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Welcome

Dear Student

Welcome to Radiology at Darent Valley Hospital. We hope that your time with us will be enjoyable and beneficial!

The department is busy so you will get all the practical experience you need to help you achieve a good qualification. A full service is provided in all aspects of general radiography, fluoroscopy, angiography, CT, MRI, nuclear medicine, ultrasound and breast imaging.

Education is well supported in the department, where some radiographers will be undertaking post graduate study. Therefore you will not be alone in needing to meet deadlines, so please be honest and confident to approach any of us for help and support.

When you begin in the department, there will be some statutory paperwork to go through e.g. reading through policies, arranging training for Health and Safety, the Local Rules for Radiation Protection, identifying fire exits, and getting to know emergency numbers (shown later in this booklet). In short, ensuring that you are safe whilst with us!

Although the Clinical Liaison Radiographer will be your main contact within the department, you are welcome to approach any of the staff for help, and that includes the superintendent radiographers and me.

Yours sincerely

Radiology Services Manager
Where are we?

Darent Valley Hospital
Darenth Wood Road
Dartford
Kent
DA2 8DA
Tel: 01322 428100 x 4948

We have two satellite sites:

Gravesend Community Hospital
Bath Street
Gravesend DA11 0DG
Tel: 01474 360655

This hospital is a minor injuries unit open 9-5pm. The X ray department has two general rooms with computed radiography. Orthopaedic outpatient and GP patients are also referred to the X ray department.

Queen Marys Hospital
Frognal Ave
Sidcup
DA14 6LT
Tel: 0208 3022678
How to get here

Darent Valley Hospital

Car

From the M25 northbound you must exit at junction 2 (Darenth Interchange) and follow the signs to Dartford, take the A225 (Princes Road) towards Gravesend (Bluewater/Bean). There is no exit from the M25 at junction 1b unless travelling southbound. Go straight over the roundabout onto B2200 (Watling Street) signposted Bluewater/Bean. At the next roundabout take the third exit onto Darenth Wood Road.

On site car parking and disabled parking is available.

Train

The nearest station is Dartford station. All the buses below stop at either the station or in Holmes Gardens - just a short walk from the station. Greenhithe station is nearby but there are no direct bus services to the hospital.

Bus

The following buses stop in the hospital grounds:
428 from Erith via Dartford
477 Orpington /Swanley to Bluewater via Dartford
476 Swanley to Bluewater via Dartford
423 Dartford to New Ash Green
490 Gravesend to Dartford
96 Towards Bluewater
For information about local bus times contact Arriva on 01322 226187.

**Gravesend Community Hospital**

**Car**

Follow the Gravesend one way system, the hospital is on the left at the end (parking is available).

**Train**

Gravesend station is a two minute walk from the hospital.

**Queen Marys Hospital**

**Car**

The hospital is located a short drive from Sidcup high street. The hospital is located just off the A20.

**Train**

Sidcup station is the closest station to Queen Mary's and a short bus ride away.

**Bus**

229, 286, B14, R11, 160, 269, 625
Maps
**Plan of the Hospital & Facilities**

**Canteen**

*Where to eat*

There are eating facilities in the hospital's main entrance and a canteen located on level 1 with a selection of hot and cold food available for both staff, patients or visitors.

*Location*

The main staff and visitors restaurant is located on level 1; access can be via the stairs or lift by the main reception.

*Operating hours*

The restaurant is open 7 days a week, at the following times:
- Monday - Friday: 07.15 – 19.15 (supper served from 16.30 – 18.00)
- Saturday - Sunday: 08.00 – 17.00 (light snacks available from 15.00 – 16.30)

**Shops**

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<tr>
<td>01322 227240</td>
<td>8.30am to 6.30pm Friday</td>
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<td></td>
<td>9am to 3pm Saturday</td>
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<tr>
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<td>9.15am to 8.15pm Mon-Fri</td>
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<tr>
<td><strong>Treats Shop</strong></td>
<td>1pm to 8.15pm Sat-Sun</td>
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<tr>
<td><strong>M&amp;S Simply Food</strong></td>
<td>7am - 9pm Weekdays</td>
</tr>
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<td>8am - 8pm Weekends</td>
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<td>Shop details</td>
<td>Opening times</td>
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| Costa Coffee - coffee and sandwich bar | Mon – Fri, 24 hours.  
Sat: 8am to 8.30pm;  
Sun: 9am to 8.30pm  
(please note these may be subject to change) |

Also available are:
- Hearing loop
- Public telephones
- Royal Mail postbox
- LINKS cash machine
- Hospedia TV/phone card vending machine.

**Chaplaincy**

There is an interdenominational chaplaincy team available for everyone in the hospital. The hospital chapel is on level 1 and open at all times for patients and staff as a place of quietness, prayer and worship. Regular services are held in the chapel each week.

**Smoking**

Darent Valley Hospital is a Smoke Free site. Smoking is not permitted anywhere on hospital grounds.

