



MANUAL OF CLINICAL PRACTICE IN MEDICAL IMAGING

for the

Diploma in Medical Imaging Program

Faculty of Health Sciences
Universiti Teknologi MARA

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INTRODUCTION

Clinical Practice combines the academic theory of radiography with the practical application within the clinical setting. The schemes of assessment have been designed to reflect this integration of theory and practice, and facilitate a progressive approach towards clinical proficiency. Active participation in the module will enable the student to meet the intended learning objectives and undertake, under supervision, routine radiographic procedures within the clinical setting. The learning outcomes of the course, therefore, are designed to ensure that the student is able to develop the clinical skills, knowledge, application and critical awareness required in a practising radiographer.

THE TEACHING/LEARNING PROCESS

Teaching is imparting knowledge to facilitate the achievement of the academic goals of the learner. Teaching methods address the individualized need of a diverse student population.

Learning, a process that is continuous throughout life, requires readiness of the learner to set and achieve goals. The intent of this process is to acquire knowledge, skills and behavioral changes through study, experience, instruction and interactions with a teacher.

Major goals of the teaching/learning process are to develop:

- self-awareness
- self-direction
- accountability.

These goals are achieved through methodologies that facilitate exchange of ideas, address individual learning styles, and encourage mutual trust and respect.

Radiography Education is a cooperative process involving clinical practitioners and students actively pursuing and sharing knowledge. The program believes that radiography education is best achieved in an organized clinical setting that encourages self-directed acquisition of knowledge progressing from simple to complex. Instruction is accomplished by methods of precepting, example, and recounting experience.

AIMS

1. To produce a clinically proficient practitioner with the knowledge, abilities and skills to undertake routine radiographic and radiological procedures in a safe and professional manner.
2. To promote the application of the student's learning in the biological and radiation sciences to the principles of radiographic practice and imaging
3. To integrate theoretical knowledge with clinical practice underpinned by evidence based practice.

LEARNING OUTCOMES:

The student will be able to:

1. describe and undertake routine techniques and protocols for general radiography and specialised procedures (see Scope of Examination)
2. demonstrate clinical proficiency equitable to the clinical objectives and clinical assessments under the direction of an appointed clinical preceptor / clinical instructor / senior radiographer.
3. recognise and describe the principle anatomical features including normal pathology, normal variants demonstrated on radiographic images and assessing the resultant radiographic appearances
4. demonstrate an understanding of and compliance with site protocols regarding Health & Safety procedures, ionising radiation regulations, cross infection and manual handling.
5. demonstrate an awareness of the ethical, legal and caring responsibilities related to professional practice within a multicultural society.
6. demonstrate an understanding of the concepts of image quality and their relationship with exposure selection, image manipulation, viewing and processing
7. apply the principles of the imaging process to the production, storage, viewing, manipulation and transfer of images
8. demonstrate an understanding of the use, maintenance and quality control procedures for radiographic equipment.
9. demonstrate an understanding of the radiation dose received and their implications to the patient when utilising different techniques and protocols
10. demonstrate an awareness of personal responsibility in achieving the standards of professional behaviour
11. develop a personal and professional portfolio
12. begin the process of independent learning and reflection.

In order to achieve the outcomes the students are expected to achieve minimal terminal competencies by being able to:

- provide basic patient care and comfort
- apply principles of body mechanics
- recognize emergency patient conditions
- initiate first aid and basic life support
- practice radiation protection for the patient, self and others
- position the patient and imaging system to perform radiographic procedures

- modify standard procedures to accommodate for patient condition
- in accordance with the ALARA concept, determine proper exposure factors to obtain diagnostic quality radiographs
- adapt exposure factors for various conditions/situations
- perform basic mathematical functions
- apply knowledge of quality assurance
- objectively critique radiographers for various factors
- process radiographs
- operate radiographic imaging equipment and accessory devices
- evaluate radiographic system performance within safe limits and communicate results appropriately
- effectively use oral and written communication
- exercise independent judgment and discretion in the technical performance of medical imaging procedures
- demonstrate an acceptable standard of medical ethics in the performance of all duties
- recognize the need to keep skills and knowledge through continuing education

