Department of Allied Health Professions

Medical Imaging

INFORMATION HANDBOOK

Darent Valley Hospital
Dartford and Gravesham NHS Trust

April 2017
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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 there is no reason why you shouldn’t 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.

We see approximately 140,000 patients a year in Radiology. This includes the department at Gravesend where there are 2 general x-ray rooms providing a service to local GP’s.

Education as a whole is well supported in the department, and you will find that at any time a number of the radiographers will be undertaking some sort of 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, this will include things like reading through policies, arranging training for Health and Safety, the Local Rules for Radiation Protection, finding out where the fire exits are, and getting to know the telephone numbers for cardiac arrest and fire. 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
Dartford and Gravesham NHS Trust is one of England's 247 NHS trusts and is based at Darenth Valley Hospital, Dartford, which was the first new built Private Finance Initiative Hospital in Britain. This means the hospital is owned by The Hospital Company (Darenth) Limited and the Trust leases the building. We moved into Darenth Valley Hospital On 10 September 2000 and it replaces three old and outdated hospitals: Joyce Green and West Hill in Dartford and Gravesend and North Kent in Gravesend, which has helped to enable the Trust to provide modern, 21st century health care.

We provide a comprehensive range of 'acute', mainly hospital-based health services for the residents of Dartford, Gravesham and Swanley.

Together, our team of over 2,000 staff provide care for around 200,000 patients every year. We have 403 beds and provide in-patient and out-patient care. Our annual budget is around £70 million.

**Key Statistics**

**As a major local employer, each year we:**
- Employ around 2000 staff

**And as the local hospital to our community, we:**
- Treat over 33,000 in patients and day cases
- Treat over 144,000 outpatients
- Treat over 53,000 patients in Accident and Emergency
Department of Radiology

The radiology department operates on two sites, Darent Valley Hospital and Gravesend and North Kent Hospital where it provides plain film services for the outpatient department, GP’s and the Minor Injuries Unit. There are six Consultant Radiologists attached to the department who have a wide range of expertise and specialist interests. The department has an annual budget in excess of £2 million.

Workload and Activity

- 100,000 patient attendances per annum
- 140,000 examinations
- 4,000 non-obstetric Ultrasound scans undertaken by Radiologists
- 13,500 Obstetric Ultrasound scans undertaken by sonographers
- 2,500 nuclear medicine examinations
- 3,000 procedures including interventional work
- 5,000 MRI scans

The department undertakes a full range of general radiographic work, ultrasound, CT, MRI, nuclear medicine and vascular and non-vascular interventional radiology for both inpatients and outpatients. All requests for special procedures are vetted by the Radiologists and the Royal College Guidelines for the use of a radiology department are applied.
### DARENT VALLEY HOSPITAL WARD PLAN

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<th>Chestnut</th>
<th>Holly</th>
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<td>Laurel</td>
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<td>ITU</td>
<td>Oak</td>
<td>Linden</td>
<td>Walnut</td>
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<td>Mortuary</td>
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<td>Fracture Clinic</td>
<td><strong>Main Entrance</strong></td>
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<td>Hornbean Daycare</td>
<td>Spruce</td>
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#### LEVEL 1

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<th>Hotel Redwood</th>
<th>Willow Ward</th>
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<td>Medical Records</td>
<td>Philip Education</td>
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LOCATION MAP FOR GRAVESEND AND NORTH KENT HOSPITAL
A CODE OF PROFESSIONAL CONDUCT FOR RADIOGRAPHERS

(Produced by The College of Radiographers)

The following are extracts from the above Code, which have been adapted to apply to student radiographers.

The student radiographer should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

The student radiographer shall with reference to relationships with patients:

1. Have regard to the customs, values, spiritual beliefs and human dignity of patients.

2. Have regard to the physical and psychological needs of patients and the effects on them of the hospital environment.

3. Avoid any abuse of the privileged relationship with patients or the privileged access to their property.

4. At all times act in such a way as to promote and safeguard the well being and interests of patients and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

5. Hold in confidence any information obtained on a patient. Information obtained as a result of diagnostic procedure on a patient must not be divulged to the patient by the student radiographer.
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

1. 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.

2. 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.

3. 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.

4. 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

1. 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.

2. The patient's ability to appreciate the significance of the information should be assessed. For example with patients who:
   i. may be shocked, distressed or in pain;
   ii. have difficulty in understanding English;
   iii. have impaired sight, or hearing or speech;
   iv. are suffering from mental disability but who nevertheless have the capacity to give consent to the proposed procedure.

3. 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.

