

## Medical Imaging and Radiation Science – Diagnostic Ultrasound MSc/PGDip/PGcert

### Questionnaire regarding clinical placements

A requirement of clinical ultrasound modules offered as part of the program is that students should be able to gain sufficient practical scanning experience. Students also require close supervision during their practical scanning experience. This must be ongoing, consistent and given by appropriately trained clinical personnel. The defined learning outcomes within the program require the active cooperation of the clinical supervisors. It is therefore essential that applicants can nominate a supervisor before enrolling on the program.

**It is the applicants responsibility to secure a suitable, fully supervised clinical placement.**

**Applicants name:**

**Clinical placement address:**

**I will be practicing ultrasound in the following area(s):**

Please tick all that apply

**Obstetrics**

**Gynecology**

**Abdominal & general**

**Early pregnancy**

Please note: Not all modules are guaranteed to run every year.

**Have you ever been enrolled on a UK based ultrasound training course previously?**

**No**

**Yes, please give details below**

**Line manager responsible for service:**

**Name:**

**Contact details:**

**Nominated Supervisor(s):**

(Their agreement must be obtained. There may be one for each specialism)

**Name:**

**Clinical module supervising:**

In order to support your training we provided a supervisor training session. Unless attended within the past two years; all supervisors are strongly advised to attend a session. For further information please contact Naomi Brown (n.2.brown@herts.ac.uk).

**Will you be placed full time in your specialist area?**

**Yes      No**

**If no, please indicate the estimated percentage of time to be spent in the area in any one month:**

**Will there be any other personnel training in ultrasound in your department during the intended period of clinical practice?**

**Yes      No**

**If yes, please give details on how clinical practice time will be coordinated to ensure each student gains the necessary 'hands-on' experience and clinical support:**

To be completed by Supervisor/Line Manager:

Briefly describe the applicant's aptitude for ultrasound giving examples where appropriate:

Declaration by department manager:

I am satisfied that this applicant has the aptitude to complete the nominated award and that they will receive the clinical support and supervision required for successful completion of the program of study.

Signed:

Print name:

Date:

If you have any queries regarding completion of this questionnaire, please contact Naomi Brown, Ultrasound Course leader.

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