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**CLINICAL PLACEMENT AGREEMENT FORM**

**Postgraduate Certificate (PgCert)**

**Musculoskeletal Ultrasound Imaging**

**School of Allied and Community Health**

**Institute of Health and Social Care**

**Academic Year 2024-2025**

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# 1. Introduction to the programme

The Postgraduate Certificate (PgCert) in Musculoskeletal Ultrasound Imaging in the School of Allied and Community Health at London South Bank University is a 1-year part-time course designed for healthcare professionals, who hold a relevant first degree and post-qualification experience in musculoskeletal settings and wish to expand their scope of practice to include musculoskeletal ultrasound imaging.

The course is accredited by the Consortium for the Accreditation of Sonographic Education (CASE), including a pathway assessment that leads to a competency-based qualification ensuring graduate become skilled, competent, and confident practitioners in musculoskeletal ultrasound.

The PgCert Musculoskeletal Ultrasound Imaging course aims to:

1. Develop students' fundamental understanding of the physics, principles, and concepts of musculoskeletal ultrasound imaging, as well as its relevance to ultrasound professional practice.
2. Develop students' ability to apply scientific, ergonomic, and safety principles and equip them with practical skills to operate ultrasound equipment safely and effectively.
3. Enable students to competently identify, evaluate, and interpret normal and abnormal anatomy and pathophysiology relevant to advanced clinical practice, including the ability to independently report ultrasound examinations according to evidence-based practice, and communicate the results both orally and in written reports using appropriate terminology.
4. Develop students’ knowledge and understanding of the professional issues and clinical governance in musculoskeletal ultrasound practice.
5. Explore the role of the sonographer/advanced practitioner in relation to patient management in musculoskeletal ultrasound imaging and develop a critical understanding of professional practice and behaviour across key areas to challenge, develop, and maintain standards in the field of musculoskeletal ultrasound imaging.
6. Foster students' ability to communicate clearly and effectively with patients, carers, and other healthcare professionals in a professional and appropriate manner.

The following guidelines and criteria will be regularly reviewed and amended in response to updates from relevant accreditation and professional bodies. The latest version of these guidelines and criteria will supersede all previous versions and will therefore apply to all students.

# 2. Musculoskeletal ultrasound in professional practice

## 2.1 Summative assessment

As part of the programme requirements, and more specifically the *musculoskeletal ultrasound in professional practice* module, the student will have to complete various clinical and academic activities:

* **Submission of a clinical assessment portfolio:** This portfolio is designed to evaluate the student's competence in performing ultrasound scans, interpreting findings, and formulating diagnoses. The portfolio requires the completion of **1)** the workplace induction sign-off; **2)** submission of 250 logged scans, of these, 100 scans must be directly aided and 150 unaided; **3)** monthly monitoring progression reports; and **4)** the final assessment summary.
* **Submission of a case study and reflective essay:** Students will need to submit an assigned case study and reflective essay that demonstrate their understanding and application of relevant clinical concepts and reflective skills in professional ultrasound practice.
* **Completion of a practical assessment:** Students will be required to perform a practical ultrasound scan examination on six (6) different patients. This will be assessed by an internal and external assessor. The internal assessor could also be the Practice Educator/Clinical Mentor. The practical exam will involve the scanning process for six (6) different patients, each presenting with different anatomical scanning requests, hence covering the breadth of musculoskeletal ultrasound examinations. The practical exam should take place on the same day at the convenience of the internal assessor or Practice Educator/Clinical Mentor, the student, and the external assessor.

In preparation for enrolling onto the PGCert MSK Ultrasound Imaging course, in the School of Allied and Community Health, at London South Bank University, **it is the responsibility of the student to identify an appropriate Practice Educator/Clinical Mentor and external assessor.** The external assessor should work independently from the student or student’s clinical placement and assist in moderating the final summative competency assessment with the internal assessor. The student will need to provide the details of a Practice Educator/Clinical Mentor and external assessor for the final exam who meets the criteria outlined in the LSBU Practice Placement Handbook. If the student is unable to identify an external assessor by themselves, the University might be able to identify and allocate an external assessor. The Course Director of the PgCert programme can also act as an external assessor.

