

Post Outline Name: Radiographer - Radiology Department (version 2)

Staff Name: Thornley Angela

Job Title:

Review Date: 12/06/2014

Staff Comments:

Reviewer Comments:

Manager Comments:

No	Name	Foundation Level	Full Outline Level	Current Level	Evidence
C1	COMMUNICATION	2	2		In my job communication is a major part of my daily routine. I have to communicate regularly with a wide range of people i.e. patients (adults and children), carers, health professionals and students. This transpires through various methods of communication, in the form of verbal and non verbal format, using face to face, telephone, written and computer skills on matters concerning patient examinations and care. As a member of a multidisciplinary team I regularly communicate with colleagues throughout the hospital and the outlying community e.g. GPs and dentists. Patient communications range across a wide age range from paediatrics to geriatrics and from a variety of ethnic backgrounds and also including individuals with varying degrees of ability and understanding. Good communication requires a varying number of Interpersonal skills, some of which are verbal, non-verbal communications e. g. body language, active listening, empathy, reflecting and building rapport with patients, cares and members of the multi-disciplinary teams. While communicating with patients and colleagues I try to maintain a professional but empathetic approach, utilising tact, diplomacy and persuasive skills especially when dealing with patients/carers (distressed/ anxious/worried/aggressive & learning difficulties). This entails listening and hearing what someone is saying while putting yourself in their situation or understanding their feelings. All the time understanding and having the ability to see the world from another person's feelings, needs, concerns and/or emotional state. Having the ability and being able to show empathy enables us to learn more about the patient and is a skill which is very beneficial to try and master. Good communication comes in many forms, e. g. Body language, empathy and understanding. Using and practicing theses skills allows me to diminish any fears experienced by the patients/carers, ensuring any barriers to understanding or communication problems may be removed, thus allowing the patient to have the b

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					persuasive skills when explaining radiographic procedures. I feel it is also important to try and judge situations and where you feel it is appropriate use humour to relax patients. I feel this helps break down any barriers of fear or nerves as they then see you as a person. I also find it best not to overcomplicate situations by using unfamiliar terms. Try to remove emotional barriers and give my full attention as well as overcome physical disabilities and barriers. As daily routine all communication regarding patients complies with IR(ME)R, Caldicott and maintains professional standards. My daily routine is to maintain accurate patient records ensuring I update patients' CRIS records accurately. As part of IRMER regulations I also ensure I identify patients using 3 forms of ID before all examinations and exposures. Department protocol is that the Radiology "CRIS" system is accessed to appropriately investigate only the records of those patients for whom I am conducting examinations. I maintain patient confidentiality at all times by only discussing their details with colleagues and only when this is necessary professionally and by ensuring any written notes are kept out sight of the public.
C2	PERSONAL AND PEOPLE DEVELOPMENT	1	2	2	 a) Contribute to own personal development by reflecting on my own practice and taking account of feedback from line manager and other colleagues / peers. I have regularly reflected on my own practice and observe and take on board new techniques and working practice from colleagues and senior colleagues. While always seeking advice and support whenever needed. b) I regularly strive to develop my own knowledge and skills whilst providing information to others to help their development. I also actively participate in PDP review meeting and production of Personal Development Plan, identifying learning opportunities. As part of my annual PDP review I discuss my achievements and identify any areas where I need to develop my skills further. I regularly add all CPD certificates to my CPD website to keep an up to date CPD folder. c) I strive to develop and contribute to the development of others, identifying and seeking learning opportunities from a wide range of sources, not only prescriptive training programmes, actively participates in learning opportunities, recording attendances and learning outcomes. I have attended various talks within my workplace which have been carried out by members from different departments, radiographers, nurses, doctors and Physiotherapists. These include AAA & EVAR Student Supervisory & Assessor Training Fife Adult Protection d) I continually strive to develop in others in areas of

