonstrated awareness of infection controls				

**Patient Number**

**D. Examination procedure**

	1	2	3	4
D1. Correct patient positioning throughout				
D2. Correct manipulation/settings of ultrasound equipment throughout				
D3. Patient monitoring throughout				
D4. Clear and effective communication with patient/carers throughout				

**Patient Number**

**E. Technical competence**

	1	2	3	4
E1. Scanning technique and probe manipulation/handling				
E2. Correct identification of anatomy				
E3. Correct identification of pathology ( <b>if applicable</b> )				
E4. Image generation/quality				
E5. Measurements/Calliper				
E6. Recognises own limitations and/or limitations of the examination				

**Post-examination care/assessment**

**Patient Number**

**F. Post-examination care/assessment**

	1	2	3	4
F1. Report writing skills				
F2. Accuracy of diagnosis/differential diagnoses				

F3. Communication of the results to the patient/carer				
F4. Accurate recording of all data collected				

**If the examiner deems something to be unsafe, they might stop the assessment from continuing.**

**Unsafe practice**

<b>Overall comments</b>

**Signatures of:**

Practice Educator/Clinical

Date: .....

Mentor: .....

Appendix G. Monitoring progression report

<b>Institute of Health and Social Care</b> <b>School of Allied and Community Health</b> <b><u>MODULE TITLE: Musculoskeletal ultrasound in professional practice</u></b>	
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**F2: Monitoring progression report**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Placement setting: \_\_\_\_\_

Practice Educator/Clinical Mentor: \_\_\_\_\_

**Feedback / Agreed Action Plan:**

What has gone well and what requires improvement?

What do I need to do to improve my skills/knowledge? How am I going to achieve this?

**Signatures of:**

Practice Educator: ..... Date: .....

Student ..... Date: .....

Appendix H. End-Placement Feedback Form

<b>Institute of Health and Social Care</b> <b>Division of Physiotherapy, Chiropractic and Sport</b> <b>Rehabilitation</b> <b><u>MODULE TITLE: Musculoskeletal ultrasound in professional practice</u></b>	
<b><u>End-placement Feedback Form</u></b> Student name: _____ Date: _____ Placement setting: _____ Dates of placement (from – to): _____	

**Your placement experience:**

1. Did you receive an induction into the placement setting?

**YES / NO / PARTIALLY**

[delete as appropriate]

2. Did you and your Placement Provider negotiate and agree a clear learning and responsibility plan for the placement?

**YES / NO / PARTIALLY**

[delete as appropriate]

3. Did you receive adequate supervision?

**YES / NO / PARTIALLY**

[delete as appropriate]

4. Were there sufficient learning opportunities (range and quality) to meet the learning outcomes/placement requirements?

**YES / NO / PARTIALLY**

[delete as appropriate]



**Issues arising on placement**

1. Did you experience any challenges while on placement? (e.g. mismatch of expectations, difficulties relating to your Placement Provider)

**YES / NO / PARTIALLY**

[delete as appropriate]

If you have answered **YES**, please describe the challenge(s) and what you did to address them?

2. Did you discuss your concerns with the Placement Lead/Course Director?

**YES / NO / PARTIALLY**

[delete as appropriate]

If you have answered **NO**, please describe what was it that limited your confidence/capacity to raise concerns with the Placement Lead/Course Director.

**Thank you for completing this form – we really do appreciate your feedback.**

**Please return by email to [daoukass@lsbu.ac.uk](mailto:daoukass@lsbu.ac.uk)**