**NB:** The map on the following page is an older map and may have changed.
Important Numbers and Emails

**General Hospital Contact**

Contact number: 01322428100

Ext. General X-Ray: 4948

**Operations Manager/Radiation Protection Supervisor**

*Andrew Jessup*

[andrew.jessup1@nhs.net](mailto:andrew.jessup1@nhs.net)

Ext. 8557

**Clinical Liaison Radiographers**

*Chloe Smith*

[chloe.smith29@nhs.net](mailto:chloe.smith29@nhs.net)

Ext. 4948

*Sarah Branley*

[sarah.branley@nhs.net](mailto:sarah.branley@nhs.net)

Ext. 4948

*Vicky Finch*

[victoria.finch1@nhs.net](mailto:victoria.finch1@nhs.net)

Ext. 4948
Code of Professional Conduct

Section 1: Relationships with Patients and Carers

1.1. You must provide the best compassionate care for patients based on up to date evidence.

1.2. You must practise in an anti-discriminatory manner, giving compassionate care that takes account of socio-cultural differences and ensuring that children, the elderly and other vulnerable groups are protected.

1.3. You must listen to and respect the wishes of patients, seeking to empower them to make decisions about their care and treatment.

1.4. You must obtain informed consent or ensure that it has been given prior to undertaking any examination or treatment.

1.5. You must communicate effectively and appropriately with patients, introducing yourself and giving relevant information during their examination or treatment.

1.6. You must respect patient confidentiality at all times and adhere to the provisions of current data protection legislation.

1.7. You must promote and protect the best interests of your patients at all times, giving due recognition to the views of carers where appropriate.

1.8. You must not engage in a personal relationship with any patient or use your position to exploit them sexually, emotionally, socially or financially.
1.9. You should, if possible, avoid providing care or treatment to anyone with whom you have a close personal relationship.

Section 2: The Scope of Professional Practice

2.1 You must work within current legal, ethical, professional and governance frameworks pertaining to your occupational role and the sector in which you work.

2.2 You must practise within the limits of your competence and, if necessary, refer patients to another qualified practitioner.

2.3 You must monitor the quality of your practice through reflective practice, using evidence from audit and research.

2.4 You must develop and maintain your competence to practise through continuing professional development (CPD).

2.5 You must only delegate care or treatment to another person if you are satisfied that they are competent. You remain responsible for the overall management of the patient.

2.6 You should undertake practitioner, operator and referrer roles within IR(ME)R 2000 and its subsequent amendments, when entitled to do so.

2.7 You must contribute to the education of students, trainees, assistants and other members of the professional workforce as appropriate.
Section 3: Personal Standards in Professional Practice

3.1 You must keep high standards of personal conduct, paying due regard to the importance of maintaining patients’ and the public’s trust and confidence in the profession.

3.2 You must keep current, accurate and secure records and ensure that they are completed with honesty and integrity.

3.3 You should limit your work if you believe that your physical, emotional and psychological health is such that your performance or judgement may be affected.

3.4 You must not become involved in any activity that you believe to be unsafe, illegal, unethical or detrimental to patients.

3.5 You should ensure that your appearance is such that it inspires confidence in patients, reduces the risk of cross-infection and maintains the health and safety of all involved.

3.6 You should pay due regard to the responsible deployment of resources; human, financial and environmental.

3.7 You must make sure that, if you provide independent professional services, any advertising is accurate, honest and does not misrepresent the service offered.

Section 4: Relationships with Other Health Care Staff

4.1 You must practise collaboratively and communicate effectively with other healthcare staff, putting patients at the centre of your work and recognising and respecting the contributions of all members of the multidisciplinary team.
4.2 You must report any concerns you have about malpractice or patient safety to your manager or other senior professional, ensuring that you follow up such a report where appropriate.

4.3 You should accept requests for clinical imaging or treatment from named, registered healthcare professionals if they have been entitled to act in the capacity of referrer within IR(ME)R 2000 and its subsequent amendments. Such requests must be justified.
Consent

*Obtaining consent:*
*The Society of Radiographers*

“The principle that a person must give permission before they receive any type of medical treatment, test or examination”.

Seeking patient consent prior to undertaking an examination or treatment is a fundamental ethical and legal requirement of you as a practitioner.

It is also a common courtesy and establishes an appropriate relationship of trust between you and the patient.

The principle of gaining consent demonstrates your respect for the patient’s autonomy and involvement in the decision making process.

“Touching a patient without their consent is, without lawful reason, capable of amounting to a charge of battery or trespass to the person.”

The Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry recommendations included the principle that the NHS and its staff must prioritise patients’ needs at all times, as well as being honest, transparent, and candid.

You must place the needs and values of patients and carers at the forefront of your service delivery.

It is recognised that all members of the diagnostic imaging and radiotherapy workforce are under a great deal of time pressure, but it is imperative that you are aware of the issues surrounding the process of gaining consent from patients.
**Introduction**

The Department of Health published in March 2001 the Reference Guide to Consent for Examination or Treatment which summarises the current law on consent to treatment. This guide is available in all hospitals and all hospitals are expected to be respecting the principles about consent for examination or treatment that are contained within it.

This guide sets out primarily patients’ rights in accepting treatment and health professionals' roles in advising patients. It also gives information on the Family Law Reform Act 1969 which is relevant to patients who have reached the age of 16 but are not yet adults; provides examples of treatments which have raised concerns, and deals with consent by patients suffering from mental disorders. Some useful appendices are also included.

*A Patient’s Rights in Accepting Treatment*

A patient has the right under common law to give or withhold consent prior to examination or treatment. This is one of the basic principles of health care. Subject to certain exceptions the doctor or health professional and/or health authority may face an action for damages if a patient is examined or treated without consent.