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					practice, learning to actively use various new pieces of equipment and strive to maintain high standards of practice in fluoroscopy. Assessing the benefits of learning new opportunities and highlights this information to colleagues. I then share this knowledge gained with peer group/managers. I actively participate in identifying learning opportunities and CPD sessions, recording attendances learning outcomes and maintaining up to date records. I also use the e-Learning Healthcare website to help learn and research all forms of radiography. I regularly participates in the training and induction of new members of staff and the training of student radiographers including the completion of comment/assessment forms for individual students. As part of trust policies I have attended all mandatory training courses. (see annex for details and dates)
C3	HEALTH, SAFETY AND SECURITY	1	2	2	I assist in maintaining my own and others' health, safety and security within my workplace following all organisational/departmental policies and procedures ensuring safe working practices for patients and colleagues e.g. IR(ME)R, COSHH, moving and handling, identifying and assessing any risks involved. I have also attended mandatory training in fire and safety: moving and handling. Duties also include following organisational/departmental policies and procedures ensuring safe working practices for patients and colleagues e.g. IR(ME)R, COSHH. Whilst following Caldicott recommendations to ensure all patients identifiable information is treated in a secure and confidential manner. I am constantly monitoring and maintaining the health, safety and security of myself and others taking appropriate action to manage risks to the patients and staff e.g. minimises the radiation risk, violence and aggression, moving and handling. I continuously adhere to departmental protocols and comply with these at all times. I am vigilant and try to assess situations to minimise any difficult situation. I am familiar with IR(ME)R 2000 regulations and comply with these at all times. In my practice I understand and work within the scope of my roles as both operator and practitioner. Promote, monitor and maintain best practice in health, safety and security while working within organisational/departmental policies and procedures identifying, assessing and managing risk to myself and others e.g. Radiation protection, violence and aggression, COSHH. Under IRR99 I ensure that the dose to patients and all other individuals within the controlled area I am working within is kept as low as reasonably achievable. I do this by maintaining a secure environment, using protective clothing when appropriate, identifying patients using 3 forms of identification before examinations, confirming requests are correctly justified and monitoring any difficult situations. As part of my role I help maintain and develop an

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					environment and culture that improves health, safety and security demonstrating awareness of how quickly controlled and stable situations can become an emergency life threatening conditions, responding with speed and accuracy to minimise delays in treatment and diagnosis e.g. reaction to contrast injections, assessing trauma patients. I take care to ensure the health and safety of myself, patients and colleagues. I comply with policies for HAI and hand hygiene protocol and disposal of clinical waste and confidential protocols. I notify when possible senior colleagues of any situations arise which require management involvement or issues with defective equipment. I regularly maintain my skills using the various pieces of equipment, which maintain professional standards, highlighting whenever training may be necessary. While working alone in the department when on-call I assess patients' requirements and prioritise my workload accordingly, while also assessing potential unstable or acute situations. When dealing with patients I remain attentive to their condition in order to respond to any potentially dangerous changes.
C4	SERVICE IMPROVEMENT	1	1	1	I constantly review my own practises and techniques, reviewing and changing my own practice or technique where necessary for improvement. I also offer suggestions for improving services identifies changes/improvements in work practices to appropriate manager for the benefit of patient care. I participate in using new equipment and filling in feedback forms for the practical use in our department. Whilst also taking part in departmental audits I strive to contribute to the improvement of services following discussion with line manager, applying changes to my own practice when implemented or as required, according to guidelines based on service requirements. I adhere to any changes within department protocols or practices implemented by my line manager. I also work flexible hours for example when the orthopaedic clinics are running in order to support waiting time initiatives. Whilst participating in an out of hour's service to aid waiting times. Appraise, interpret and apply suggestions, recommendations and directives to improve services. As part of my role I participates in staff/patient surveys and departmental audits. I attend and contribute in staff meetings and share any concerns or issues and ideas that I believe will contribute to the improvement in patient care and radiology service. I also attend mandatory training and departmental seminars, lectures and tutorials to improve my performance. Work in partnership with others to develop, take forward and evaluate direction, policies and strategies. I communicate any aspect of information that may affect or aid the day to day running of the department or service. As part of my duty I share any information that has