4. 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

1. 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.

2. 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.

3. 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.

4. 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.

5. 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

1. 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.

2. 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.

1. 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

1. 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:

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

ii. 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 co-operation should nevertheless be sought.

iii. 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.

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

v. 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.

General Regulations

Your conduct whilst in the clinical environment should be governed mainly by common sense and courtesy. However, please note the following guide-lines:

1. **BADGES**
   All students are issued with name badges/identity cards and these should be worn at all times.

2. **UNIFORM**
   Tunics are provided to be worn with smart black trousers and must only be worn whilst in the hospital grounds.

   Long hair must be secured and simple jewellery/makeup kept to a minimum. Sensible footwear (not trainers) should be worn with suitable soles and with toes covered.

   Laundry facilities are available within the hospital, although some students prefer to be responsible for their own laundry.

3. **LOCKERS**
   Lockers are provided: Please bring your own padlock and key

4. **ATTENDANCE/ABSENCE**
   The hours of attendance are 8.45 a.m. - 5.00 p.m and students must sign the register in the X-ray department by 9.00 a.m. Any sickness or absence must be reported to the Department of Allied Health, Canterbury Christ Church University, Tel. 01227 767700 ext. 2973, by 9.30 a.m. and to the clinical department by 9:00 am (01322 428100), please ALSO inform any other department direct where you are scheduled to work that day.

5. **BREAK TIMES**
   Coffee and lunch breaks will be at the discretion of the supervising radiographer.

6. **Study allowance during Clinical Learning:**
   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 lead radiographer and may alter depending on which year of study you are in. If you need to alter your study day and have good reason to do so, this may be done with the consent of the senior radiographer on Monday morning and written on the Student Room Rota in the main viewing area.
8. **Study allowance during clinical practice (summer period):**
   1/2 day a week for recreation. To be arranged with the senior radiographer on Monday morning and written on the student room rota in the main viewing area.

9. **Missing time for other reasons**
   If you need to miss time for other reasons e.g. appointment at dentist, you MUST ensure the radiographer you are working with is aware of this at the beginning of the day.

These regulations may need to be updated in the light of change.

**SOME DO'S AND DON'TS**

**DO**

- 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 and processing areas, restocking consumables, practising technique on each other, cassette cleaning, study from books or films, writing up assignments, familiarising yourself with QA procedures, preparation for mini presentations. Ask if modalities need a hand or if you can just watch and learn.

**DON'T**

- Maximum of two students per room/radiographer. Try and work with all radiographers in an area.
- Professional courtesy - choose your time and place to ask questions on variations in technique.
- Make conversation behind the control panel.
STUDENT GUIDELINES

Introduction

These guidelines are designed to inform you of our expectations at the Darent Valley Hospital. They are mainly common sense, but by giving them to you in advance, we hope to avoid any misunderstanding.

Working in the Department

• **Hours of work**
  The hours of attendance are 9.00 a.m. - 5.00 p.m and students must sign the register in the X-ray department by 9.00 a.m. These are laid down by the University and, if you wish to alter them, a prior arrangement must be made with the Student Co-ordinator (Kim Cole) or the Radiographer in charge of the Department.

• **Out of Hours**
  Students intending to work out of hour’s duty must seek the agreement of the radiographer working that duty.

• **Sick Leave**
  Any sickness or absence must be reported to the Department of Allied Health, Canterbury Christ Church University, Tel. 01227 767700 ext. 2973 (Administrator), by 9.30 a.m. and to the clinical department or satellite site by 9:00 am.

  Radiographer in Charge 01322 428100

• **Dress Code**
  Uniforms and name badges should be worn at all times whilst on duty. Students should be of smart appearance, and in the interest of safety strong covered shoes must be worn.

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

You will work alongside one radiographer, with whom you will usually work all day, taking your breaks when they do. If they are re-deployed outside the area you are working in you will be assigned to another member of staff. 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 request form must be signed with the initials of the student and radiographer.
- Under no circumstances should a radiographer’s initial be put against an examination if they have not seen the films 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.
- Arrange alternative time off e.g. in the event that the room is active on your afternoon off but not on alternative afternoons.
- Use the time wisely – e.g. carry out equipment tests, sit in on reporting sessions, do private study.

Note: The student co-ordinator and supervising radiographers must be aware and agree alternative activities.
Problem Pathways
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:

Student with problem with Radiographer

Speak to:

1. Radiographer involved.
2. Your Mentor.
3. Any Mentor.
4. Student Co-ordinator.
5. Course Co-ordinator and Clinical Tutor.