Patients are entitled to receive sufficient information in a way that they can understand about the proposed treatments, the possible alternatives and any substantial risks, so that they can make a balanced judgement. Patients must be allowed to
decide whether they will agree to the treatment, and they may refuse treatment or withdraw consent to treatment at any time.

Care should be taken to respect the patient's wishes. This is particularly important when patients may be involved in the training of professionals in various disciplines and students. An explanation should be given of the need for practical experience and agreement obtained before proceeding. It should be made clear that a patient may refuse to agree without this adversely affecting his or her care.

When patients give information to health professionals they are entitled to assume that the information will be kept confidential and will not be disclosed to anyone without their consent other than for the provision of their health care.

Health Professional’s Role in Advising the Patient and Obtaining Consent to Treatment

Advising the Patient

Where a choice of treatment might reasonably be offered the health professional may always advise the patient of his/her recommendations together with reasons for selecting a particular course of action. Enough information must normally be given to ensure that they understand the nature, consequences and any substantial risks of the treatment proposed so that they are able to take a decision based on that information. Though it should be assumed that most patients will wish to be well informed, account should be taken of those who may find this distressing.
The patient's ability to appreciate the significance of the information should be assessed. For example with patients who:

- may be shocked, distressed or in pain;
- have difficulty in understanding English;
- have impaired sight, or hearing or speech;
- are suffering from mental disability but who nevertheless have the capacity to give consent to the proposed procedure.

Occasionally and subject to the agreement of the patient, and where circumstances permit, it may help if a close family member or a friend can be present at the discussion when consent is sought. If this is not possible another member of the staff may be able to assist the patient in understanding. Where there are language problems, it is important an interpreter be sought whenever possible.

A doctor will have to exercise his or her professional skill and judgement in deciding what risks the patient should be warned of and the terms in which the warning should be given. However, a doctor has a duty to warn patients of substantial or unusual risk inherent in any proposed treatment. This is especially so with surgery but may apply to other procedures including drug therapy and radiation treatment.

**Obtaining consent**

Consent to treatment may be implied or express. In many cases patients do not explicitly give express consent but their
agreement may be implied by compliant actions, e.g. by offering an arm for the taking of a blood sample. Express consent is given when patients confirm their agreement to a procedure or treatment in clear and explicit terms, whether orally or in writing.

Oral consent may be sufficient for the vast majority of contacts with patients by doctors and nurses and other health professionals. Written consent should be obtained for any procedure or treatment carrying any substantial risk or substantial side effect. If the patient is capable, written consent should always be obtained for general anaesthesia, surgery, certain forms of drug therapy, e.g. cytotoxic therapy and therapy involving the use of ionising radiation. Oral or written consent should be recorded in the patient’s notes with relevant details of the health professional's explanation. Where written consent is obtained it should be incorporated into the notes.

Standard consent form. The main purpose of written consent is to provide documentary evidence that an explanation of the proposed procedure or treatment was given and that consent was sought and obtained. A model consent form for use by health professionals, other than doctors and dentists, is contained in the handbook.

It should be noted that the purpose of obtaining a signature on the consent form is not an end in itself. The most important element of a consent procedure is the duty to ensure that patients understand the nature and purpose of the proposed treatment. Where a patient has not been given appropriate information then consent may not always have been obtained despite the signature on the form.
Consent given for one procedure or episode of treatment does not give any automatic right to undertake any other procedure. A doctor may, however, undertake further treatment if the circumstances are such that a patient's consent cannot reasonably be requested and provided the treatment is immediately necessary and the patient has not previously indicated that the further treatment would be unacceptable.

**SPECIAL CIRCUMSTANCES**

*Treatment of Children and Young people*

Children under the age of 16 years. Where a child under the age of 16 achieves a sufficient understanding of what is proposed, that child may consent to a doctor or other health professional making an examination and giving treatment. The doctor or health professional must be satisfied that any such child has sufficient understanding of what is involved in the treatment which is proposed. A full note should be made of the factors taken into account by the doctor in making his or her assessment of the child's capacity to give a valid consent. In the majority of cases children will be accompanied by their parents during consultations. Where, exceptionally, a child is seen alone, efforts should be made to persuade the child that his or her parents should be informed except in circumstances where it is clearly not in the child's best interests do so. Parental consent should be obtained where a child does not have sufficient understanding and is under age 16 save in an emergency where there is not time to obtain it.

Young people over the age of 16 years. The effect of Section 8 of the Family Law Reform Act 1969 is that the consent of a young person who has attained 16 years to any surgical,
medical or dental treatment is sufficient in itself and it is not necessary to obtain a separate consent from the parent or guardian. In cases where a child is over age of 16 but is not competent to give a valid consent, then the consent of a parent or guardian must be sought. However, such power only extends until that child is 18.

**Adult or competent young person refusing treatment.**

Some adult patients will wish to refuse some parts of their treatment. This will include those whose religious beliefs prevent them accepting a blood transfusion. Whatever the reason for the refusal such patients should receive a detailed explanation of the nature of their illness and the need for the treatment or transfusion proposed. They should also be warned in clear terms that the doctor may properly decline to modify the procedure and of the possible consequences if the procedure is not carried out. If the patient then refuses to agree, and he or she is competent, the refusal must be respected. The doctor should record this in the clinical notes and where possible have it witnessed.