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					caused any concerns or caused any problems on a day to day basis verbally and through the department communication book.
C5	QUALITY	1	1	1	I strive to maintain the quality of my own work, striving to adapt techniques to aid in minimising radiation doses and work within all organisational/departmental policies and procedures e.g. IR(ME)R and COSHH. I follow the Trust's and the departmental protocols and policies. Adhering to confidentiality of patient information; data protection, adhere to best practice; Along with IR(ME)R and COSHH and caldicott. I maintain the quality in my own work and encourage others to do so by working within agreed requirements for post. I also maintain good communication lines with colleagues on any aspect that may affect the day to day running of the department whilst adhere to my own scope of practice. I contribute to improving quality by demonstrating the ability to work within a group of highly skilled colleagues during which I support/understand each other's role in the team. I regularly work as part of a multi-professional team member. This demonstrates the ability to have good communication skills and understand my role within the team. This also includes speaking knowledgeably, tactfully and candidly as well as listening actively. Also making decisions with objectivity and discipline and being unafraid to get involved. Develop a culture that improves quality and demonstrates on a day-to-day basis the efficient and effective use of departmental resources e.g. imaging equipment, stock. I undertake quality assurance testing procedures which have been implemented by departmental colleagues. I report any problems with equipment to the appropriate people and complete incident forms when this is necessary accurately reporting to the appropriate person any problems or issues, which may arise, solving them if appropriate person, whilst trying to help solve them appropriate person, whilst trying to help solve them ap
C6	EQUALITY AND DIVERSITY	1	2	2	As part of my professional role, I ensure I acts in ways that are in accordance with legislation, policies, procedures and good practice. I strive to maintain personal responsibility and make decisions in complex and unpredictable circumstances. (E.g. Imaging in A/E and theatre during a multiple trauma situation). I continuously maintain a safe and professional

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					environment while working in any theatre or trauma situation. I discuss any issues with the multi-professional team to help prevent or solve any potential risks or problems occurring. b) I continue to treats everyone with whom I come into contact with dignity and respect always trying to maintain a professional standard. Part of my everyday role is to maintain and ensure respect and dignity at all times. c) My role as a health professional is to acknowledge others' understand different perspectives and to overcome different situation with the best possible outcome for all involved. This may be due to some patients have a barrier to understanding or are unable to communicate in the usual manner, the radiographer must try to allay fears by ensuring that patients have the benefit of informed choice. Within my role I try to maintain good communication and build up a rapport with patients, carers and service users. I feel this is crucial in ways that take account of their particular needs. This might involve working with translators, communicating in different ways, checking for understanding and thinking about individual support needs. I try to ensure that all patients understand why they are in the department and explain what is required from them. This might involve providing information by giving hand gestures to a person with a hearing impairment, arranging waiting room space so that people with mobility impairments have a clear path, or recommending changes to the way things are done to meet individual needs. d) I also strive to respect the diverse cultures, identities and beliefs of patients and service users, while recognising that people are different with different opinions and views and try to ensure they do not discriminate against other people. Any incidents of discrimination or bullying is dealt with in an appropriate manner and whenever needed my senior or line manager involved.
HWB	PROTECTION OF HEALTH AND WELLBEING	1	1	1	Protection of Health and Wellbeing a) I have recently attended a talk on adult protection which talked about procedures, policies along with ways to identifies signs of people at risk. This talk also covered what to do when you suspect someone is at harm and the protective measures in place. I feel this will help me recognise and help contribute to the protection of individuals. Signs that people are at risk might relate to: - individuals who are in danger of / are being harmed and/or abused - individuals who are in danger of / are neglecting or harming themselves - aspects in systems and cultures that put people at risk - aspects of the environment that put people at risk Whilst patients are in my care I ensure that I adhere to health and safety protocols at all times. I take necessary

