# LogoForPrint496x133

# ANNUAL SELF-DECLARATION OF GOOD HEALTH & GOOD CHARACTER

|  |  |
| --- | --- |
| **Pathway** |  |
| **Cohort / Year of Entry** |  |
| **Student name** |  |

***Please tick boxes below. If you are in any doubt, please discuss first with your personal tutor (PT).***

I, ……………………………………………………..…………….. [student name] confirm that:

I have read and reflected on the UoC Student Code of Conduct and [*SCoR Code of Conduct and Ethics, 1st Feb 2008*] and will adopt / have adopted their regulations & requirements into my practice.

I understand the professional requirements of fitness to practise.

I have disclosed all relevant DBS issues and will report any police cautions or other relevant issues to my PT and Course Leader as soon as possible after the occurrence.

My health status is good and there is no current health issue likely to impact on my performance, health & safety or the health & safety of others.

I have read the Sickness and Absence Policy and the Uniform Policy relevant to my pathway.

I have already taken the opportunity to discuss any issues relating to this with my Personal Tutor.

I have completed my ‘core clinical skills’ passport **or** my hospital mandatory training (for those already employed by their placement site) and any additional requirements of my placement hospital

**Signed: …………………………………………………………………**

**Name:……………………………………………………………………**

**Date: …………………………………..**



**Partnership / Learning Agreement for Clinical Education in Medical Ultrasound**

Medical ultrasound is a practical clinical subject. Much of the students’ learning takes place in the clinical setting. To ensure student success on an ultrasound course there must be a close partnership between the student, the student’s mentor/assessor/clinical manager and the course team. Most of the responsibilities of each of the parties are set out in the placement handbook, the pathway handbook and the pathway specification. The object of this agreement is to set out in a concise manner the responsibilities of each party.

|  |  |
| --- | --- |
| **Please state the title of the award the student is aiming for *(i.e PgC, PgD, MSc)*** |  |
| **HMSU7062 Physical Principles & Technology in Medical Ultrasound** | CORE |
| **HMSU7063 Professional, Legal & Ethical Issues in Ultrasound** | CORE |
|  |  |
| **Students must take a minimum of 1 clinical optional module, for a PgC, and 3 clinical optional modules for a PgD & MSc.****Please indicate below, which optional modules the student will take for their award****This is governed by placement capacity/ability to educate/train students in this area and a suitable clinical caseload and mentor. Please ensure your placement will allow the student access to the required patient types to complete the module. If this is not possible, the student will need to complete a negotiated module instead.****This section must be completed by the placement manager and lead mentor following discussion with the course team and the student** | Tick appropriate box |
| **HMSU9064 (Obstetric Ultrasound & Clinical Practice Module)**  |  |
|  | Tick appropriate box |
| **HMSU9065 (Gynaecological Ultrasound & QCPM)**  |  |
|  | Tick appropriate box |
| **HMSU9066 (General Medical Ultrasound & QCPM)**  |  |
|  | Tick appropriate box |
| **HMSU9067 (Vascular Ultrasound & QCPM)**  |  |
|  | Tick appropriate box |
| **HMSU9068 (Musculoskeletal Ultrasound & QCPM)**  |  |
| **The clinical options (below) are likely to have smaller student numbers initially therefore, please discuss this with the course team prior to selecting any of these options** | Tick appropriate box |
| **HMSU9069 (Breast Ultrasound & QCPM)**  |  |
|  | Tick appropriate box |
| **HMSU9070 (Negotiated Ultrasound 1 & QCPM)** |  |
|  | Tick appropriate box |
| **HMSU9071 (Negotiated Ultrasound 2 & QCPM)**  |  |
|  | Tick appropriate box |
| **HMSU9072 (Negotiated Ultrasound 3 & QCPM)**  |  |

This agreement will be signed by each of the parties and each party will have a copy of the agreement. Any of the parties is at liberty to call a meeting of all parties if they feel that responsibilities are not being met.

**Responsibilities of the course team**

1. to undertake a placement audit of department
2. to provides mentors/assessors with appropriate training and support material
3. to visit the student’s clinical placement department when required (recurrent visits may incur and additional charge)
4. to be available to discuss clinical education matters with students, mentors, assessors and managers over the telephone/via email.
5. to monitor and moderate the clinical assessment scheme
6. to maintain communication with the other parties set out in this agreement.