METHOD OF CLINICAL ASSESSMENT

This is made up of elements as follows :

1. Portfolio of Evidence – This comprises of :
 - A. Clinical Performance Rotation/Weekly Evaluation – monitoring and evaluating progress during clinical placement weekly rotation
 - B. Clinical Procedure Competency Evaluation - used to determine students' mastery of clinical procedures and is designed to assess the student's development of clinical skills, verify level of competency maintained and ensure that the graduate has achieved entry-level clinical skills
 - C. Clinical Practice Formative Assessment – designed to assess the students overall performance during each clinical placement
 - D. Radiographic Procedure Write-Up - require students to record information about radiographic examinations they perform including film critique.
2. Case Profiles – Students are required to complete a number of studies of specific patient/s case(s).
3. Reflective Journal – At the end of each clinical placement students will be required to submit a reflective account of their performance.
4. Qualifying Test – students will be required to undertake and successfully complete a qualifying test at the final semester.

DEFINITION OF CLINICAL PROCEDURE COMPETENCY

Clinical Procedure Competency is defined as the ability of the student to produce diagnostic quality radiograph (s) of a patient, without assistance, within normal time limit and in an organized workflow.

The student must also be able to take into consideration types of projections and views needed for the examination and to pass the resulting radiographs.

SCOPE OF RADIOGRAPHIC EXAMINATIONS AND RADIOLOGICAL PROCEDURES (AND RELEVANT RANGE INDICATORS)

The range of examinations is as follows:

CATEGORY A: GENERAL EXAMINATIONS (COMPETENCY ESSENTIAL)

1. Respiratory
2. Skeletal
3. Genito-urinary
4. Alimentary Tract
5. These include contrast examinations such as IVUs, Barium Studies, and other examinations of the gastro-intestinal, biliary, urinary and reproductive systems
6. Mobile Radiography (including Mobile Image Intensification)
7. Operating Theatre Radiography
8. Trauma radiography

* 6, 7, 8 may not be undertaken independently

CATEGORY B: SPECIAL PROCEDURES: (LIMITED COMPETENCY EXPECTED, BASIC KNOWLEDGE ESSENTIAL)

0. Computerised Tomography Scanning
1. Paediatrics
2. Geriatrics
3. Angiography and Interventional Procedures, Digital Subtraction Angiography (DSA)
4. Mammography
5. Dental Radiography

** Category (B), may not be undertaken independently.

The students are expected to appreciate the precise imaging requirements for individual clinical histories. The patient's physical condition must be assessed in relation to their imaging capabilities for the desired examination.

The range indicators for patient types are:

- i. ambulant and co-operative patients (usually patients with minor trauma or debilitating diseases)
- ii. non-ambulant but co-operative patients (usually patients with minor trauma or post treatment of major trauma)
- iii. non-ambulant patients with major trauma or major debilitating disease,(patient may be unconscious)
- iv. un-cooperative patients

Types of examinations and clinical rotation placements for the students should be done according to the clinical objectives outlined so that they cover all imaging modalities specified in the syllabus. Nevertheless, the clinical instructor / preceptor can use his/her discretion to arrange the clinical placements as he/she sees fit. The student should complete a table indicating completed clinical rotation placements at the beginning of the Portfolio of Evidence.

The following table is an example of clinical rotation placements:

Types of examination / Imaging Modality	Duration (week)	Dates	Remarks
Chest	1	01/04/05 – 07/04/05	Mega Specialist Hosp. Room 1
Extremities / Skull / Vertebra	2	08/04/05 – 14/04/05	Mega Specialist Hosp. Room 2
Fluroskopi	1	15/04/05 – 21/04/05	Mega Specialist Hosp. Room 3
IVU/Abdomen	1	22/04/05 – 28/04/05	Mega Specialist Hosp. Room 4
Mobile and OT Radiography	1	29/04/05 – 05/05/05	Mega Specialist Hosp. Room 5
Total	5		

Clinical Participation (Direct Supervision)

The student will actively participate in examination under the direct supervision of a qualified radiographer.