Radiographer with a problem with a student

Speak to:

1. Student involved.
2. Students Mentor
3. Student Co-ordinator
4. Course Co-ordinator

The Student Co-ordinator must be appraised of any problems and where appropriate will become actively involved and/or liaise with the Clinical Tutor.

Clinical Liaison Radiographer (CLR)

Each NHS trust clinical site will designate an experienced radiographer for the role of Clinical Liaison Radiographer (CLR)
The CLR will be responsible for overseeing the day to day functioning of students’ placement at their clinical site

Role specification: The CLR should be:

A point of contact and communication between clinical site/ student /Link Tutor/ Placement Lead and Canterbury Christ Church University.
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.
The university are happy for the role of CLR to be role/job shared according to local clinical site preference.
It would be preferable for a deputy CLR to be appointed at the clinical site to assist the CLR and be available to support the students and CLR when the CLR is not on site.

Personal Profile.

The CLR should have attended the two day mentorship programme and any updates provided by Canterbury Christ Church University.
Ensure all new mentoring staff attend the two day mentoring programme provided by Canterbury Christ Church University.
Ensure all mentors are available to have regular mentor training updates (Day two of the mentor training programme)
Be familiar and conversant with all aspects of the undergraduate IPL programme.
Be in agreement with the philosophy and rationale of the programme.

The CLR should:

Organise an individual mentor to support each first year student. The students should retain this mentor for the first year of their programme.
Please organise for any relevant clinical placement induction events.
On the first day of the first two placement blocks of the second year placement the CLR should meet the incoming second year student group who will be attending your placement site. Some of the student group will not have been placed at your clinical site in their first year. Please organise a deputy to offer this welcome if you are not available.
Please provide the second year groups with the appropriate induction requirements for your clinical site. You will only need to do this twice as the same two groups of students will rotate to your clinical site over the second and third year.
Organise either an individual mentor or a clearly defined group of Year 2 mentors to support the second year students who will move between at least two sites. It is suggested that these mentors will remain the student’s mentors in the third year.
It is important that all incoming students meet with their mentor or mentor group in the first few days of placement to complete discussions concerning placement objectives.
The CLR should encourage the 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.
The CLR should inform the university via the Link Tutor or Placement Lead of any local Trust policy changes which may affect the student education.
The CLR should inform the university about any Fitness to Practice issues which have been highlighted by the clinical site relating to any particular student.
The CLR should attend the Pathway Committee or send a representative if you are unable to attend.
Principles of professional appearance for health care students’ placement experiences.

Purpose
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). The University policy states that students should adhere to the policy of the host organisation. These guidelines use principles integral to the Department of Health document Uniforms and Workwear - An evidence base for developing local policy (DoH 2007) to provide a rationale for our expectations that students will comply with these policies and additional guidelines included in this document.

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.

Statement of Intent
All students will dress and present themselves in such a manner as to instil public trust and confidence, and promote a positive professional image whether wearing uniform or mufti. Students’ dress and appearance must be professional at all times. Uniform or mufti should be comfortable, will be worn and cared for in such a way that ensures personal and patient safety.

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. Presenting an appropriate image can enhance the development of respectful relationships. Therefore while on placements students should:

Where uniforms are required:

- Wear a fresh Canterbury Christ Church University tunic and trousers daily
- If the placement area can provide changing facilities and locker space, uniforms should not be worn outside work. If the uniform is worn outside work whilst travelling to and from the place of work, in the interests of professional image, uniform should not be visible and covered by an appropriate coat or jacket. Identity badges should be removed.
- Students must not wear their uniform or student identification badge whilst undertaking other agency/bank work during their programme.

Where uniforms are not required:

- Wear neat, clean and appropriate clothing. This should be appropriate to the patient / client group with discreet necklines and appropriate hem lengths. Men
must wear smart casual clothes. All students should avoid clothes with logos/slogans
- Jeans are not normally acceptable

To project a professional image (and to maintain personal and patient safety),
- Jewellery should not be worn around the neck.
- Wrist and anklet bracelets should not be worn.
- No facial or tongue studs or hoops to be worn.
- 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.
- Where possible Tattoos should be covered.

**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 or
- Artificial nails

Jewellery should be kept to the minimum to allow for good hand washing techniques. Please refer to organisational policies.