**Teaching on patients**

It should not be assumed, especially in a teaching hospital, that a patient is available for teaching purposes or for practical experience by clinical medical or dental or other staff under training. Guidance about medical students is to be issued in due course and is likely to apply to all students within the health care profession.
Examination or Treatment without the patient's consent

The following are examples of occasions when examination or treatment may proceed without obtaining the patient's consent:

For life saving procedures where the patient is unconscious and cannot indicate his or her wishes.

Where there is a statutory power requiring the examination of a patient, for example, under the Public Health (Control of Disease) Act 1984. However an explanation should be offered and the patient's cooperation should nevertheless be sought.

In certain cases where a minor is a ward of court and the court decides that a specific treatment is in the child's best interests.

Treatment for mental disorder of a patient liable to be detained in hospital under the Mental Health Act 1983.

Treatment for physical disorder where the patient is incapable of giving consent by reason of mental disorder, and the treatment is in the patient's best interest.

Conclusion

Patients should be made aware of your status as a student and must consent both to radiographic examinations and to their radiographic examinations being carried out by students. The responsibility for obtaining these necessary consents rests primarily with the supervising radiographer but is also part of your duties and responsibilities as a student.
Policies and Procedures

It is important for you to be familiar with any policies and/or procedures relating to this department. They help maintain standards for the rights and protection of patients, visitors and staff. The Radiographer’s in the department will be able to advise you where you may find copies of the policies.

Health and Safety

- Local Rules
- Fire
- Emergency
- Control of Substances Hazardous to Health (COSHH)
- Handling and lifting

Staff Protection

- Untoward occurrences to patients and staff
- Equal opportunities
- Violent patients
- Security
- Disciplinary and Grievance

Occupational Health

- Smoking
- Drugs and alcohol abuse
- Control of infection (including AIDS and Hepatitis B)

Medical Ethics

- Patient confidentiality
- Data Protection
- Ethics
In Case of Emergency

Fire

In the event of fire:

The intermittent fire alarm indicates a fire near your present location. No immediate action is required, but be on stand by for the continuous alarm.

The continuous alarm indicates a fire in the immediate location and evacuation is required.

If you discover a fire;

1. Activate fire alarm
2. Telephone 2222 stating exact location
3. Remove patients from rooms
4. Turn off power to equipment
5. Close all doors
6. If safe to do so, fight fire with CO2 extinguisher
7. If unsafe evacuate department to designated evacuation area

Cardiac Arrest

To use the intercom system to call for help, pick up the telephone handset, push intercom button, say your message clearly and calmly, state nature of emergency and location, repeat message, push the number 9 and replace the handset.

When faced with a situation you would consider an emergency we would hope that you would have a qualified radiographer
with you, however they may still need your help and assistance.

If you find yourself in this situation you should:

**Dial 2222 for cardiac arrest**

- State the location clearly; e.g. X-Ray Room 1
- Whether the patient is paediatric or adult

**Go and retrieve the arrest trolley**

- Located in A&E DR room and by CT

**Put out an emergency intercom to get further help**

- Use the intercom to state ‘Code Blue’ and state exact location.
- Return to patient and help.

**Return to the patient, re-commence CPR and wait for help**

Better safe than sorry, no one will chastise you for calling the crash team or for calling for more general help if you feel that you have an emergency situation to deal with.
General Regulations

Study allowance during Clinical Learning (Canterbury Christ Church University ONLY):

1 day a week, 1/2 day for recreation and 1/2 day for study. The day on which this is to be taken is at the discretion of the Clinical Liaison Radiographer’s. If you need to alter your study day and have good reason to do so, this may be done with the consent of the Clinical Liaison Radiographer on Monday morning and written on the Student noticeboard near the main viewing area.

Missing time for other reasons

If you need to miss time for other reasons e.g. appointment at dentist, you MUST ensure the Clinical Liaison Radiographer’s are aware of this at the beginning of the day.

Principles of professional appearance for health care students’ placement experiences.

Health and Social Care students work closely with the public during their placement experiences. The Faculty and placement providers expect students to promote a positive professional image whether they are wearing uniforms or their own clothes (mufti).

Students are expected to ensure that they are familiar with the dress code for the placement they have been allocated to. Those who are inappropriately dressed may be asked to leave the placement. Students’ dress and appearance must be professional at all times.
Principle: to prevent the spread of infection

Hair should be:

- Neat, clean and off the face
- Long hair should be tied back off the collar
- Beards and moustaches should be neatly trimmed
- Completely covered under hats (in Theatres)

Fingernails should be:

- Short
- No nail polish
- No artificial nails

Jewellery should be a plain wedding band.

Clothing

- Where uniform is required it should be worn on a one wear one wash basis as per manufacturer’s instructions

Principle: to maintain safety

For Health and Safety reasons the footwear must be fully enclosed, clean and smart with a quiet non-slip sole and heels. Trainers, sandals, plastic flip-flops and croc style beach shoes are not acceptable.

All students are required to wear their University ID badge at all times for identification and liability purposes
Individual Needs

Some students may require a more individual approach to the dress code, in the case of for example, a physical disability, pregnancy or students with cultural and religious practices. These would need to be discussed with their personal tutor prior to their placement. The Faculty recognises the diversity of cultures, religions and disabilities of its students and will take a sensitive approach. However, priority will be given to health and safety, security and infection control considerations.
Infection Control

Infection control is everyone’s responsibility from the patient’s, staff and visitors. Everyone maintaining best practice can help to minimise the spread of infection within the hospital.