Direct Supervision means the radiographer will:

1. review the exam request
2. evaluate the condition of the patient
3. be present in the room during the examination
4. review and approve the completed radiographs before the patient leaves
5. be present in the room for any repeat radiographs.

Clinical Participation (Indirect Supervision)

Indirect Supervision means the radiographer will:

1. review the exam request
2. evaluate the condition of the patient
3. be immediately available to assist the student regardless of the level of student achievement
4. review and approve the completed radiographs before the patient leaves
5. be present in the room for any repeat radiographs

Mobile radiography and operating room rotations remove the student from the department and ready access to qualified individuals. Therefore, all radiographic procedures in these rotations will be performed under the direct supervision of a qualified radiographer regardless of the level of competence the student has achieved. If, at any time, a program official observes a student performing procedures and in his/her opinion the student is not fully competent in that procedure, the student will revert to direct supervision for that procedure.

SPECIFIC CLINICAL OBJECTIVES

SEMESTER	DURATION	SPECIFIC OBJECTIVES
2 CLINICAL PRACTICE I	5 WEEKS	• To increase radiographic skills and be assessed in the examination of the chest and abdomen,; • To perform radiographic procedures for the examination of the upper and lower limbs , shoulder and pelvis; • To perform safe and efficient patient handling; • To perform film handling and processing, and patient information recording; • To take part in Mobile and OT Radiography. • To apply basic communication skills
3 CLINICAL PRACTICE II	5 WEEKS	• To increase radiographic skills and be assessed in the examination of the chest, abdomen, upper and lower limbs, shoulder and pelvis; • To perform radiographic procedures for the examination of the pharynx, larynx, thoracic inlet, thoracic cage, vertebral column and skull; • To perform IVU and take part in the radiological examination of the genitourinary, gastrointestinal and hepatobiliary systems: • To perform safe and efficient patient handling; • To perform film handling and processing, and patient information recording; • To perform Mobile and OT Radiography. • To apply basic communication skills • To give appointments for IVU and other specialised procedures
4 CLINICAL PRACTICE III	5 WEEKS	• To increase radiographic skills and be assessed in the examination of pharynx, larynx, thoracic inlet, thoracic cage, vertebral column and skull; • To increase radiographic skills and be assessed in the radiographic and radiological examinations of the urinary system • To perform Mobile and OT Radiography. • To perform and take part in the radiological examination of the genitourinary, gastrointestinal and hepatobiliary systems: • To take part in CT examination of the brain, chest and abdomen • To take part in the administrative and managerial work of the department; • To perform QC tests for the QA Program

5 CLINICAL PRACTICE IV	5 WEEKS	• To perform conventional radiography • To perform Mobile and OT Radiography • To perform IVU and other specialised radiological procedures • To increase radiographic skills and be assessed in the examination of Mobile and OT Radiography • To increase radiographic skills and be assessed in the radiographic and radiological examinations of the the gastrointestinal and hepatobiliary systems: • To increase radiographic skills and be assessed in the radiographic and radiological examinations of the paediatrics and geriatrics • To perform CT scan of the brain, chest and abdomen • To take part in the procedures of: ❖ Mammography, Cardiovascular Imaging, Interventional Radiology and Dental Radiography; • To take part in the administrative and managerial work of the department; • To perform QC tests for the QA Program
6 CLINICAL PRACTICE V CLINICAL PRACTICE VI	6 WEEKS 6 WEEKS	• To perform as a member of the medical staf • To perform all procedures efficiently and professionally • To perform call duties under supervision • To perform all tasks and duties of a Radiographer • To increase radiographic skills and be assessed in the examinations of conventional radiography • To be assessed in other specialised radiological procedures • To be assessed in the CT examinations of the brain