**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.
TYPES OF EXAMINATIONS AND ROOM UTILISATION

<table>
<thead>
<tr>
<th>ROOM</th>
<th>DESCRIPTION</th>
<th>EXAMINATION</th>
</tr>
</thead>
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<tr>
<td>Room 1</td>
<td>OPG, Skull Unit.</td>
<td>Ward, Dental and A&amp;E Patients</td>
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<tr>
<td>Room 2</td>
<td></td>
<td>General work</td>
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<tr>
<td>Room 3</td>
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<td>General work</td>
</tr>
<tr>
<td>Room 4</td>
<td>OPG - cephalostat</td>
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<td>Room 5</td>
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<td>Room 6</td>
<td>Digital stereotactic facilities</td>
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<td>Room 7</td>
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<td>Barium studies</td>
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<tr>
<td>Room 8</td>
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<td>Room 9</td>
<td>Digital ‘C’ arm Fluoroscopy</td>
<td>Intravenous interventions</td>
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<tr>
<td>CT</td>
<td>Tomoscan CT scanner</td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td>Philips Gyroscan Intera 1.0T scanner</td>
<td></td>
</tr>
</tbody>
</table>

Nuclear Medicine suite including in-house radiopharmacy, single head scanner.

The digital X-ray rooms, CT, MRI and Nuclear Medicine print to a dry and/or wet laser. Four daylight processors and a dark room processor support the X-ray rooms. Gravesend and North Kent Hospital has one X-ray room with FUGI CR system.

The Radiology Department has the Amersham RMS system IT system. Although the system is presently stand-alone, a link to the PAS system through an EPR system is a planned service development.

The Department has also planned a dedicated A&E radiology department supported by CR..

Gravesend and North Kent Hospital

This hospital is a minor injuries unit open 9-5pm. The X ray department has one general room with computed radiography. There is a reporting radiographer who undertakes hot reporting for the minor injuries unit. Orthopaedic outpatient and GP patients are also referred to the X ray department.
POLICIES AND PROCEDURES

It is important for you as an individual to be familiar with any policies and/or procedures relating to this department. They serve to set and maintain standards for the rights and protection of patients, visitors and staff.

Your personal tutor will be able to advise you as to where these policy and procedure documents can be found. The following list is not exhaustive and will need to be reviewed regularly in the light of current developments:

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

* Full details of these procedures are included at the end of this section.
GENERAL FIRE INSTRUCTIONS

Due to the redevelopment work at present being carried out on the Medway Hospital site, it has become necessary to amend Assembly and Evacuation area shown on the General Fire Instruction notices.

Will you please check that all notices in your area are in good condition and legible, and contain the following information:

1. The correct telephone number 3200

2. The Assembly Point The area where staff not having specific fire duties assemble to await further instructions. (This would normally be one from each department, and applies to the main hospital building).

3. The Evacuation Area The area where non-essential staff and members of the public are evacuated to in the event of a fire affecting their particular area. (In the case of patient areas this will vary according to the circumstances appertaining at the time of the fire.)

Listed below are the specific areas for each department:

GENERAL GUIDE FOR ACTION IN CASE OF FIRE

1. ACTIVATE the fire alarm and dial 3200

2. If fire occurs in an X-ray room turn off power supply to the equipment.

3. Remove patient from the room.

4. N.B. Do not fight the fire at the risk of:
   (a) Spreading the fire - i.e. opening of closed doors which may cause sudden ignition of fumes and flammable objects.
   (b) Danger to the individual.

   But if it is safe to do so use CO₂ extinguishers to try and put out the fire.

5. On leaving the department or area of fire, close all doors and windows. Each radiographer is responsible for turning off the power supplies to their room. Check all lavatories and changing cubicles for patients.

6. Fire extinguishers situated:
   (a) Viewing Area
   (b) Darkroom
   (c) All X-ray rooms.

EMERGENCY TELEPHONE NUMBERS & CALLS - Darent Valley
Actions to be taken in the event of an emergency will be given to you when you start, however, the following notes are general guidelines.

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 THE FIRE ALARM
2. TELEPHONE 222 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 THE DEPARTMENT TO DESIGNATED EVACUATION AREAS

CARDIAC ARREST

1. RING 2222 STATING EXACT LOCATION AND NATURE OF THE EMERGENCY
2. USING THE INTERCOM SYSTEM, SAY “CODE RED” AND STATE EXACT LOCATION

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.

3. RETURN TO PATIENT AND COMMENCE RESUSCITATION DRILLS UNTIL HELP ARRIVES.

GENERAL EMERGENCIES

When faced with a situation you would consider an emergency, (patient collapse, inhalation of vomit/mucus/blood, Grand mal, fainting, ect.) where skilled help is required.