Hand hygiene

- The best way to prevent infection from spreading is good hand hygiene.
- Patients and visitors should use the hospital’s facilities to wash their hands and then disinfect using the alcohol gel from the dispensers.
- Staff members are asked to clean their hands with liquid soap and water or alcohol gel before and after they come into contact with patients and their environment, regardless of whether or not the patients have infections.
- There are alcohol dispensers at the foot of most beds (apart from in the children’s wards), in addition to the entrance to every bay and ward. Staff members in some areas such as paediatrics are also issued personal dispensers.
- There are posters and signs around the hospital to remind staff, patients and visitors to keep their hands clean at all times.
- We use continuous hand hygiene training and audits to regularly check to see that the staff are following the proper hand hygiene policy.
- If you are worried about staff members forgetting to wash their hands, please remind them to do so.

Environmental cleaning
• Keeping the environment clean is also important.
• Domestic staff members receive training in infection control.
• Senior nurses, cleaning contractors and others regularly check that hospital equipment and the environment are clean.
• There is an ongoing programme of deep cleaning throughout the hospital.

Student Guidelines

These guidelines are designed to inform you what may be expected of you during your placement at Darent Valley Hospital.

Hours of work

- The hours of attendance are 08:30 a.m till 5.00 p.m.
- Students must sign in on the sheet on the student noticeboard. This is very important in case of emergency e.g. a fire so we know who we are expected to have on site.
- The working hours are set by the department so you work the same hours as the radiographers. There may be flexibility due to childcare etc to slightly alter the working times, taking a shorter lunch etc. However this should be agreed by the CLR’s prior to your placement (contact details are in this booklet).
- Please be aware we are not on a shift system here, so it is not possible to do long days. This is considered ‘out of hours’ and has to be agreed by the radiographers you will be working with.

Out of Hours

- Students intending to a work out of hour’s duty must seek the agreement of the radiographer working that duty.
- There should only be one student at a time on an out of hour’s duty.
- Please write on the student board when you are doing an out of hour’s duty so that other students can ensure they do not choose the same day.
**Sick Leave**

Any sickness or absence must be reported to both your university and to the department. Contact details for the department and CLR’s are in the contact section.

**Dress Code**

This is covered in the uniform section of the booklet.

**Clinical Placements**

A student is responsible for assisting in maintaining a clean and tidy working environment. This involves:

- Changing linen as required.
- Cleaning and tidying the working area throughout the day.
- Replacing accessory equipment and restocking consumables (e.g. sick bowls, gloves etc).

**WORKING WITH YOUR RADIOGRAPHER**

When getting a form checked the radiographer that checks your form MUST be the person to check your radiographic images.

You may work alongside multiple radiographers in a working day due to the busy demands of the department, however where possible we will try to ensure you can work with a radiographer all day.

In practical terms you will:
• Accompany them during each procedure, assisting wherever possible.

• Undertake work given to you by your supervising radiographer. You may only carry out an examination/procedure in the knowledge and consent of the supervising radiographer.

• Any work must be checked by the supervising radiographer before any exposure occurs.

• Radiographs must be checked by the supervising radiographer before the patient leaves the department.

• On completion of the examination/procedure the post-processing of the examination should be completed with the name of both the radiographer and student.

• Under no circumstances should a radiographer’s initial be put against an examination if they have not seen the radiographs in question.

It is in your interest to work with as many members of staff as possible, to widen your experience of radiographic techniques and approaches to problem solving.

Quiet Times

It is inevitable that a variable workload will result in quiet times in clinical areas. If there are no patients to be examined in the area to which you are allocated it may be appropriate to:
• Re-deploy you to an active area if no other students are working there.

• Use the time wisely – e.g. carry out equipment tests, sit in on reporting sessions, do private study.

Note: The clinical liaison radiographers and supervising radiographers must be aware and agree alternative activities.
Do’s and Don’t’s

**DO**

- Attend the area you are rota’d to be. It is important to follow the rota to ensure you attend all necessary placements during your time with us.
- Ask questions if you are unsure.
- Listen and learn from the person you are working with.
- Take the initiative - instead of waiting to be given a form take the FIRST form from the box (if working in the general area), prepare the room and patient and then find someone to supervise.
- If working in a room with a set list, consider patient and room prep as they arrive.
- If there are lulls in activity use this time for: cleaning and tidying rooms/processing areas, restocking consumables, practising technique on each other, cassette cleaning, study from books or films, and just use the time wisely.
- Please keep all of your paperwork up to date.
- Please let us know if you are having any problems.

**DON’T**

- Have more than one students per room/radiographer. This can be distressing for the patient.
- Professional courtesy - choose your time and place to ask questions on variations in technique.
- Make conversation behind the control panel when a patient is in the room.
- Turn up late or be absent without letting us know.
Rota

Your rota will be completed based upon the requirements of your portfolio and can be found on the student noticeboard in general x-ray along with sign in sheets etc.

We have a large number of students passing through the department at all times, so it is important you are proactive and attend the area you are rota’d to be in and ensure you complete the necessary areas of your portfolio within the time frame.