In each block of clinical practice, the student must perform and record a stipulated number of Clinical Procedure Competency Evaluation as follows:

Semester	Part to be examined
2	Chest (4), Abdomen (4)
3	Upper Limb (3), Lower Limb(3), Shoulder Girdle(2), Pelvic Girdle (2),
4	Vertebra Column (3), Skull (3), IVU (1), Specialised Procedures/Fluoroscopy (2 – genitourinary system)
5	Mobile (2), Specialised Procedures/Fluoroscopy (3 – gastrointestinal, biliary system), Paediatrics (1), Geriatrics (1)
6 (a)	Chest (1), Upper Limb (1), Lower Limb(1), Shoulder Girdle(1), Pelvic Girdle (1),
6 (b)	Abdomen (1), Vertebra Column (1), Skull (1), Mobile (1), Specialised Procedures/Fluoroscopy (2), CT Brain(2)

CLINICAL PROCEDURE COMPETENCY EVALUATION

During each tested procedure the student will be able to:

1. evaluate the radiology requisition to:
 - a. identify the radiographic procedure to be completed;
 - b. determine patient identity;
 - c. fulfill all other request requirements.

2. demonstrate facilities readiness by:
 - a. keeping the radiographic table and equipment clean;
 - b. selecting the correct sizes and number of cassettes
 - c. preparing the control panel for exposure
 - d. placing the tube into the correct position;
 - e. checking all locks on the tube and table for safety
 - f. ensuring availability of immobilization devices and/or positioning aids
 - g. ensuring availability of radiation protection devices;
 - h. fulfilling all other pertinent readiness requirements.

3. demonstrate appropriate student/patient relationship by:
 - a. addressing the patient by proper name;
 - b. speaking to the patient in a polite and gentle manner;
 - c. ensure patient safety at all times;
 - d. escorting the patient to/from the radiographic room;
 - e. assisting the patient on/off radiographic table;
 - f. ensuring patient privacy and modesty;
 - g. providing appropriate moving and breathing instructions;
 - h. conducting the examination in a professional and ethical manner;
 - i. fulfilling all other pertinent communication requirements
 - j. using standard precautions
 - k. using proper body mechanics for transferring patients

4. demonstrate procedural skills by:
 - a. manipulating the patient into the correct position for each projection utilizing positioning aids and restraining devices as needed;
 - b. appropriately orienting the part of interest to the film;
 - c. placing markers appropriately on the film;
 - d. angling the central ray appropriately;
 - e. directing the central ray to the midpoint of the film and/or part;
 - f. performing all projection in a logical sequence;
 - g. completing the examination in a reasonable time period;
 - h. fulfilling all other related procedural requirements;

5. manipulate equipment effectively by:
 - a. utilising the bucky tray and all associated locks;
 - b. utilising the tube and all associated locks;
 - c. utilising the table and all associated locks;
 - d. utilising the control panel;
 - e. fulfilling all other appropriate equipment manipulation requirements.

6. demonstrate proper radiation protection measures by:
 - a. documenting the patient's stated LMP and chance of pregnancy;
 - b. utilising appropriate collimation for the part of interest;
 - c. utilising appropriate gonadal shielding;
 - d. utilising required radiation monitoring devices;
 - e. utilising appropriate radiation safety devices for all concerned (i.e. lead apron, thyroid shield,
 - f. fulfilling all other pertinent radiation protection requirements.

7. set appropriate exposure factors by:
 - a. using technique chart to determine basic factors;
 - b. adjusting basic factors for changes in screen speed, SID and grid ratio;
 - c. adjusting basic factors for patient pathology, body habitus and the reduction of motion;
 - d. setting adjusted factors on control panel;
 - e. fulfilling all other relevant exposure factor requirements.