Students must acquire a portfolio of 250 ultrasound scans which can be compiled over one academic semester. 100 scans of these must be directly aided and 150 scans will be unaided. The 100 aided scans must be audited. Hence, students must identify an appropriate Practice Educator/Clinical Mentor who has appropriate qualifications and experience (i.e. PgCert/Dip qualification and a minimum of 2 years post qualification experience or level 2 radiology) in MSK ultrasound.

Although the number of hours of clinical practice is difficult to quantify and can potentially have an adverse effect on student learning, as competency of a student may not be achieved at the same length of time when compared with another student, CASE recommend that students spend at least 14 hours per week undertaking supervised ultrasound examinations with their Practice Educator/Clinical Mentor for the entire duration of the learning period.

## 2.2 Eligibility criteria for clinical placement and Practice Educator/Clinical Mentor

The student's clinical placement must be deemed satisfactory according to the following prescribed criteria by the academic team. It is expected that the student will receive training in a secure and supportive environment that provides quality supervised training opportunities. The clinical placement should offer students access to a varied patient case-mix in regularly scheduled clinics that employ high-end equipment. Additionally, placement providers have a duty of care to ensure that training is managed in such a way as to minimise risks to health and safety, such as repetitive strain injury.

**For more information, please review the LSBU Practice Placement Handbook.**

The following criteria should be met by the clinical placement and Practice Educator/Clinical Mentor:

1. The placement provider must be a licensed healthcare provider (i.e. NHS trust; private clinic; other healthcare provider).
2. The placement provider must provide MSK ultrasound imaging services.
3. The placement provider’s annual patient turnover, referred for MSK ultrasound examinations, should be sufficient to satisfy the necessary training time for the student to practice.
4. The placement provider must provide a patient case-mix practice environment to satisfy various MSK ultrasound examinations and conditions. Students are required to complete ultrasound examinations for all peripheral musculoskeletal regions. Hence, it is not possible to focus on a particular region.
5. A high specification ultrasound equipment should be available to satisfy a high quality of MSK ultrasound training and examinations.
6. An active Quality Assurance (QA) certificate (i.e. CQC etc) should be in place.
7. The Practice Educator/Clinical Mentor have appropriate qualifications and experience (i.e. PgCert/Dip qualification and a minimum of 2 years post qualification experience or level 2 radiology) in MSK ultrasound to provide satisfactory mentorship to the student. (*where there is a significant shortage of available mentors, qualified staff with a minimum of 1 year post qualification experience may act as the local mentor if at least one other member of the supervisory team meets the minimum requirement of 2 years’ experience*). An enthusiasm and ability to teach are essential qualities of a good practice educator/clinical mentor, which, coupled with knowledge and expertise are as important as the length of experience.
8. Learning resources should also include computers and internet access to encourage students to carry out academic and research activities for the successful completion of their coursework.

For quality assurance purposes, the Course Director may conduct a placement visit to ensure that all these points are being met prior to the student's registration onto the PgCert MSK Ultrasound Imaging course and throughout their training. If the necessary support is not provided to the student, university intervention may be considered. If significant concerns are highlighted, the student's studies may be paused or deferred to another year until safe and supportive placement sites can be offered.

# 3. Instructions to complete the form

The below form can be filled in manually either by using a black or blue ink pen or electronically. If the form is completed manually, the handwriting should be legible and clearly understandable. Alternatively, for electronic formats, it should be ensured that the text is typed using a readable font and size. Lowercase or capital letters can be used.