1. USING THE INTERCOM SYSTEM, SAY “CODE BLUE” AND STATE EXACT LOCATION
2. RETURN TO PATIENT AND 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.

IF IN DOUBT, DO IT!!!!!!!!!
GRIEVANCE AND DISCIPLINARY POLICIES AND PROCEDURES

Canterbury Christ Church University

Grievance:
The solution to any grievance is orientated around the student/teacher relationship. Initially any grievance that students have may be resolved by consultation with a specific member of the academic staff. If this fails to resolve the situation then the Head of Department will be involved. If the student is still not satisfied, then senior management of the University may be involved. This will primarily be the Dean of Students, but may involve the Vice-Principal or Principal. The Head of Department will keep a written record of all stages of the grievance, including the times and dates of events.

Discipline:
The student should always receive at least one verbal warning for any matter that warrants disciplinary action. This will be recorded in the student’s file.

If the situation does not resolve itself then a written warning is indicated. This will again be recorded in the student’s file.

The Head of Department is involved in all stages of the disciplinary procedure. The Dean of Students or other member of senior management from the university will then be involved if there is no resolution to the situation after the written warning or if dismissal is contemplated.

Alternatively a student may be suspended by the University pending an investigation by internal or external sources.

Clinical Centres

Grievance:
If the grievance relates to the hospital or district administration, then the student should pursue the grievance within the guidelines laid down by the Health Authority for Students.

Any grievance that involves the Imaging Department may be taken up with the Head of Department, Canterbury Christ Church University and the Superintendent Radiographer of the relevant Diagnostic Imaging Department.

Discipline:
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.
ADDITIONAL INFORMATION

How to get to the Darent Valley Hospital

Car
Leave the A2 at the Bluewater exit and follow the signs for Dartford A296. The hospital, which is well signposted, is on the left approximately 2 miles from the A2.

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

For information about local bus times contact Arriva on 01322 226187.

Public facilities at Darent Valley Hospital

Upper Crust Restaurant
There are eating facilities in the hospital's main entrance. The restaurant serves a wide selection of baguettes, rolls, pastries, cakes and hot and cold drinks and is open between 8am and 8pm every day. An eat-in or takeaway service is available.

Hospital shops
In the main entrance (see the hospital map for its location) there is:

- Newsagent - open 8am to 8pm daily
- Florist - open 9am to 7pm every day
- Lions Hospice special treats shop - open Monday to Friday 8.30am to 8pm, Saturday and Sunday noon to 8pm
- Assorted stalls open 8am to 6pm daily
There is also a post box and cash machine in the main entrance.

**Payphones**

There are public payphones in each ward, the main entrance, and the out-patients, accident and emergency and x-ray departments. The pay phones in the hospital's main foyer have a designated button which links directly to a local taxi company.

More Information can be found on our WWW: site:

http://www.dartfordgraveshamnhstrust.nhs.uk

**Gravesend and North Kent hospital**

Bath Street  
Gravesend DA11 0DG  
Tel: 01474 564333

Getting there:  
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.

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**Common principles underpinning the role of the academic (Link Tutor) in the practice setting**

These principles have been developed by Faculty Placement Group members in response to the request by the SHA at the annual quality monitoring review 2009 to be clear about benchmark standards for faculty linking roles. These principles apply to the support of all students, across frameworks, learning in practice settings.

The role of the Academic in practice can be seen as having 3 main strands;  
1. Support for students and their learning experience.
2. Support for Practice Learning Facilitators.
3. Liaison with Stakeholders.

1. **Support for Students and their Learning Experience**  
   - Preparation for placement  
   - Involvement in learning contracts/monitoring/reviewing or overview

   **During Placement**  
   - Contact with Student – meetings/monitoring  
   - Review appropriateness of learning contract
• Helping to link academic and practice e.g. tutorials
• Checking assessment documentation
• Formulate action plans with PLFs
• Pastoral care – students in crisis, failing students
• Signposting – raising or addressing concerns in placement
• Referrals - monitor re reasonable adjustments, additional needs

End of placement
• Debriefing
• Evaluation
• Advising when student fails

2. Support for Practice Learning Facilitators
• Preparation for their role in facilitating the student learning experience
• Moderating documentation
• Support- ongoing- Pre, during and post placement
• Visits
• Monitoring and feedback

3. Liaison with Stakeholders
• Building relationships
• Developing / expanding placement opportunities
• Maintaining quality assurance- 2 way process
• Marketing
• CPD
• Involving practice educators in university teaching, programme management
• Ensuring what we teach links to requirements of professional bodies and what students need as future practitioners

Allocation of students to placements where appropriate.