



**INTRODUCTION TO CLINICAL PRACTICE IN DIAGNOSTIC IMAGING/  
CLINICAL PRACTICE IN DIAGNOSTIC IMAGING 2**

**CONTINUOUS ASSESSMENT**

**PLACEMENT TYPE**            **Nursing and Administration**

**STUDENT NAME**            .....

**HOSPITAL**                    .....

**DATES**                        .....

**STUDENT VERIFICATION**

**Clinical Supervisor / Educator, please complete on the first day of placement:**

**I can confirm that I have checked the QMU student identity card and can verify the attendance of \_\_\_\_\_ at \_\_\_\_\_ hospital**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Student Attendance**

**Supervisor(s): please can you sign below to verify student attendance and indicate which day the student worked 09.00 – 13.00hrs (half day study):**

Monday	Tuesday	Wednesday	Thursday	Friday

**Only one form should be completed for administration, and one for nursing.**

**According to the published assessment instructions, students must submit all documentation to the Module Coordinator during the academic tutorial. The student must enter data into the Continuous Assessment Spreadsheet and submit to the Hub drop box ('C' for a 'Yes', 'F' for a 'No').**

**Please consult the QMU regulations regarding penalty for late submission.**



## Nursing Placement

**Supervisors –**

please fill in the form below, the students appreciate any comments you can give them to

\* Students fill in this section prior to your supervisor signing the form.

Please appraise your experiences today.

**STUDENT FEEDBACK**

**SUPERVISOR FEEDBACK**

## Administration Placement

Supervisors –

\* Students fill in this section prior to your supervisor signing the form.

Please appraise your experiences today.

<u>STUDENT FEEDBACK</u>

<u>SUPERVISOR FEEDBACK</u>

Signed.....Supervisor

Signed.....Student

## **For Student Use Only**

**It is vital that QMU can provide meaningful feedback to departments that offer clinical placements. This will enable maintenance and improvement of standards and allow the sharing of good practice.**

**Please help by describing the experiences during this placement that had an effect – either positive or negative – upon your learning. Your comments will be collated into a report made available to participating departments. To encourage free expression of opinion and ensure confidentiality, individuals will not be identified. This page will be detached from the marking pack upon submission to the clinical coordinator.**

Areas that you may wish to reflect on might include:

Were the radiographers/ staff expecting you?

Did they make you feel welcome?

Were you able to put some theory into practice, no matter how trivial? What was it?

Did the radiographers have an understanding of what you were capable of doing? If not, did you explain your previous experience?

Did you get feedback from the staff, e.g. encouragement when you did well; explanation when you made a mistake; a summary of your performance? Did you ask for their views on your placement?

What was the most important thing you learned this week, e.g. a new technique; the way you care for and communicate with elderly patients; a greater confidence in communicating with other team members; a greater confidence in yourself; the appointment system?

**Hospital –**

**Department –**

**Comments –**