Regarding the sections:

* **Section A** of the form must be completed **by the student (S)**. It is essential to fill out this section accurately as it includes personal information, such as the student's name and contact information, as well as the student’s scope of practice as students should undertake a portfolio of practice/learning and demonstrate competency in the areas that clearly align with their subsequent breadth/remit of ultrasound scanning following completion of the course.
* **Sections B, C and F** of the form must be completed **by the Practice Educator/Clinical Mentor (PE/CM).**
* **Section D** must be completed **by the Department Lead/Clinic Director (DL/CD).**
* **Section E** must be completed **by the Practice Educator/Clinical Mentor (PE/CM) in liaison with the Department Lead/Clinic Director (DL/CD).**
* **Section G** must be completed **only if** an individual, **other than** the Practice Educator/Clinical Mentor, acts as the **internal assessor (IA)**.
* **Section H** must be completed **by the external assessor (EA)**.

The student, Practice Educator/Clinical Mentor, Department Lead/Clinic Director, internal assessor, and external assessor should ensure that the information provided is correct, as it will be used for our communication channels throughout student’s training.

Regarding the declaration and sign offs:

* The **declaration 5.1** must be completed and signed off **by the Practice Educator/Clinical Mentor (PE/CM)**.
* The **declaration 5.2** must be completed and signed off **by the Department Lead/Clinic Director (DL/CD)**.
* The **declaration 5.3** must be completed and signed off **by the internal assessor (IA)**, **if other than the Practice Educator/Clinical Mentor**.
* The **declaration 5.4** must be completed and signed off **by the external assessor (EA)**.
* The **declaration 5.5** must be completed and signed off **by the LSBU PgCert Musculoskeletal Ultrasound Imaging Course Director**.

## 3.1 Form Overview

The table below provides an overview of the completion instructions, serving as a quick reference to help streamline the form-filling process and avoid any potential confusion. Please refer to this table while filling out the Clinical Placement Agreement Form to ensure all necessary steps are accomplished accurately.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Responsible party** | **Sections** | | | | | | | | **Declaration** | | | | |
|  | A | B | C | D | E | F | G | H | 5.1 | 5.2 | 5.3 | 5.4 | 5.5 |
| Student **(S)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Practice Educator **(PE/CM)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Department Lead **(DL/CD)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Internal Assessor **(IA)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| External Assessor **(EA)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Course Director (**LSBU-CD**) |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | To be completed individually by the designated person |
|  | To be completed in liaison with another person |

# 4. Clinical Placement Agreement Form

|  |  |
| --- | --- |
| Section A. Details of the Student (To be completed by the S) | |
| Full name: |  |
| E-mail address: |  |
| Contact number: |  |
| Scope of practice: |  |
| Section B. Details of the Practice Educator/Clinical Mentor (To be completed by the PE/CM) | |
| Full name: |  |
| Position: |  |
| Qualifications: (*i.e. CASE Accredited PgCert/Dip, MSc etc*): |  |
| Professional/Regulatory Body registration: (*i.e. HCPC; SoR; GMC etc.*) |  |
| Indemnity and medico-legal insurance cover details: (*this will ensure that you, the student and LSBU are adequately covered*). |  |
| Years of MSK Ultrasound experience: |  |
| E-mail address: |  |
| Contact number: |  |
| Section C. Details of the Clinical Department/Placement setting (To be completed by the PE/CM) | |
| Type of placement setting: (*i.e. NHS trust; Independent/Private site etc.*) |  |
| Full address of clinical placement setting: |  |
| Section D. Details of the Department Lead/Clinic Director (To be completed by the DL/CD) | |
| Full name: |  |
| Position: |  |
| E-mail address: |  |
| Contact number: |  |
| Section E. Resources of the Clinical Department/Placement setting (To be completed by the DL/CD and PE/CM) | |
| Approximate number of patients referred in your setting for MSK ultrasound examination per week: |  |
| How many hours of MSK ultrasound examination/training will the student have per week? |  |
| Are there any other trainees at this placement site that will also be expecting training? (*if YES, please provide details on how there will be adequate training to MSK ultrasound examinations for each student*) |  |
| Section F. Declaration of the internal assessor (To be completed by the PE/CM) | |
| Is the Practice Educator/Clinical Mentor available to act as the internal assessor for the final summative practical assessment?  Yes / No (please delete as appropriate)  *If no, please complete section F below, to provide the details of the internal assessor. Please note that the Practice Educator/Clinical Mentor eligibility criteria also apply for the internal assessor.* | |
| Section G. Details of the internal assessor (To be completed by the IA only if you have answered “NO” to section F above) | |
| Full name: |  |
| Qualifications: (*i.e. CASE Accredited PgCert/Dip, MSc etc*): |  |
| Professional/Regulatory Body registration: (*i.e. HCPC; SoR; GMC etc.*) |  |
| Indemnity and medico-legal insurance cover details: (*this will ensure that you, the student and LSBU are adequately covered*). |  |
| Years of MSK Ultrasound experience: |  |
| E-mail address: |  |
| Contact number: |  |
| Section H. Details of the external assessor (To be completed by the EA) | |
| Full name: |  |
| Qualifications: (*i.e. CASE Accredited PgCert/Dip, MSc etc*): |  |
| Professional/Regulatory Body registration: (*i.e. HCPC; SoR; GMC etc.*) |  |
| Years of MSK Ultrasound experience: |  |
| E-mail address: |  |
| Contact number: |  |