8. demonstrate proper image evaluation techniques by identifying on the finished radiograph evidence of:
 - a. facilities readiness;
 - b. communication;
 - c. procedural requirements.
 - d. equipment requirements.
 - e. protection requirements;
 - f. exposure factor requirements.

TASKS AND DUTIES OF THE STUDENTS

To abide with all rules, regulations and guidelines placed upon radiographers working in an imaging department, and the Professional Appearance Code of UiTM's Medical Imaging Program..

PROFESSIONAL APPEARANCE CODE

When reporting for clinical practice at the selected hospitals, student must be in complete uniform, including:

Females:

A program selected white overcoat worn over Baju kurung / Blouse and slacks with or without head cover (tudung)

Clean dark coloured covered shoes.

Unobtrusive make-up in good taste.

False fingernails, a possible source of contamination, cannot be worn in the clinical area.

No nail polish may be worn in the clinical area.

Males:

A program selected white overcoat worn over dark colour slacks and shirt with tie.

Clean darkcoloured covered shoes.

Hair, beards and mustaches must be neatly trimmed.

General:

No eating, drinking or gum chewing in the clinical areas.

All uniforms must be of a reasonable fit so as to enable the wearer to perform his/her duties and maintain a professional appearance.

Students must be clearly identifiable as UiTM Medical Imaging students with name tag and student ID card any time they are in the clinical area.

Jeans of any type or quality are not acceptable.

Watch, ring, and small post earring are the only acceptable jewelry for females.

Other than ears, visible body piercing is prohibited.

Visible tattoos must be covered.

Fingernails should be short and clean for sanitary and safety reasons.

Hair is to be neatly arranged and secured off the face. Long hair must be tied back.

Oversized hair accessories are prohibited.

Personal pagers and portable music devices are prohibited.

Mobile/cellular phones must be set to vibrating mode only.

NOTE: The student appearance code must remain within the standards of the clinical site dress code. The instructor and/or affiliating agency staff have the right to remove from the clinical setting any student not in compliance with these dress codes.

DUTIES AND RESPONSIBILITIES OF THE CLINICAL PRECEPTOR/ CLINICAL INSTRUCTOR

- To ensure the students record their attendance daily
- To plan the students weekly schedule according to the specific objectives outlined and its suitability;
- To ensure each student is able to perform examinations required to gain competency level skills.
- To ensure each student is evaluated on their clinical procedure competency and recorded
- To discuss and give feedbacks to the students on their strengths and weaknesses
- To discuss and give feedbacks to UiTM lecturers on the students' strengths and weaknesses
- To sit with the student and review reasons for failure to show competency then reinforce student knowledge by performing the procedure in laboratory settings
- To routinely ensure the students achieved their specific objectives
- To encourage the students to participate in the department's CPD program, QCC activities and other activities as he sees fit.
- To ensure the students abide with all medical ethics, and other policies governing any medical imaging practitioner.

COMPETENCY BASED STANDARDS - RADIOGRAPHY
(Performance criteria are not assessment instruments)

A. TASK ANALYSIS AND PREPARATION (6 Elements)

ELEMENT 1 – Assesses radiological request

Performance Criteria

- i. Appropriate knowledge and understanding in the use of medical terminology.
- ii. Pathological/traumatic processes and surgical techniques considered.
- iii. Request evaluated and validated for legal and departmental requirements.
- iv. Request evaluated for appropriate imaging requirements.

CUES

- check for appropriate modality requested and other modalities recommended
 - consultation with Radiologist for imaging requirements
 - check that the examination has not been duplicated
- v. Information deficiencies identified and additional information sought when necessary.

CUES

- verbal patient enquiries
 - consultation with medical officers regarding requests
- vi. Prioritisation of tasks/techniques.

ELEMENT 2 - Reviews and assesses previous imaging and patient documents

Performance Criteria

- i. Previous images assessed for technical quality.
- ii. Previous images/data assessed for demonstration and location of pathology/trauma.

