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# Annual Self-Declaration of good Health and Character

|  |  |
| --- | --- |
| **Pathway (CoA, PgCert, PgDip, MSc)** |  |
| **Month / Year of Entry** |  |
| **Student name** |  |

***Please tick boxes below. If you are in any doubt, please discuss first with the admission tutor*** [***Lorelei.waring@cumbria.ac.uk***](mailto:Lorelei.waring@cumbria.ac.uk)

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.

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/placement site.

[Part-time students only] I am an employee of my placement site or have an appropriate honorary contract in place and the employer has relevant indemnity insurance in place to cover my practice.

I am aware that I must remain compliant with all mandatory training required of my employer/sponsoring placement site and I understand I must show evidence of having completed this in my clinical practice portfolio

I have/will take the opportunity to discuss any issues relating to my studies with my Personal Tutor.

**Signed: …………………………………………………………………**

**Name:……………………………………………………………………**

**Date: …………………………………..**

*\*Wet or electronic signatures only please, printed names are not acceptable\**

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1. **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 CoA, PgC, PgD, MSc)*** |  |
| HMSU7062 Physical principles and 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 plus a suitable clinical caseload and mentor is required. Please ensure your placement can facilitate 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** |
| HMSU7073 Independent Study (non-clinical) |  |
| HMSU7074 Research methods in Medical imaging |  |
| HMSU7064 Obstetric Ultrasound & QCPM |  |
| HMSU7065 Gynaecological Ultrasound & QCPM |  |
| HMSU7066 General Medical Ultrasound & QCPM |  |
| HMSU7067 Vascular Ultrasound & QCPM |  |
| HMSU7068 Musculoskeletal Ultrasound & QCPM |  |
| HMSU7075 40 Credit MSc Dissertation (please discuss with course team prior to selecting) |  |
| HMSU7076 60 Credit MSc Dissertation (please discuss with course team prior to selecting) |  |
| **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** |
| HMSU7069 (Breast Ultrasound & QCPM) |  |
| HMSU7070 (Negotiated Ultrasound 1 & QCPM) |  |
| HMSU7071 (Negotiated Ultrasound 2 & QCPM) |  |
| HMSU7072 (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**

* To undertake an inspection of department before the course commences, through a virtual meeting and via satisfactory completion of the placement inspection form by a trusted placement representative
* To provides mentors/assessors with appropriate training and support material throughout the student placement
* To be available to discuss clinical education matters with students, mentors, assessors and managers over the telephone, via Teams or email.
* To monitor and moderate the clinical assessment scheme in line with a rolling moderation programme to ensure parity across the assessment process
* To maintain communication with the other parties set out in this agreement.

**Responsibilities of the mentor**

* 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 a minimum of number of placement hours required for the target award [min. 15 hours per week PgCert (1 clinical module), min. 21 hours per week, 2 or more clinical modules].
* To ensure the students are supervised throughout their training to a level deemed commensurate with their level of training and their ability and to ensure patient and student safety is always prioritised
* To ensure all students work is checked and signed off by a qualified sonographer/radiologist, before the patient leaves the department
* It is expected that a qualified mentor/supervisor is always on site to check the ultrasound scan (not only acquired images) before the patient leaves the department.
* To monitor the students’ progress in a consistent and fair manner
* To undertake mentor training at least once every 3 years either face to face or through the mentor/assessor Pebblepad site.
* To allow the student reasonable/fair opportunity to complete their clinical assessments in **s**ufficient time to complete their clinical portfolio throughout the course.
* To maintain communication with the other parties set out in this agreement.

**Responsibilities of the assessor**

* To undertake training at least once every 3 years either face to face or through the mentor/assessor Pebblepad site.
* To engage with the university moderation process prior to commencing the role of an assessor.
* To undertake the final summative assessments on the students in line with the university guidelines set out in the placement handbook.
* To allow the student reasonable/fair opportunity to complete their clinical assessments in **s**ufficient time to complete their clinical portfolio throughout the course.
* To maintain communication with the other parties set out in this agreement.

**Responsibilities of the student**

* Attend the clinical department to gain clinical experience for the minimum number of hours set out in their learning contract [min. 15 hours per week PgCert (1 clinical module), min. 21 hours per week, 2 or more clinical modules].
* Act in a professional manner in the clinical department and at university.
* Undertake supervised clinical ultrasound practice in accordance with departmental protocols.
* To ensure that all scans performed have been checked and agreed by a qualified sonographer or radiologist before the patient leaves the department [students MUST NOT take responsibility for issuing an ultrasound report to the referring clinician under any circumstances]
* Arrange clinical assessments in a timely manner, through negotiation with their mentor and clinical assessor.
* Ensure the clinical portfolio is kept up to date and is complete by the end of EACH clinical module.
* Ensure all aspects of the portfolio are checked and signed off by the relevant module leader well in advance of a relevant assessment board.
* Maintain to maintain clear lines of communication with the other parties set out in this agreement and report to university immediately any deviation from this agreement or any requests to do so thereof.
* To ensure any annual leave is planned carefully to avoid any scheduled learning teaching or assessment periods at the university [annual leave must be agreed with your placement mentor and manager and if in any doubt should be checked with a member of the academic team].