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					precautions when dealing with patients that may be abusive and bring risks to themselves or others. - risks to health and wellbeing include: - risks to mental health and wellbeing - risks to spiritual health and wellbeing - risks to spiritual health and wellbeing - risks to spiritual health and wellbeing - risks to the environment which in turn affects people's health and wellbeing. I understand that people whom are at risks may include: - Individuals who are in danger of / are being harmed and/or abused - Individuals who are in danger of / are neglecting or harming themselves - Aspects in systems and cultures that put people at risk - Aspects of the environment that put people at risk - Aspects of the environment that put people at risk - Aspects of the environment that put people at risk - Dividuals who are in danger of / are neglecting or harming themselves - Aspects of the environment that put people at risk - Aspects of the environment that put people at risk - Aspects of the environment that put people at risk - Comestic violence b) - control of infectious and communicable disease c domestic violence b) - duty of care c) - environmental protection d) - health and safety at work e) - human rights (including the specific rights of children) f) - infection control g) - ionising radiation protection measures h) - mental health i) - protection of vulnerable adults j) - substances hazardous to health. I am aware of legislations, policies and procedures in regards to health and wellbeing that relate to my scope of protection, i. E. IR(ME)R, COHSS, Moving and Handling, Data Protection b) - Control of infectious and communicable disease c) - Domestic violence d) - Duty of care e) - Environmental protection f) - Health and safety at work g) - Human rights (including the specific rights of children) h) - Infection control j) - ionising radiation protection measures j) - Mental health k) - Protection of vulnerable adults j) - Substances hazardous to health. fI I wast

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					come across any issues that I am unsure about I would look up information in either the department's general access files or trust policies on the NHS fife intranet. I ensure optimisation of radiation safety and use lead protection where necessary, whilst collimating and selecting appropriate exposure factors, gonad protection and checking pregnancy status where appropriate. I understand that as I deal with confidential information I am at risk and understand the confidentiality protocols and only share information on a need to know basis. Whilst always adhering to data protection and confidentiality protocols. When documenting any information regarding an examination I perform all my post examining, documenting all registered doses for the examination. I understand that this is my sole responsibility to ensure that it is completed accurately and correctly even if I delegate this task to another member of staff. I now feel I would be in a much better position to recognise children and adults at risk and use the appropriate organisations consistent with legislation, policies and procedures. I now feel I am able to contribute to the identification of the appropriate organisations consistent with legislation, policies and procedures. I now feel I am able to concern Form. I also feel I have a better understanding in recognising the difference when a person or child is in immediate danger or not in immediate danger as well as knowing who to contact in the different circumstances. I also feel I am able to document and record any concerns appropriately. Promote the social inclusion of individuals with long term conditions by enabling them to participate in social, economic and cultural activities and networks
HWB	ASSESSMENT AND TREATMENT PLANNING	1	3		As part of my role I check with relevant information sources to confirm the assessment tasks to be undertaken. I exercise personal responsibility and make decisions in complex and unpredictable circumstances. (E.g. Imaging in A/E and theatre during a multiple trauma situation.) Before undertaking any exam preparation is done, this is in the form of preparing the room, reading previous medical history along with the current reason for attending. I take sole responsibility for every patient for whom I conduct an examination on. I check previous exam history along with the recent referral in order to justify any examination. I then proceed to clarify all details with the patient/carer before any examination. Any queries are cleared up before proceeding. As part of my role I am able to make my own decision in complex situation, deciding if an examination is appropriate to perform even if it is unpredictable circumstances (e.g. unable to move the patient and needing an examination to exclude medical factors). I clarify patient ID with attending medical staff and if possible check the