CUES

- previous reports
- patient notes

ELEMENT 3 - Assesses patient status and capabilities

Performance Criteria

- i. Effective observation and assessment of patient's physical condition and capabilities.

CUES

- assess patient capacity to understand explanations and instructions

- ii. Communication and liaison with patient, relatives, and other health care staff regarding patient condition.

- iii. Procedures modified according to patient limitations.

CUES

- anticipates possible problems/limitations and adapts techniques/ radiography accordingly

- iv. Possible contra-indications assessed.

CUES

- check regarding contrast allergy, MRI considerations (metallic clips, etc.)
- consultation with radiologist
- check regarding pregnancy

ELEMENT 4 - Selects appropriate imaging equipment and accessories.

Performance Criteria

- i. Imaging equipment with appropriate capabilities selected in relation to clinical history.
- ii. Imaging equipment selected in relation to patient capabilities.
- iii. Appropriate accessories for examination selected and implemented for specific procedures.

CUES

- immobilisation equipment, selection of erect/supine bucky

- iv. Procedural trolley prepared.

CUES

- trays and trolleys set-up for special procedures

ELEMENT 5 - Prepares Patient

Performance Criteria

- i. Patient identified correctly.
- ii. Pre-procedure requirements provided, explained, and assessed as adequate.

CUES

- bowel prep etc

- iii. Consent obtained from all patients.

CUES

- written consent
- informed consent
- implied consent (unconscious/psychiatric patients)

- iv. Explanation of procedure to patient.

CUES

- provides interpreters/language sheets for non-Malay, non-English speaking patients
- explanation given to any person accompanying or responsible for the patient
- explains equipment movements/actions throughout procedure

- v. Clothing/Artefact preparation is appropriate.

- vi. Possible complications of preparation understood and considered.

CUES

- clinical effects of continuation of medication, fasting requirements,
- dehydration considerations. (e.g. diabetic patients)

ELEMENT 6 - Conducts venipuncture procedures where departmental protocols require.

Performance Criteria

- i. Knowledge of injection sites and techniques

CUES

- knowledge of injection tools such as cannulas etc

- ii. Knowledge of aseptic techniques

- iii. Appropriate knowledge, handling and use of contrast media is ensured.

CUES

- select and prepare contrast media in accordance with departmental protocol and MRS guidelines
- consultation with radiologist where required
- knowledge of risk factors
- knowledge of appropriate concentrations and quantities
- knowledge of possible complications, reaction treatments and
- preventative measures

- iv. Has appropriate certification for venipuncture in accordance with MOH Malaysia policy document

COMPETENCY BASED STANDARDS - RADIOGRAPHY
(Performance criteria are not assessment instruments)

B. IMAGE AND DATA ACQUISITION (4 Elements)

ELEMENT1 - Selects appropriate technical factors

Performance Criteria

- i. Appropriate technical protocols selected according to patient assessment.
- ii. Selection of appropriate technical factors.

CUES

- FFD
- film/screen combination
- kVp, mAs techniques, AEC
- air gap, grid selection, magnification techniques
- dynamic scanning
- parameters for other imaging modalities

- iii. Alternative technical factors are considered when limitations exist.

CUES

- equipment limitations, pathology related limitation

ELEMENT 2 - Performs Imaging and patient positioning techniques

Performance Criteria

- i. Appropriate projections selected commensurate with departmental protocol and clinical history of the patient.
- ii. Patient identification imaged and visible.

CUES

- medical record number, patient name correct, data, etc.

- iii. Correct anatomical orientation, side identification and other image comments adopted.

CUES

- functional information (e.g. weight-bearing, etc.), pre/post markers

- iv. Appropriate field size (FOV) and filtration selected.
- v. Appropriate departmental protocols for particular studies applied efficiently and accurately.

