**Name of Intern Radiographer: …………………………………………………………**

**Period: ……………………………………………………………………………………………**

**Name of Supervising Radiographer: ……………………………………………….**

**Institute: …………………………………………………………………………………………**

**Institute address: ……………………………………………………………………………**

Radiographers’ Clinical Internship Feedback report

**General aims for the clinical internship**

To provide the intern radiographer with appropriate learning opportunities to gain clinical experience in the following areas post-qualification:

* Technical, Patient-centred-care and interpersonal skills.
* Professional ethics and values.

The following modalities are mandatory for the internship period, depending with your radiography category:

1. **Diagnostic**

* General X-rays
* Ultrasound Imaging

1. **Therapeutic**

* CT simulation
* External Beam Radiotherapy

The intern radiographer is also expected to gain experience in the other imaging modalities if available at area of clinical practice.

List the other modalities the intern radiographer was exposed to during the period under review.

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Upon successful completion of the internship, the radiographer will be eligible to apply for a non-conditional AHPC registration and license.

**Feedback template for supervising radiographers**

**Assessment criteria**

1. **Patient-centred-care**

|  |  |  |
| --- | --- | --- |
|  | **Mark** | **Mark Awarded** |
| * The intern radiographer consistently demonstrated initiative in anticipation of the patients’ needs. * No omissions in attention to detail. * All aspects considered | **4** |  |
| * The intern radiographer made an effort to anticipate the patients’ needs. * Minimal omissions in general care of the patients. | **3** |  |
| * Some patients care was omitted, e.g. the intern radiographer did not give patient full instructions before, during and after procedure. * Patients had to ask for help. | **2** |  |
| * Potential risk to patients. * Patients’ request for aid was ignored or the intern radiographer needed reminding by patients. | **1** |  |

1. **Communication**

|  |  |  |
| --- | --- | --- |
|  | **Mark** | **Mark Awarded** |
| * The intern radiographer demonstrated excellent communication with the patients and staff. * Account was taken of the patients’ sensitivity and condition. Instructions clear, appropriate and confident. Established a professional rapport. | **4** |  |
| * Good communication with the patients and other staff. * Instructions were clear and relevant. * Some effort to establish a rapport. | **3** |  |
| * The intern radiographer communicated with the patients and relevant staff * Some lack of clarity, confidence or precision. * Limited rapport. | **2** |  |
| * Minimal communication of poor clarity to the patients or staff. * The patients’ understanding of instructions was not checked. Inappropriate or no rapport | **1** |  |

1. **Health and safety**

|  |  |  |
| --- | --- | --- |
|  | **Mark** | **Mark Awarded** |
| * All aspects of health and safety for the patient, staff, self and visitors were anticipated and adhered to all the time e.g. manual handling, radiation safety | **4** |  |
| * Intern radiographer showed awareness of health and safety issues for the patients, staff, self and visitors as they arose. | **3** |  |
| * The safety of the patients was assured but the intern radiographer lacked confidence in their application | **2** |  |
| * The safety of the patients was ensured but the intern radiographer lacked confidence and a systematic approach to application. | **1** |  |

1. **Knowledge**

|  |  |  |
| --- | --- | --- |
|  | **Mark** | **Mark Awarded** |
| * Consistently demonstrates and applies theoretical and background knowledge expected in various scenarios | **5** |  |
| * Frequently demonstrates evidence of theoretical knowledge and applies to practice | **4** |  |
| * Occasionally demonstrates evidence of basic theoretical knowledge. * Some application of theory to practice exhibited | **3** |  |
| * Seldom demonstrates evidence of basic knowledge and understanding expected | **2** |  |
| * Displays no evidence of any theoretical knowledge and is unable to relate any theory to practice | **1** |  |

1. **Technical skill**

|  |  |  |
| --- | --- | --- |
|  | **Mark** | **Mark Awarded** |
| * Consistently demonstrates technical proficiency with regard to efficient and accurate work expected * Can problem-solve | **5** |  |
| * Frequently demonstrates confidence, efficiency and co-ordination in practice | **4** |  |
| * Occasionally skilful in some areas, accurate although lacks confidence. * Can be inefficient and requires prompting | **3** |  |
| * Technically safe with constant supervision although inefficient and un-coordinated. * Occasionally displays professionalism | **2** |  |
| * Inaccurate, inefficient and unsafe. * Consistently demonstrates a lack of professionalism and fails to recognise own limitations. | **1** |  |

1. **Dependence**

|  |  |  |
| --- | --- | --- |
|  | **Mark** | **Mark Awarded** |
| * Consistently demonstrates a professional and dependable approach at all times | **5** |  |
| * Frequently demonstrates initiative and a sense of responsibility. | **4** |  |
| * Occasionally requires verbal cues but demonstrates some initiative. * Often needs support. | **3** |  |
| * Displays some evidence of a willingness to learn although does retreat from responsibility. * Asks relevant questions on occasions. | **2** |  |
| * Requires repeated instruction in routine procedures and shows no initiative. * Extremely inconsistent. | **1** |  |

|  |  |
| --- | --- |
| **Total Marks awarded** |  |

*Supervising radiographer’s reflective feedback*

Please comment as honestly and constructively as you can on the intern radiographer’s progress and achievements during this evaluation period (referring to competencies and following discussion with other radiography team members).

*Intern radiographer’s reflective feedback*

Please comment as honestly and constructively as you can on your perceived progress and achievements during this internship period (referring to your objectives on this form).

*End of Half feedback*

Please identify any objectives that have yet to be met below (to be fed back in the next quarter):

|  |  |
| --- | --- |
|  | |
| Signature of supervising radiographer | Date: |
| Signature of intern radiographer | Date: |

This evaluation has been discussed by both parties present

|  |  |
| --- | --- |
| Signature of supervising radiographer | Date: |
| Signature of intern radiographer | Date: |