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……………...

Independent assessor’s signature ………………………………… date ………………

(NOTE: these roles cannot be undertaken by the same person, each student must be allocated a separate mentor and assessor. Please see responsibilities above for details on these roles)

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

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

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

*\*Wet or electronic signatures only please, printed names are not acceptable\**

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1. **Mentor and Assessor Details**

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.

Please indicate the student’s course of study and provide detail of all mentors and assessors who will be supporting the student and for which clinical modules.

**Please note, the role of a mentor and assessor are different, the same person cannot be the student’s mentor and assessor**.

Please contact the admission tutor if you have any queries [Lorelei.waring@cumbria.ac.uk](mailto:Lorelei.waring@cumbria.ac.uk)

**MSc PgD PgC Single module, Certificate of Achievement (CoA)**

|  |  |
| --- | --- |
| Student Name |  |
| Student Address |  |
| Student Hospital/placement Site |  |
|  |  |
| **Principle Mentor’s name** |  |
| Which Module(s) |  |
| Mentor’s hospital |  |
| Mentor’s telephone number and e-mail |  |
| Date you last attended a Mentor Training day at UoC/or online training? |  |
|  |  |
| **Principle Assessors Name**  **(Cannot be the students named mentor above)** |  |
| Which Module(s) |  |
| Assessors hospital |  |
| Assessors telephone number and e-mail |  |
| Date you last attended an Assessor Training day at UoC/or online training? |  |

**Additional Mentors**

|  |  |
| --- | --- |
| **Named mentor (please print)** |  |
| **For which clinical Module** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor/assessor workshop attended** |  |

|  |  |
| --- | --- |
| **Named mentor (please print)** |  |
| **For which clinical module** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor/assessor workshop attended** |  |

**Additional Assessors**

|  |  |
| --- | --- |
| **Named Assessor (please print)** |  |
| **For which module** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor/assessor workshop attended** |  |

|  |  |
| --- | --- |
| **Named Assessor (please print)** |  |
| **For which module** |  |
| **Qualifications** |  |
| **Experience** |  |
| **Contact Numbers** |  |
| **Email** |  |
| **Last mentor/assessor workshop attended** |  |

**Please list any additional clinical staff who may be involved in your training**

Name Role Experience Qualifications

**Mentors and Assessors need to send a brief summary CV to the Postgraduate Programme Leader** [**Gareth.Bolton@cumbria.ac.uk**](mailto:Gareth.Bolton@cumbria.ac.uk) **or admissions tutor** [**Lorelei.Waring@cumbria.ac.uk**](mailto:Lorelei.Waring@cumbria.ac.uk)

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

The clinical placement environment and resources must be suitable to facilitate student learning. This record of clinical activity and resources must be updated, should any changes take place, and forwarded to the ultrasound course leader.

**CLINICAL ACTIVITY**

|  |  |  |
| --- | --- | --- |
| **Obstetric**  (If the cases below are not covered in your department – please discuss with the programme team) | Are these examinations undertaken (please delete as appropriate) | Approximate number of examinations per annum |
| Dating/NT | Yes/No |  |
| Second Trimester | Yes/No |  |
| Third Trimester | Yes/No |  |
| Interventional Procedures | Yes/No |  |
|  |  |  |
| **Gynaecological**  (If the cases below are not covered in your department – please discuss with the programme team) |  |  |
| TA | Yes/No |  |
| TV | Yes/No |  |
| Early Pregnancy assessment | Yes/No |  |
|  |  |  |
| **General Medical**  (If the cases below are not covered in your department – please discuss with the programme team) |  |  |
| Abdominal | Yes/No |  |
| Testes | Yes/No |  |
| Thyroid | Yes/No |  |
|  |  |  |
| **Vascular**  (If the cases below are not covered in your department – please discuss with the programme team) |  |  |
| Arterial (upper and/or lower limb) | Yes/No |  |
| Venous (upper and/or lower limb) | Yes/No |  |
| DVT | Yes/No |  |
| Carotid | Yes/No |  |
|  |  |  |
| **Musculo-Skeletal**  (Please discuss your scope of practice with the programme team) |  |  |
| Upper Limb | Yes/No |  |
| Lower Limb | Yes/No |  |
| Lumps and bumps | Yes/No |  |
| Anterior abdominal wall hernias | Yes/No |  |
|  |  |  |
| **Breast Ultrasound**  (Please indicate approximate numbers) |  |  |
| Breast | Yes/No |  |
|  |  |  |
| **Negotiated Ultrasound**  (**State the negotiated area of practice below** as well as the approximate numbers) |  |  |
|  | Yes/No |  |
|  |  |  |
|  |  |  |

**This section only needs to be completed for new placements or where changes have occurred**

**ULTRASOUND EQUIPMENT**

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