CUES

- logical sequence
- appropriate diagnostic projections

- vi. Alternative positioning options are identified, evaluated and implemented.

CUES

- horizontal beam versus vertical

- vii. Adaptability and knowledge of additional positioning techniques and imaging modalities applied to maximise diagnosis.

CUES

- tangential projections, work-up films - mammography
- sonographic imaging, CT etc

- viii. Knowledge of further imaging requirements .

CUES

- sonographic imaging, CT etc

- ix. Knowledge and application of radiation protection techniques..

- x. Patient communication maintained throughout procedure.

- xi. Patient immobilisation maintained.

- xii. Team approach to the imaging process developed.

CUES -

- ability to work and co-operate in a collaborative manner.
- own limitations recognised and assistance sought when necessary

ELEMENT 3 - Operates imaging and ancillary equipment.

Performance Criteria

- i. The competent and efficient use of general x-ray equipment including fluoroscopy, mobile equipment, digital equipment and patient data management systems.
- ii. Knowledge of specialised equipment and their principles, applications and limitations.

CUES

- CT, U/S, MRI, Angiography, Mammography equipment, DSA, Fluoroscopy etc.

- iii. Exposure is co-ordinated with patient and staff instructions.

CUES

- exposure co-ordination with patient respiration
- exposure co-ordination with injectors/injections. e.g. CT angiography
- exposure co-ordination with anaesthetic staff

- iv. Operation of ancillary equipment.

CUES

- injectors
- sphygmomanometers

ELEMENT 4 - Interprets image

Performance Criteria

- i. Image interpreted for technical quality.

CUES

- adequate image contrast, density, resolution, artefact recognition, processor faults
- all forms of patient identification and markers present

- ii. Image interpreted for anatomy and pathology consistent with clinical history/status.

- iii. Image interpreted in relation to efficacy.

CUES

- cost benefit vs risk benefit
- patient treatment delays

- iv. Decisions made regarding necessity for further imaging.

CUES

- use of alternative projections
- follow-up films (e.g. mammography)
- requested projections rationalised
- repeat/retakes radiographs performed as required
- reduction of dose
- recognition of normal variants
- other imaging modalities identified

COMPETENCY BASED STANDARDS - RADIOGRAPHY
(Performance criteria are not assessment instruments)

C. PATIENT CARE

ELEMENT 1 - Complies with moral and ethical guidelines

Performance Criteria

- i. Appropriate patient needs attended to irrespective of race, culture, religion, gender, age and all other aspects of equal employment opportunities.

CUES

- access for disabilities

- ii. Responsibility for patient regard and acceptable standards of behaviour demonstrated.

CUES

- Patient's individual feelings and needs recognised and addressed

- iii. Legal and moral requirements such as patient confidentiality, patient privacy and freedom of information fulfilled.

CUES

- interpreters and language sheets provided for procedures
- patients' right to refuse examination
- appropriate patient handling/palpation
- child protection
- patient after care explained
- chaperone provided where necessary

- iv. Adherence to child protection protocols

ELEMENT 2 - Provides a safe environment

Performance Criteria

- i. Patient capabilities considered at all times.
- ii. Supervision provided for patients at risk.

CUES

- children, aged, sensory and intellectually impaired and traumatized patients

- iii. Effective communication with patient on equipment safety.

CUES

- table/tube movement, high tension cables kept clear

- iv. Patient security provided/maintained.

CUES

- patient belongings
- patient transport and lifting equipment secured

- v. Drugs and contrast media cross-checked.

ELEMENT 3 - Demonstrates interpersonal communication skills

Performance Criteria

- i. Empathy demonstrated.
- ii. Attentive listening and counselling skills employed as appropriate.
- iii. Patient reassurance given to minimise anxiety.
- iv. Patient provided with appropriate information.

CUES

- mammography enquiries
- radiation fears
- MRI related difficulties, e.g. claustrophobia
- referral to other available facilities, e.g. social work

- v. Patient rapport established and maintained.