Your rota with us may vary to the one provided to you by your university, this is due to us having a couple of universities that sometimes overlap, so we may need to shuffle your rota around but we will still ensure you cover all the necessary areas.

Most importantly, it is very important that you let us know of any issues with the rota as soon as possible, so we can try to accommodate everyone’s needs. Feel free to either email or contact us in the department with any issues.

Please ensure if your university allows you to have a study day you record which day you are taking on the student noticeboard.
**Uniform**

- Tunics are provided to be worn with smart trousers and must only be worn whilst in the hospital grounds.
- Long hair must be secured.
- Make up should be kept to a minimum.
- Jewellery- one small stud in each ear and a plain wedding band is allowed.
- Black leather (wipe clean) footwear (not trainers) should be worn with suitable soles and with toes covered.
- If you have theatre shoes you may bring them with you, however there are some spares in department if you do not have any.
- ID badge should be worn at all times.

Lockers may be available: Please bring your own padlock and key and if any are available you are welcome to use them. Please ensure at the end of the placement block you remove the padlock for the next students.

**Principle: to present a professional image and inspire public confidence**

The Nursing and Midwifery Council (2008) and Health Professions Council (2009) expect health care students to behave and dress in a way that promotes a professional image and inspires public confidence. Therefore while on placements students should:
Where uniforms are required:

- Wear a fresh Canterbury Christ Church University tunic and trousers daily
- Uniforms should not be worn outside work.
- Students must not wear their uniform or student identification badge whilst undertaking other agency/bank work during their programme.

To project a professional image (and to maintain personal and patient safety):

- Jewellery should not be worn around the neck
- Be completely bare below the elbows
- No facial or tongue studs
- Pierced earrings must be studs only and only one pair at any one time
- Tattoos and body piercing should not pose a safety/infection risk to either the student or patient
Modalities

The modalities we as a department provide are:

- Plain Film (6 X-Ray Rooms, 2 DR, 4 CR)
- Ultrasound
- CT (2 Scanners)
- MRI (1 Scanner)
- Nuclear Medicine (SPECT CT)
- Cardiac
- Fluoroscopy/Bariums
- Interventional Radiology

The patients that you may see in the department include:

- A&E Patients
- Inpatients
- Outpatients (arriving from various clinics)
- GP Patients

You will be rota’d around the department and will experience the different modalities depending on your year of training and the requirements of your portfolio.
X-Ray Protocols

Darent Valley Hospital

Radiology Department Protocols

Abdomen
- Acute:  (A&E or In Pt): Supine + Erect CXR (Erect CXR or Lat Decubitus AXR)
- OPD: Supine
- GP: Supine

Ankle
- Trauma: GP:  AP Mortice & Lateral
- Non Trauma: AP Mortice & Lateral, Sub Talar Views
  Orthopod Consultant request Only

Acromio-Clavicular Joint
- Trauma:  AP (15) shoulder
- Non Trauma: AP (15) shoulder
- OPD:  Bilateral Coned ACJ Views (weight bearing
  also if requested)

Calcaneum
- A&E:  Axial and lateral
- OPD: Axial and lateral
- GP:  ? Spur - Not indicated

Chest
- A&E:  PA, AP only if unable to sit up unaided
- OPD: PA, lateral only if valid reason given
- GP:  PA (not lateral unless Radiologist request)
  o  ? # ribs......not indicated

Clavicle
- Trauma:  AP (No Rotation) & Angled Up Clavicle view
  (15 Degrees Cephalic for distal injuries, 30 Degrees for medial
  Injuries)
- Non Trauma: AP (No Rotation)
- OPD:  AP (No Rotation) only unless axial requested

Dental
Views as requested by dental/MaxFax Referrers Only
ED ? Abscess/Facial Swelling Referrals – OPG

**Elbow**
- A&E: AP & Lateral, radial head view if requested
- OPD: AP & Lateral, radial head view if requested
- GP: AP & Lateral

**Facial Bones**
- A&E: OM10 (Erect, only after facial swelling has subsided)
- OPD: As requested (Maxilo Facial)
- GP: Not indicated (If for trauma then refer to A&E)

**Femur**
- A&E: AP & Lateral
- OPD: AP & Lateral
- GP: AP & Lateral

**Fingers**
- A&E: AP & Lateral (also oblique view for paediatrics)
- OPD: AP & Lateral
- GP: AP & Lateral

**Foot**
- A&E: DP & DP Oblique
- OPD: DP & DP Oblique (Unless otherwise requested)
- OPD: Rheumatology (DP view only)
- GP: DP & DP Oblique

**Forearm/Radius + Ulna**
- A&E: AP & Lateral (Ensure both joints imaged)
- OPD: AP & Lateral (Ensure both joints imaged)
- GP: AP & Lateral (Ensure both joints imaged)
  - Please note AP Forearm is a supinated View

**Hand**
- A&E: DP & DP Oblique
- OPD: DP & DP Oblique
- OPD: Bone Age (DP Non Dominant hand to include wrist – single image only)
- OPD: Rheumatology (DP view only)
- GP: DP & DP Oblique

**Hip**
- A&E: AP Pelvis (if trauma, # then Horizontal Beam Lateral also)

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- OPD: AP Hip & Turned Lateral Hip. (*Judet View* Mr Thilagarajah request only)
- GP: AP Pelvis Only
- In Pt: Post Op. AP Hip & Horizontal Beam Lateral
- Children Frog Leg Lateral: Only after review of AP Pelvis and Consultant request only