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					Radiology CRIS system for previous examinations or any alarms the patient may have. I assess, plan and take action on the kind of views I will be taking when working in Resus in a multiple trauma series. As part of my role I ensure the most appropriate technique is used to produce diagnostic image in keeping with the needs of the patient and the requirement to minimise radiation dose. An example of this is while using the fluoroscopy equipment, using the grab button for an image instead of taking an x-ray. During my role in fluoroscopy 1 try where possible to gain as much patient history as possible. While working within a multidisciplinary role I feel it engages you as part of the team when you are informed of the patients' pathway on how they ended up where they are and what is trying to be achieved to help them. An examination maybe carried out to elevate pain as part of palliative care. Within my role I perform Hysterosalapingogram. These are carried out to investigate fertility issues and I now have a better understanding of the referral process for this procedure and the various pathways that maybe undertaking depending on the results of the examination. I feel gaining additional information from the patient whether its to clarify condition and mechanism of injury or to understand why they are having a fluoroscopy procedure enables me as the Radiographer to have a better understanding for an examination. This also helps me to help explain and elevate any fears they may have and explain my role within the team. This then helps to remove any barriers to understand there may be barriers with some patients, (E.G. Deaf, English not being their first language, mental health issues). I feel first talking to the person to help gain their trust before explaining any procedures helps reduce fear and anxiety. If I am unsure whether the persons can give consent, I continue by seeking consent with the guardian/carer who is closely involved in the person's care. I must as a health professional make sure that he person:

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					information is deemed inappropriate I will then further discuss this where possible. I also clarify and gain additional information from the patient and if helpful previous examinations. Always adhering to IR(ME)R. I as a health professional am aware of how quickly controlled and stable situations, can soon become emergency. If threatening conditions, and can respond with speed and accuracy to minimise delays in treatment or diagnosis e.g. trauma patients, reaction to contrast injections I am fully aware how quickly stable situation can change. I try to assess patients when they come to the department regarding their mobility and decide if examinations are conducted standing, seated or on the x-ray table. I assess the mental status of the patient to determine if are able to consent to their examination. If I have seen the patient I try to plan prior to examinations to ensure the appropriate and additional equipment is present. Whilst making decisions on whether images need repeating or if additional views are required. As part of my scope within my role I recognise abnormal appearances on images and make a decision on whether further imaging is required. I follow any abnormalities up by using the abnormality detection system or where necessary referring the patient to attend A & E. If I recognise an abnormal appearance on an image, I will then decide if additional views will be help for that patient' s diagnosis. Whilst using the radiology red dot system if it were an A & E patient. As part of my role it is my duty and responsibility for maintaining accurate information into RIS. It is my duty to maintain and update patient records by inputting accurate information onto RIS to reflect the details of the examination undertaken meeting professional standards. These standards are to correctly maintain accurate, relevant records electronically, securely and confidentially. Accessing only the information I need and following organisation's guidance before sharing or releasing information (including checking who a pe
IK1	INFORMATION PROCESSING	1	1	1	Within my role I accurately inputs information regarding X-Ray examination on RIS following all organisational/ departmental policies and procedures in accordance with IR(ME)R I am familiar with the operating systems and word processing packages that are used on the departments' computer system. E.G. PACS, CRIS. Recording all information accurately and according to IR(ME)R. following all organisational/ departmental policies and procedures to ensure quality of data relating to patient care/examinations. Within NHS Fife we currently use the patients Community Health Index (CHI) number. This is the national unique number for any health communication related to a given

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					patient. This number is used on all correspondence and request forms within the healthcare setting. Within my role I can generate a patient CHI number where needed as long as the patient is registered with a GP. Justifications for exams are carried out after checking patient information including previous examinations and reports on RIS to assist in patient care. I always ensure that I check 3 forms of ID from a patient along with the examination requested. Checking all previous examination on record and inputting all additional information regarding examinations into the computer systems accurately under the departmental protocols. I utilises RIS and PACS for manipulation, retrieval and storage of images I utilise and check CRIS and PACS Fusion systems to ensure I can justify requests. As well as using the CRIS and PACS system to retrieve patient information or images when required. I follow all organisational/ departmental policies and procedures to ensure quality and integrity of data. I also strive to participates in departmental audit of this data. I understand that it is my duty of care, to follow DPA, Caldicott Guidelines and NHS Information Security Procedures which form part of all employees, contractors. I ensure a patient records are accurately documented within the CRIS system adding any additional details if deemed necessary. Maintaining patient details are up to date and accurate details for patient care and examination undertaken.

Review Passed: Yes

Reviewer Agreed: Yes

Staff Agreed: Yes