

# FEEDBACK - SUPERVISED PRACTISE

- a) Number of clinical hours to be completed by recent graduate for general registration**  
**i) three years      ii) four years**

Currently three year degrees offer around 32 weeks clinical experience over three years with 48 weeks PDY to consolidate their skills before being accredited. If a course was to go to 4 years then this 80 weeks experience over 4 years should still be maintained, with the last clinical block being a large 20 -24 week block so that the student can not only consolidate their skills but learn triaging / prioritising and how to interact more effectively with other departments, clinicians etc ie become part of the multidisciplinary team not just “the student”

- b) Fitness to practice (clinical competence, professional conduct and compliance to regulatory standards) assessed**

Probably still needs to be done through observation and in conjunction with qualified radiographers actually providing the supervision to the new grad.

- c) How to achieve consistency in implementation of supervised practice and clinical evaluation**

Make it achievable and realistic to the time constraints of the departments PDY coordinator / supervisor

- d) Level / extent supervision – in/direct**

Dependant on the definition of direct and indirect supervision. Though there should be a period eg: 4 months, of direct supervision as defined by having a qualified radiographer within the department working closely with the PDY especially in today's work climate where new grad radiographers can go 12 months or more before gaining employment.

Once the period of direct supervision has been completed then the level of supervision could be dropped to indirect supervision as defined by having a qualified radiographer who is not in the department but who is contactable by phone or pager.

At no point should the PDY undertake solo practice.

- e) Ratio supervisor/ee**

See g

- f) Point and conditions for supervisee to do “on call”**

The point at which a new grad is able to do Call (ie work unsupervised) should be one that is fluid and at the very least call should only be undertaken after both a training period of a suitable length of time (eg 4-6 months for general and 4-6 weeks of theatre, as this seems to be the area where a lot of PDY feel unprepared at the end of their training) and after the new grad reaches a point that they are able to consistently reproduce quality diagnostic images, in a timely manner, over a range of examinations as well as demonstrating the ability to prioritise patients and problem solve.

**g) Level of training/ experience of supervisor**

PDY coordinator – greater than 4 years

Direct supervision – 1:1 with qualified radiographer having 2 years or greater experience

Indirect supervision – 1:2 with qualified radiographer having 1 years experience of greater

**h) Impact of supervised practise on the transition of grads to the workforce**

The provision of direct supervision or a mentoring program provides a safety net for new grads and prevents the feeling of being “thrown in”, thus easing the transition from the theoretical environment of study to the reality of the workplace.

Increase preparedness to work solo

**i) Advantages and disadvantages of implementing and maintaining supervised practice program**

**Advantages:**

Maintainance of professional standards and service quality – patients / clients expect a radiographer to produce diagnostic images with a limited radiation dose (repeats) and from experience when new grads are left to their own devices or are being directly supervised by radiographers with little (12month) experience the diagnostic quality of imaging plummets.

Gap between completion of studies and employment is growing new grads may require a refreshment of skills prior to working unsupervised

A supervised practise program provides valuable lessons to new grads and eases the way into employment. Minimises the feeling of being “thrown in”

ALARA is maintained

Provides an avenue to learn both problem and solution identification, improvement practical; skills and to increase the new grads knowledge base

**Disdvantages:**

Time to complete paperwork is time consuming

Look at length of PDY and assessment intervals eg every 4 months rather than 3 months (too many) or 6 months (too few)

Resource or access to modalities

Eg Private practice access to theatre or mobiles OR

Current NSW PDY requires competence in CT, while this may be possible in small practices / small hospitals, Large trauma centres may find this isn't practical as their CT protocols / training for proficiency in the modality is complex and takes a dedicated 8 weeks to become fully competent HOWEVER

This could be overcome when amending / creating a new PDY program so that it suits all centres.

- j) Alternative structures of supervised practice that**
  - reduce costs on healthcare and workforce**
  - Increase workforce access and flexibility**
  - Provide consistent, measurable clinical outcomes**

By having a four year Uni degree with the first semester being additional theory and the second semester being a large 20 week block of practical placement at the one site with direct supervision / training in modalities such as theatre ? CT at smaller sites and shift work if appropriate.

This large practical block would increase the students ability to work more independently, consolidate theoretical knowledge of anatomy, technique and modifications but also learn the additional skills of problem solving, liaising with other departments, clinicians, referrers etc (as these are the skills that are generally missed on other shorter prac blocks as students only just get comfortable the running of the department before they leave or are concentrating on getting their practical competencies to concentrate on learning the other “non practical” aspects of the job) It would also make the new grad more employable as they have had 6 months work experience prior to graduation and better able to step straight into a junior role.

## **SUMMARY**

I feel that the provision of some form of supervised practice with a period of direct one on one supervision / mentorship is not only imperative for the new grad to ease the transition into employment and consolidate theoretical knowledge but also in the best interests of our profession to maintain the high diagnostic standards that the public expect and deserve but also adhere to our policy of ALARA and protecting the public from unnecessary administration of radiation.

Via email on 13/01/2012

From B. Horsfall