

Medical Radiation Science Student Clinical Placement Guide

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The statements made in this document are not representative of the organisations and affiliations listed above, but are rather the perspectives of each individuals' personal knowledge and experiences.

Find out more about our official reviewers and article contributors in the "Biographies" section of this document.

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Introduction

Hello, and welcome to the Student Clinical Placement Guide for diagnostic radiography/medical imaging. If you are referring to this guide, you are likely about to embark on your first clinical placement, or are already out on clinical placement. If that is the case, congratulations! Clinical Placements are a truly amazing experience, and most, if not all, medical radiation science students and practitioners will tell you that it is the highlight of the course. Now you will be putting all the hard work and theoretical knowledge to use in a real-world clinical setting.

As current students ourselves, we have designed this guide to provide you with a framework for what clinical placements are, how to prepare for them and some tips and tricks to managing the journey that is clinical placement throughout your degree. It is worth noting that this guide should not be the only source of information students rely on for their clinical placement, but rather complement and supplement information given by their respective universities. For specific questions, concerns or queries regarding clinical placements, students should consult their university staff.

This placement guide has been collated by Student Ambassadors of ASMIRT in conjunction with various academics and practitioners. We hope you find this guide useful in preparing and working on your clinical placements, and wish you all the best of luck for the exciting journey at hand!

Disclaimer: While parts of this document may contain information more inclined towards Medical Imaging students, the vast majority of this information is applicable to all Medical Radiation Science disciplines.



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Clinical Placement Overview

Clinical Placement Overview

The Purpose of Clinical Placement:

The majority of your degree to date has likely been learning theoretical principles of anatomy, physiology, radiation physics and positioning. Now, the time has come for you to synthesise and apply that knowledge to the real-world setting. Clinical placements allow you to get first-hand experience of life as a medical radiation science (MRS) practitioner, helping you put all the theory into practice, as well as learning workflow and protocol skills. That way when you graduate, you are an independent professional ready for the workplace in any setting. Upon graduation, students must satisfy all domains of the Medical Radiation Practice Board of Australia (MRPBA) Professional Capabilities for Medical Radiation Practitioners to obtain registration as a medical radiation practitioner (MRP) in Australia. Therefore, clinical placements are an absolutely essential part of the course, and this section will delve deeper into what clinical placements truly consist of.

What Is Clinical Placement:

Clinical placements are where your university designates you a centre to work alongside other medical radiation practitioners for anywhere between 2-33 weeks at a time. They can be part-time or full-time in duration, and are spread out over the course of your degree. Often as you approach the end of your degree, more time is spent on clinical placement. Overall, you often have around 6-7 different placement sites, which usually include private practice and hospital settings. However, these figures are dependent upon each university and their unique curriculum, so consult with them for specific information. Metropolitan universities often require a rural placement outside of the city centre, with the possibility of that placement being interstate.

What to Expect on Clinical Placement:

Whilst you are out on clinical placement, you will be performing the tasks that a practitioner in your discipline would be performing. That is, you will be interacting with patients, taking their images, restocking and cleaning the facility, all while liaising with and learning from staff. Depending on your placement sites, you will have different experiences. For example, in a hospital setting you may be exposed to a great deal of trauma and mobile radiography where you will learn how to modify your standard radiographic series, while in private practice you may gain a lot of experience in imaging post-operative patients and providing specific images for various specialists. Furthermore, the modalities available will vary depending upon each placement site. Regardless, all clinical placements have positive, valuable learning experiences that set you up for the real world, so that you can be a practitioner in either setting.

How You Will Be Assessed

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MRPBA Professional Capabilities

The MRPBA regulates Australia's Medical Radiation Science Practitioners. Furthermore, the MRPBA Professional Capabilities for Medical Radiation Practitioners is the set of criteria that all new graduates must satisfy in order to gain registration as a medical radiation practitioner in Australia. You should familiarise yourself with the Domains and Key Capabilities, as this will provide you with a clear vision of the professional standards and skills you are expected to achieve by the completion of your degree.

You can find the PDF document [here](#), which gives you a more detailed description of the specific capabilities within the Domains below.

Domain 1: Medical Radiation Practitioner	This domain covers the knowledge, skills and attributes a medical radiation practitioner needs to practise independently and provide safe, high quality, patient/client-centred care.
Domain 1A: Diagnostic Radiographer	This domain covers the additional knowledge, skills and attributes a diagnostic radiographer needs to practise independently. Diagnostic radiographers are responsible for the outcome of the diagnostic imaging examination, for patient/client care before, during and after the examination, and for the timely authorised distribution of medical images to allow for consultation with other health practitioners.
Domain 1B: Nuclear Medicine Technologist	This domain covers the additional knowledge, skills and attributes a nuclear medicine technologist needs to practise independently. Nuclear medicine technologists are responsible for the outcome of the nuclear medicine examination, for patient/client care before, during and after the examination and for the timely authorised distribution of medical images to allow for consultation with other health practitioners.
Domain 1C: Radiation Therapist	This domain covers the additional knowledge, skills and attributes a radiation therapist needs to practise independently. Radiation therapists are responsible for planning and delivering radiation treatment, primarily for people diagnosed with cancer.
Domain 2: Professional and Ethical Practitioner	This domain covers medical radiation practitioners' responsibility and commitment to the health and wellbeing of individual patients/clients and to the community through professional and ethical practice in the current medico-legal framework, high personal standards of behaviour, maintenance of personal health, and accountability to the profession and the public. It also addresses their responsibility for ensuring that patient/client confidentiality and privacy is maintained at all times, while recognising the potential role as a patient/client advocate.
Domain 3: Communicator and Collaborator	This domain covers medical radiation practitioners' responsibility to communicate clearly, effectively and appropriately with patients/clients and their families or carers. It also addresses their responsibility to work effectively with other health practitioners to provide safe, high quality, evidence-informed patient/client-centred care.
Domain 4: Evidence-Informed Practitioner	This domain covers medical radiation practitioners' responsibility to engage in evidence-informed practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs.
Domain 5: Radiation Safety and Risk Manager	This domain covers medical radiation practitioners' responsibility to protect patients/clients, others and the environment from harm and unnecessary exposure to radiation. Medical radiation practitioners are directly responsible for managing and responding to the risks in both healthcare and medical radiation practice. This includes radiation dose to patients/ clients. It also addresses their responsibility for providing safe, effective and high-quality professional services, to ensure the safety of patients/clients and other service users.