**Humerus**
- A&E: AP & Lateral
- OPD: AP & Lateral
- GP: AP & Lateral

**Knee**
- A&E: AP & Horizontal Beam Lateral
- OPD: AP & Lateral (Skyline, Tunnel, Weight Bearing if requested), For OA, weight bearing Rosenberg view PA & Lateral
- GP: For OA weight bearing Rosenberg view PA & Lateral only

**Mandible**
- A&E: OPG & PA Mandible (If OPG not possible, PA and Oblique mandible series)
- A&E: Abscess/Facial Swelling Referrals – OPG
- OPD: OPG
- GP: OPG
- TMJ’s: open and closed mouth Consultant request only

**Nasal Bones**
NOT INDICATED unless OPD Consultant request (ENT/Oral referral)

**Orbits**
- A&E/OPD/MRI: PA coned orbits for foreign bodies (2 views look up and look down)
- GP: Not indicated / refer patient to A&E

**Pelvis**
- A&E: AP Pelvis & Horizontal Beam Lateral
- OPD: AP Pelvis & Turned Lateral Hip. (*Judet View* Mr Thilagarajah only)
- GP: AP Pelvis Only
- In Patient: Post Op. AP Hip & Horizontal Beam Lateral
- Children Frog Leg Lateral: Only after review of AP Pelvis and Consultant request.
- SIJ’s: AP pelvis

**Scaphoid**
• A&E: DP and Lateral Wrist and 2 dedicated Scaphoid Views with ulnar deviation
• OPD: DP, DP Oblique, Lateral & DP Angled Up 30° (all with ulnar deviation)
• GP: DP, DP Oblique, Lateral & DP Angled Up 30° (all with ulnar deviation)

Shoulder
• Trauma: AP (15) & Axial (Lateral Scapula)
• Post Reduction of Subluxation – AP Only (Y-View if AP is Equivocal)
• Non Trauma: AP (15) & Axial (Lateral Scapula).
• OPD: AP (15) & Axial (Lateral Scapula)

Sinuses
• A&E: Not Indicated (Refer to ENT for CT)
• OPD: OM10 (ENT referral only)
• GP: Not Indicated

Trauma Series
• AP Chest
• AP Pelvis
• Lateral C-Spine

Skeletal Survey

• Metabolic:
  Speak to consultant to determine appropriate imaging. (Check recent previous imaging)

• Multiple Myeloma:
  o PA CXR
  o Lateral Skull
  o Lateral C Spine
  o Lateral T Spine
  o Lateral L Spine
  o AP Pelvis to include upper femora
  o AP Both Humeri
  o AP Both Femurs
(If patient has any ‘bone pain’ than review with Radiologist to take further views)

• Non Accidental Injury:

Refer to NAI protocol at the end of these protocols.
Consultant request only.
In normal working hours only and form accepted and agreed by Radiologist.
Two Radiographers to be present.

(Pb markers to be in primary beam on all views) Check pro forma.

All films to be reviewed by Radiologist and further projections to be taken as directed.

- Skull 2 or 3 Views AP, Lateral, Townes if required
- Spine 2 Views Lateral C Spine
- Lateral T/L Spine
- Chest 3 Views AP, left and right obliques
- Abdomen 1 Views AP to include pelvis & hips
- Limbs 8 Views AP Humeri to include elbows
- AP Forearms include elbows wrists & hands
- AP Femora to include knees
- AP lower legs to include ankles
- Hands 2 Views DP of each
- Feet 2 Views DP of each

Please use checklist to ensure all views are completed

All films to be reviewed by Radiologist and further projections to be taken as directed.

Skull
- A&E: Not indicated unless for FB Then tangential view
- OPD: Consultant request only
- GP: Not routinely indicated check request with Consultant

Soft Tissue Neck
- A&E: Lateral view only with Valsalva Technique
- OPD: Lateral view only with Valsalva Technique
- GP: ? FB only Lateral view only with Valsalva Technique

Spine:
- C Spine
  - A&E: Trauma – Lateral with Arm Pull (A&E Clinician), AP, and Peg
  - A&E: Non trauma Lateral only
- **OPD:** Lateral only, unless PMH Trauma, or ? Cervical rib then AP also
  - **GP:** Lateral only, unless ? cervical rib then AP also
  - Flex/Ext views for anaesthetic risk

- **Coccyx**
  - **A&E:** Not indicated
  - **OPD:** Lateral Consultant request only
  - **GP:** Not indicated

- **L Spine**
  - **A&E:** Trauma AP, Lateral (Lateral should include T10 – Sacrum)
  - Non –Trauma only if indicated by Back Pain Protocol
  - **OPD:** AP, Lateral only. Obliques only for Orthopod Consultant request
  - **Scoliosis:** AP Erect Only
  - **GP:** AP, Lateral only as long as falls within back pain protocol – If a scoliosis is seen on the initial imaging ensure the correct lateral is completed to best visualise disc space.
  - **L5/S1** Disc space must be clearly demonstrated for patients with lower back pain.