**Responsibilities of the mentor**

1. to provide the student with the learning experiences to enable them to meet the requirements of the clinical assessment scheme. This will include providing the student with **15 hours per week** (PgCert – one clinical module) or **21 hours per week** (2 or more clinical modules) of clinical placement experience for the duration of the students chosen award.
2. to clinically assess the students in a fair manner, with a recognised clinical assessor who has been moderated and approved by the university, in line with the assessment guidance set out in the placement handbook
3. to undertake mentor training at least once every 3 years.
4. to allow the student reasonable/fair opportunity to complete their clinical assessments in sufficient time to complete their clinical portfolio.
5. to maintain good communication with the other parties set out in this agreement.**Responsibilities of the student**
6. to attend the clinical department to gain clinical experience for the minimum number of hours set out above.
7. to act in a professional manner in the clinical department and at university.
8. to undertake clinical work in accordance with departmental protocols.
9. to arrange clinical assessments in a timely manner, through negotiation with their mentor and clinical assessor.
10. to ensure the clinical portfolio is kept up to date and is complete by the end of EACH placement block.
11. to ensure all aspects of the portfolio are checked and signed by their personal tutor/clinical co-ordinator/mentor on returning to university for the next academic block, and well in advance of a relevant assessment board.
12. to maintain communication with the other parties set out in this agreement.

**Registration Periods**

University of Cumbria guidelines allow the following registration periods:

* Certificate of Achievement (single module 20 credit) – **12 months maximum**
* Postgraduate Certificate – **18 months maximum**
* Postgraduate Diploma – **24 months maximum**

In signing this form each party agrees to the terms within.

**I agree to the sharing of information between my placement and the university on my progression and completion of all aspects of the course– This may include attendance, withdrawal from modules, confirmation of passing the module, details of the qualification awarded, or notification if I did not successfully complete the module, including non-submission of assessments and overall professionalism, or lack of.**

Mentor’s signature ………………………………………………… date……………..

Student’s signature………………………………………………… date…………..…

Course Leader’s signature ……………………………………. date……………..

Lead Sonographer/Service Manager’s signature……………………………………………….……. date………..………….

 

**Ultrasound Student’s Address and Mentor Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Preferred email  |  |
|  |  |
| Mentor’s name |  |
| Mentor’s hospital |  |
| Mentor’s telephone number and e-mail |  |
| Date you last attended a Mentor/Assessor Training day at UoC?  |  |

**Mentors and Assessors need to send a brief summary CV to the Postgraduate Programme Leader:** **Gareth.Bolton@cumbria.ac.uk** **or**

**Lorelei.Waring@cumbria.ac.uk**

**Additional course team members:**

**Amanda.Marland@cumbria.ac.uk**

**shelley.smart@cumbria.ac.uk**



Inspection/Audit of Clinical Placement Site for Clinical Education in Medical Ultrasound

Te ‘clinical activity’ section (below) only needs to be completed for new placements or where changes have occurred

Medical ultrasound is a practical clinical subject. Much of the student learning takes place in the clinical setting. To ensure student competence is achieved by the end of the course there must be close partnership between the student, their workplace mentor and the course team at the University of Cumbria. The clinical placement environment and resources must be suitable to facilitate student learning.

This record of resources must be updated where required, should any changes take place, and forwarded to the ultrasound course leader.

Please circle student’s course of study and clinical modules on which they are enrolled:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MSc PgD PgC Single additional module (CoA)**

**Clinical Practitioner Resources**

|  |  |
| --- | --- |
| **Named mentor (please print)** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor workshop attended** |  |

**Additional Mentors**

|  |  |
| --- | --- |
| **Named mentor (please print)** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor workshop attended** |  |

**Assessors**

|  |  |
| --- | --- |
| **Named Assessor (please print)** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor workshop attended** |  |

**Other Staff Resources**

Name Experience Qualifications

**ULTRASOUND EQUIPMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Make | Model | Age | Comment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CLINICAL ACTIVITY**

|  |  |
| --- | --- |
| **Obstetric** | Approximate number of examinations per annum |
| Dating/NT |  |
| Second Trimester |  |
| Third Trimester |  |
| Interventional Procedures  |  |
|  |  |
| **Gynaecological** |  |
| TA |  |
| TV |  |
| Early Pregnancy assessment  |  |
|  |  |
| **General Medical** |  |
| Abdominal |  |
| Small Parts/Superficial Structures |  |
|  |  |
| **Vascular** |  |
| Arterial (upper and/or lower limb) |  |
| Venous (upper and/or lower limb)  |  |
| DVT |  |
| Carotid |  |
|  |  |
| **Musculo-Skeletal** |  |
| Upper Limb |  |
| Lower Limb |  |
| Others |  |
|  |  |
|  |  |
|  |  |