|  |  |
| --- | --- |
| 5. DECLARATION (To be completed/signed off by the Practice Educator/Clinical Mentor, Department Lead/Clinic Director, internal assessor, and external assessor. It is the responsibility of the student to return this document to the LSBU Course Director, once completed and signed off by all parties) | |
| 5.1 Practice Educator/Clinical Mentor | |
| I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I am committed to providing the necessary resources and supervision to enable the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to meet the clinical work-based learning requirements of the programme. I acknowledge and fully understand my role as a Practice Educator/Clinical Mentor in ensuring that the student receives appropriate guidance and support during their clinical placement. This includes providing a safe and conducive learning environment, as well as facilitating the student's acquisition of necessary clinical competencies and skills. | |
| I confirm that I will attend the mandatory Practice Placement Training Day.  Yes / No (delete as appropriate) | |
| Full name of Practice Educator/Clinical Mentor: |  |
| Signature of Practice Educator/Clinical Mentor: |  |
| Date: |  |
|  | |
| 5.2 Department Lead/Clinic Director | |
| I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I confirm that the current resources at our Department/Clinic allow for the accommodation of the aforementioned student to meet the clinical work-based learning requirements of the programme and have reviewed the Section D of this form. | |
| Full name of Department Lead/Clinic Director: |  |
| Signature of Department Lead/Clinic Director: |  |
| Date: |  |
|  | |
| 5.3 Internal Assessor | |
| I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I am committed to act as the internal assessor for the final competency practical assessment for the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to meet the clinical work-based learning requirements of the programme. | |
| I confirm that I will attend the mandatory Practice Placement Training Day.  Yes / No (delete as appropriate) | |
| Full name of internal assessor: |  |
| Signature of internal assessor: |  |
| Date: |  |
|  | |
| 5.4 External Assessor | |
| I hereby confirm that I have thoroughly reviewed and comprehend the Clinical Placement Agreement form and Practice Placement Handbook. In accordance with the requirements outlined in this agreement, I am committed to act as the external assessor for the final competency practical assessment for the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to meet the clinical work-based learning requirements of the programme. I also hereby confirm that I work independently from the student or the student’s clinical placement. | |
| I confirm that I will attend the mandatory Practice Placement Training Day.  Yes / No (delete as appropriate) | |
| Full name of external assessor: |  |
| Signature of external assessor: |  |
| Date: |  |
|  | |
| 5.5 For university use only (To be completed/signed off by the Course Director) | |
| Full name of Course Director: |  |
| Signature: |  |
| Date: |  |