- **Sacrum**
  - **A&E:** AP Pelvis
  - **OPD:** Consultant referral only...views to be taken as requested
  - **GP:** Not indicated
  - **SIJ’s:** AP pelvis

- **T Spine**
  - **A&E:** AP, lateral
  - **OPD:** AP, lateral
  - **Scoliosis:** AP Erect Only
  - **GP:** AP, Lateral – If a scoliosis is seen on the initial imaging ensure the correct lateral is completed to best visualise disc space. L5/S1 Disc space must be clearly demonstrated for patients with lower back pain.

**Sterno-clavicular Joint**
- **A&E:** AP Shoulder only
- **OPD:** AP Shoulder unless obliques requested
- **GP:** AP Shoulder Only

**Thoracic inlet**
- A&E, OPD, GP:
  - AP C. Spine with Valsalva to include Carina
  - Lateral C. Spine with Valsalva
  - Consider lateral upper chest with valsalva to image down to carina if not visualised on lateral C Spine

**Thoracic outlet**

**Thumb**
- A&E, OPD, GP AP & Lateral

**Tibia + Fibula / Lower leg**
- A&E: AP & Lateral ensure both joints imaged
- OPD: AP & Lateral ensure both joints imaged
- GP: AP & Lateral ensure both joints imaged

**Toes**
- A&E, OPD, GP: AP & Oblique

**Wrist**
- A&E, OPD: DP & Lateral,
- GP: DP & Lateral only

Authors: Nick Key/Paul O’Riordan
Image Interpretation

- **Patient Identification**- Correct patient name, date of birth, hospital number and name, tie of examination.
- **Markers and Legends**- Correct anatomical marker within the primary beam not obscuring the area of interest.
- **Correct Area Demonstrated**- is the relevant anatomy demonstrated?
- **Projection/Positioning**- Is the correct anatomy demonstrated according to accepted positioning criteria? (e.g. true lateral)
- **Radiographic Contrast**- is the image of high or low contrast? Can we differentiate between anatomical structures optimally?
- **Radiographic Density**- Overall range of image density (blackness) produced after processing. Has sufficient radiation been used to visualise anatomical structures of interest?
- **Sharpness**- Clarity of lines and edges of an image, is there any blurring? Checked for movement unsharpness.
- **Exposure index**- This is an indication of how well the exposure factors were selected. This is not as obvious with DR technology as this automatically may correct the image.
- **Body Part Algorithm Selected**- DR systems have specified setting for different body parts. Always checked digital images are under the correct body part.
- **Collimation**- Evidence of collimated beam, how many sides? Could this be improved?
- Artefacts/Pathology - Present or absent. Further opinion needed or red dot?
- Further Projections and/or Repeats
- Verifying and Service Recording and Check Images Are On PACS.
Mentors

When on placement with us you will be allocated a mentor. This will happen shortly after you start.

Your mentor will be there for you if you need any guidance or advice. They will help complete weekly and daily feedback forms and be there as support if you feel you need it.

Your mentor should help ensure you are keeping up to date on your portfolio and ensure that you are not having any problems whilst on placement with us.

Although your mentor is there for support, you can also approach any staff for help and the CLR’s.

My mentor is:

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Any Problems and The Role of The CLR

It is inevitable that periodically problems will occur. In the best interests of all concerned these should be dealt with as quickly and locally as possible. In most cases a quiet private word between the people involved will resolve any misunderstandings. The following steps should be followed:

1. Students with a problem with a Radiographer:
   - Speak to:
     - Radiographer involved
     - Your Mentor
     - Any Mentor
     - Clinical Liaison Radiographer
     - Course Co-ordinator and Clinical Tutor

2. Radiographer with a problem with a student
   - Speak to:
     - Student involved
     - Students Mentor
     - Clinical Liaison Radiographer
     - Course Co-ordinator

The Clinical Liaison Radiographer must be appraised of any problems and where appropriate will become actively involved and/or liaise with the Clinical Tutor.
Any issues will be discussed with the student and recorded in the necessary areas in the portfolio. The Superintendent may at any time inform the University of any occurrence that they feel warrants disciplinary action, although the final decision rests with the Head of Department.

**Clinical Liaison Radiographer (CLR)**

Each NHS trust clinical site will designate an experienced radiographer for the role of Clinical Liaison Radiographer (CLR).

At this site, this is:

- Chloe Smith
- Sarah Branley
- Victoria Finch

The CLR will be responsible for overseeing the day to day functioning of students’ placement at their clinical site.

As the CLR we are:

- A point of contact and communication between clinical site/ student /Link Tutor/ Placement Lead and the Universities.
- A central point of contact for students whilst on placement.
- To be responsible for the day to day running of the student allocation rota provided by the Placement Lead, ensuring alterations are made relevant to local requirements.
- To be responsible for monitoring student punctuality, appearance and reliability.
- Ideally to ensure that specific actions are met the CLR should be available on a regular basis and have a sufficiently flexible workload to respond to student needs when required.

As CLR’s we will:

- Organise an individual mentor to support every student. The students should retain this mentor for the duration of their programme.
- On the first day we will meet the student groups who have not been placed at your clinical site before.
- Encourage your mentor to meet regularly with the student and be available to sign their Ongoing Achievement record (OAR) and Assessment of Practice tool (APT) and review their evidence to support their learning on placement, at the end of each placement.
- Inform the university via the Link Tutor or Placement Lead of any local Trust policy changes which may affect the student education.
- Inform the university about any Fitness to Practice issues which have been highlighted by the clinical site relating to any particular student.