OUR APPROACH TO SUPPORTING SPECIALIST POST QUALIFICATION TRAINING WITHIN THE CLINICAL WORKPLACE –

An Overview and Student Review after 2 years

Darren Hudson BSc(hons) MHSc PgCert
MRI Clinical Lead (MRSC™), InHealth Group

BACKGROUND

Due to the national staff shortages within Radiology and issues surrounding recruitment and retention of experienced staff, an internal demand for development of inexperienced staff within Magnetic Resonance Imaging (MRI) was identified.

With increasing demand for training places, a review of the training programme and time frames was carried out in order to facilitate this demand and better support staff whilst undergoing specialism training. Training placements were also extended to include mobile and community working where workload was often more routine.

PROGRAMME STRUCTURE

TAUGHT DAYS

Taught content within head office was doubled from 2 days to 4 to provide time for additional content not directly relating to physics or image acquisition techniques, but more around supplementary skills of team roles, efficiency, critical thinking and patient experience, all of which impact on service delivery and safety. Whilst it was expected all staff joining the programme would have the foundation level soft skills required as a registered practitioner this is crucial in MRI due to the nature of the examination and patient Scanxiety and claustrophobia. This additional content would help better prepare inexperienced staff and expedite their experience base.

Content was designed to provide staff with the fundamental basics of MRI and a solid understanding and grounding upon which to build their career in this modality, in line with the SCoRs defined role of a radiographer in MRI (www.sor.org).

COMPETENCY FRAMEWORK AND ASSESSMENT

Aims of the programme were reviewed and a more realistic expectation taken on what level of competency was required over a shorter time frame of 10 months. Using our internal competency assessment toolkit the focus was on producing competent MRI Radiographers capable of performing routine head, spine and joint imaging. Once this level of competency was reached, ongoing development of more specialist skills for body imaging would fall under their continuing professional development and personal development plans.

WORKBOOK

An internal workbook was developed as lack of guidance had been highlighted as a short falling of the original programme. The workbook provided an overview on scanning for neurological and musculoskeletal regions, providing clear objectives, activities and a log book for students to use to support and evidence their learning when back in the workplace; this was further supported after each contact day with additional reading materials provided.

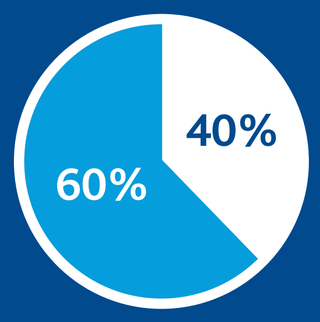
Despite some research being cited as criticising work based learning due to its lack of structure and assessment (Westbrook, 2017), the taught days along with the competency framework provide a clear curriculum with which to guide staff through their learning and development in the practical setting. Whilst still heavily relying on experiential learning in the clinical setting, these resources helped provide a basis upon which to build, as well as help reduce some of the bad habits or misunderstandings often witnessed and learned in the work place (Westbrook, 2017). Experiences whilst learning in the clinical setting have also been shown to be the most significant factor when developing professional behaviours and attitudes (Francis et al, 2016).

APPROVED
THE COLLEGE OF RADIOGRAPHERS

The overall programme was approved by the SCoR which involved review from a higher education institute and therefore helped give the programme some credibility and validity in meeting its intended learning outcomes.

FEEDBACK

Two years on feedback from 65 students has been reviewed on their overall impressions of the training days and feedback on their clinical placements. Of the students participating in the training programme, 60% were working on our mobile fleet and 40% based in static units, all of which work across a variety of service models from NHS Trust sites, private hospitals to community based clinics. Most were either graduates fresh out of university or only recently qualified a few years and new to MRI.



From the feedback received on the taught days; 94% thought the overall training was good or excellent, 95% thought the quality was good or excellent, and 92% thought the content was relevant and useful to clinical practice.

All participants said they found the programme of benefit to their clinical practice and would recommend to colleagues.

BENEFITS

The benefits of delivering taught components to the programme were:

- **time out of the clinical setting to learn**
- **being able to access knowledge not always available within the clinical departments**
- **having opportunity to ask questions away from clinical pressures**
- **time to discuss scenarios and situations that have arisen.**

CHALLENGES

The challenges experienced throughout the programme were:

- **wanting more classroom time to support learning and the feeling that content was at times rushed**

  Unfortunately these are difficult to manage and weigh up against operational costs of having staff out of the clinical environment.

- **lack of support within the clinical setting**

  Active participation within the clinical setting is essential as part of the experiential learning process and aids development of the required knowledge, skills and behaviour in order to reach the desired level of competence (Perram et al, 2016).

  One of the major challenges we have seen has been around existing staff feeling swamped with training new staff and the responsibility and pressure that comes with this. The importance of the student-mentor role in a supportive clinical setting cannot be underestimated (Francis et al, 2016) and anecdotally we have seen this as a contributing factor as to why some staff have performed far better than others. It is also around identifying and equipping staff in practice with support and skills to better ensure a positive learning environment and successful clinical experience (Francis et al, 2016).

- **lack of opportunity to apply theory into practice due to the operational pressures to maintain throughput and run to time**

  An area for further consideration is around providing more practical experience in a safe environment away from the clinical setting, and we have had discussions with scanner manufacturers around the potential use or purchase of simulator workstations to be able to better demonstrate technical manipulation and slice placement. It would be nice to take this a step further even with a mock up scanner to be able to demonstrate and practice patient positioning etc.

  Simulation based learning has been shown to promote patient safety, communication and teamwork among healthcare professionals, and helps build self confidence with a skill and promotes improved awareness of competence and ability (Aura et al, 2016). This would then better prepare students for clinical placement so that they feel of more use and less of a hindrance in operationally challenging clinical departments where being slow or making a mistake impacts on patient throughout.

CONCLUSION

Our internal training programme provides a structured approach to fast track inexperienced qualified radiographers into the speciality of MRI whilst in the clinical setting. Balancing operational demand and pressures with suitable learning opportunities and a supportive clinical environment is the major challenge. Further support of clinical staff in the role of Practice Educator may help this, along with development of more simulator based learning in a safe environment away from the clinical setting. Formal M level accreditation towards post graduate qualification would also be of benefit for evidencing radiographer knowledge and skills, as well as supporting recruitment and retention.

References:

Aura, S, Jordan, S, Saano, S, Tossavainen, K. & Turunen, H. *Transfer of learning: Radiographers' perceptions of simulation-based education intervention.* Radiography 22 (2016) 228-236

Francis, A, Hills, C, MacDonald-Wicks, :, Johnston, C, James, D, Surjan, Y. & Warren-Forward, H. *Characteristics of an ideal Practice Educator: Perspectives from practice educators in diagnostic radiography, nuclear medicine, nutirition and dietetics, occupational therapy and physiotherapy and radiation therapy.* Radiography 22 (2016) 287-294

Perram, A, Hills, C, MacDonald-Wicks, :, Johnston, C, James, D, Surjan, Y. & Warren-Forward, H. *Characteristics of an ideal Practice Educator: Perspectives from undergraduate students in diagnostic radiography, nuclear medicine, nutirition and dietetics, occupational therapy and physiotherapy and radiation therapy.* Radiography 22 (2016) 295-305

Westbrook, C. *Opening the debate on MRI Practitioner Education – Is there a need for change?* Radiography (2017)

www.sor.org *The role of the Radiographer in Magnetic Resonance Imaging.*