

## CPD Profile

**1.1 Full Name: Superintendent Radiographer**

**1.2 Profession: Radiographer**

**1.3 Registration No: RAXXXX**

### 2. Summary of practice

My role as a superintendent radiographer in a medium sized district general hospital combines clinical, management and educational functions. My clinical work involves the running of the general imaging service where I have specific responsibility for accident and emergency, general in- and out- patient and GP referrals. I engage in hands-on clinical practice for approximately 50 per cent of my time and part of my role here includes supervising, mentoring and training junior staff and students. My educational role also extends to managing students when they are on clinical placement and I have an honorary contract with a local university as a practice educator. I undertake a number of tutorials with students on placement and also do some lecturing at the university on my specialist topics of infection control and the application of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). I am keen to develop my teaching skills as this is an area of my practice I find particularly rewarding.

With regard to my management role I plan to develop my knowledge of staff governance and management. I am also interested in adding to my knowledge of financial planning and service development and I engage in regular supervision sessions with my radiology service manager to support this. This has been particularly beneficial in recent months when I have undertaken a major role in the planning, procuring and commissioning of a new trauma imaging suite.

Total words: 231 (Maximum 500)

### 3. Personal statement

#### **Standard 1: registrants must maintain a continuous, up-to-date and accurate record of their CPD activities**

This CPD profile has been put together using the material I have recorded in 'CPD Now', the web based CPD portfolio offered by the College of Radiographers. This is an outcomes-based system which uses the John's theory of reflection to enable me to plan, undertake, record and evidence my CPD demonstrating clearly the links between my CPD and my practice. I have attached a certificate of CPD accreditation from the College of Radiographers and a list of CPD activities for the last two years (evidence 1).

**Standard 2: registrants must demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice**

I consider that the following summary of some of the CPD activities I have undertaken in the last two years demonstrates my compliance with HPC CPD Standard 2.

**Attendance based events:** In house training event 'MRSA and Control of Infection' (March 2008)  
University multidisciplinary workshop 'Learning Styles for Practice Educators' (October 2008)

**Self-directed learning:** Preparation for tutorials, topics covered include lumbar spine, mobile and theatre work, examinations of the facial bones and mandible, acute trauma. (February- December 2008)  
Work undertaken on a variety of articles published in my professional journal, including:

- *Reporting on Shoulder Trauma*
- *Elder Abuse - What Radiographers Should Know*
- *Surf's Up - Using the Internet for CPD*
- *Reporting on Facial Trauma*

**Hands-on or experiential learning:** See summary in this profile regarding the commissioning of the new trauma facility

**Writing:** Preparation of notes and other materials to support tutorials with students, documentation of training completed by staff in new trauma suite.

**Teaching or presentation:** Student tutorials and staff training in new trauma suite

**Standard 3: registrants must seek to ensure that their CPD has contributed to the quality of their practice and service delivery**

**Standard 4: registrants must seek to ensure that their CPD benefits the service user**

**Short course - introduction to learning styles 29/01/2008**

This was an interdisciplinary workshop for practice educators delivered by the healthcare faculty of my local university over two half-day sessions. It focussed on students' preferred learning styles - cognitive, affective and psychological. We were shown a range of styles to illustrate the activist, reflector, theorist and pragmatist approaches. We were also given ideas on how to keep these various groups interested in the material presented. Some learners prefer frequent breaks; some respond to visual stimulation or variation in subject matter, others like to have notes to refer to during class.

This workshop benefitted me as a practice educator as it opened my eyes to the many learning styles. It made me aware of the need to structure my classes to accommodate the range of learning needs and preferences encountered in a typical student group. I plan to experiment to see what is more effective and to remember that we are all different and learn in different ways. I feel that this workshop has been a valuable contribution to improving my communication skills and that I can not only use this knowledge in my interactions with students but also in my day to day communications and training with other staff. My students benefit as I am more aware of different learning styles and can tailor my approach accordingly. The resulting improvements in each student's clinical education will also impact positively on clinical services and patient care, as students will be able to apply their learning more effectively to their clinical practice.

### **Tutorial and practical demonstration of the lumbar spine 18/01/2008**

This was a tutorial on the lumbar spine which incorporated a practical demonstration given to second-year students. I researched anatomy, pathology, film viewing and image interpretation, positioning of the patient, equipment and exposure factors and radiation dose considerations. Topics covered included:

- normal lumbar spine images
- relevant anatomy and positioning
- common normal variants and pathologies
- accessory equipment
- radiation safety

Giving tutorials to students has encouraged me to review and to update my knowledge, particularly of imaging techniques and image interpretation. It has prompted me to keep an eye on articles published in my professional journal and consider carefully those that are relevant to this area of my practice. Although some of the newer techniques and approaches described are not necessarily suitable for this department I find that an up to date knowledge of what is published is essential to maintaining my knowledge and my professional credibility with my students and junior staff. The students enjoy these practical sessions as they increase their confidence and speed in carrying out common examinations. The patients benefit from having their examination conducted by a student who is more confident, knowledgeable about the latest techniques and best practice and accurate in carrying out a technically competent examination.

### **Commissioning of new trauma facility (March 2008- April 2009)**

This activity was experiential and took place over the course of several months, when I was involved in the planning, commissioning and installation of a new trauma imaging facility. I liaised with engineers, builders, estate and senior managers to gain knowledge of the complex processes of costing, procurement, installation and compliance with relevant legislation and local requirements. These processes were new to me. I was involved in the design of the room layout and was part of the procurement team visiting several sites to see equipment

provided by different companies. I used my clinical experience to assess which imaging system met the requirements we had identified and which would be most user-friendly for my staff. Once the equipment was chosen I spent a day at another site training, so that I would be confident to train others in its use. When the new equipment was commissioned I trained my staff in its use and kept training records of each for quality purposes. Most staff have found the new equipment easy to use, quick to learn and light and manoeuvrable - I believe this vindicates our choice.

I have expanded my management skills by participating in the procurement of this equipment. I have learnt a significant amount about processes of which I previously had limited knowledge. I have learned how to use the new equipment and have successfully trained my staff in its use too, as well as having produced appropriate documentation of the training processes for individual staff records. The department now has a bright, modern trauma imaging room which patients often give positive feedback on. They also benefit from having modern up-to-date equipment which is less likely to break down and therefore long delays in imaging patients are avoided and our referrers are not delayed in treating/managing their patients.

**Total words:** 1,045 (Maximum 1500)

#### 4. Summary of supporting evidence submitted

<b>Evidence number</b>	<b>Brief description of evidence</b>	<b>Number of pages or brief of description of evidence format</b>	<b>CPD Standards this evidence relates to</b>
1	Certificate of Accreditation from College of Radiographers and list of activities	1 page	Standard 1
2	Certificate of attendance and reflective notes from training event 'Individual Learning Styles'	4 pages	Standards 3 and 4
3	Lecture notes for lumbar spine tutorial	4 pages	Standards 3 and 4
4	Testimony from manager regarding my personal development as evidenced by my role in the commissioning process for new trauma suite	2 pages	Standards 3 and 4
5	Business plan related to above	3 pages	Standards 3 and 4
6	Copy of personal learning and development plan	5 pages	Standards 1, 2 and 3
7	Staff training and development plan (with training needs analysis) related to operation of new trauma imaging equipment	3 pages	Standards 3 and 4