Placement Assessment Criteria

Your university will provide you with a Clinical Assessment form to be filled out by your placement supervisor. Typically, your supervisor will need to complete a mid-placement report and a final report to assess your clinical skills; everything from time efficiency through to practical knowledge and interpersonal skills. The main purpose of the mid-placement report is to provide you with constructive feedback regarding your skills, strengths and weaknesses. It also provides you with an opportunity to ask questions and mention any issues you may be having, or anything else you wish to discuss with your supervisor regarding your performance and experience on placement. Ultimately, this mid-placement assessment will provide you with a foundation to build upon to ensure you pass the final placement report.

While each university will utilise different clinical assessment forms, they will all contain the same central themes in line with the MRPBA Professional Capabilities. In one way or another, you can expect to be assessed on your abilities in the following areas during your placement:

- General knowledge
- Communication & Interpersonal skills
- Practical skills
- Time efficiency
- Teamwork
- Collaboration skills
- Professional attitude
- Degree of independence
- Ability to make clinical decisions
- Initiative
- Adaptability
- Workplace Health and Safety
- Radiation safety
- Cultural Competence

Furthermore, while on clinical placement you will be required to achieve clinical competencies for a wide array of examinations, procedures and treatments (depending upon your discipline) to ensure that you are developing the required practical skills to become an independent practitioner. These specific competencies will be outlined within your respective university's clinical placement handbook.

Preferencing Your Clinical Placements

Preferencing Your Clinical Placements

How Your Placement Locations Are Determined:

Placement locations are of course a major component of the clinical placement experience. So, we ask ourselves, how are placement locations determined? Well, there are two main ways that the process occurs. One is that the university will randomly allocate you a clinical placement, and that you will attend that location for the allocated time. The second method is preferencing through your university, which may take place by utilising an online system. In an ideal world, everyone would be allocated one of their preferences. However, with the restrictions surrounding “available clinical sites-to-students” ratio, you need to be mindful that you may not receive one of your preferences. Here’s what Dr Andrew Kilgour had to say about the topic:

“I guess one of the most common questions I get is “Why didn’t I get one of my placement preferences?”. A preference is just a preference - it is not a guarantee that you will get what you want. Of course, we try to give as many preferences as possible. However, we see the big picture that students don’t see, and placement allocation is far more complex than you can imagine. Be assured that we have your best interests at heart. That is why we do it manually at CSU, rather than letting some computer program randomly allocate placements.”

- Dr Andrew Kilgour

Tips for Preferencing Placement Sites:

Whilst not all universities offer placement preferencing, it is definitely an important aspect to consider if it is offered by your university. Preferencing your placement site is a very important step in the clinical placement process and employers will always ask for your clinical experience when you’re applying for jobs. **You want to try and get as much exposure to different settings as possible, whilst also realising that every placement is a potential job prospect.** Due to the importance this decision can have on your future, how can you decide which placement site is the best? Rest assured that every placement will have valuable learning experiences, and never underestimate how much you may enjoy a different setting to the one you anticipated getting. When factoring all this, here are some things to consider when preferencing placement sites:

Different Types of Student Placement Sites:

No two placement sites are the same, due to differences in staff, technology, patient demographic and workflow protocols. However, there will be some similarities between sites that are in the same category. Below are some descriptions of these settings, with what to expect and some associated pros and cons of both:

Metropolitan Public Hospitals:

Large public hospitals are public centres that are a key pillar of the health network. They have a large variety of modalities, such as radiation therapy, angiography, theatre, breast imaging, and nuclear medicine, as well as all of the more common modalities such as CT. They often

utilise state of the art technology and have onsite radiologists, radiation oncologists and other physicians that are accessible at all times. There is always a continuous flow of patients, and you are sometimes seeing patients in their most critical states. This may be daunting to some students when starting out, as you may not be familiar with the workflow and pressures that face a public hospital. However, keeping up with the workflow, gaining experience in trauma imaging and technique modification, and working under pressure are also attractions to some students. It's also an amazing setting to advance your skills and professional development.

Our recommendation? Definitely try and get one of these sites on your resume.

Rural/Regional Public Hospitals:

About 7 million people, or 28% of Australia's population, live in a rural or remote setting (Australian Government, 2020). Therefore, it is essential that medical radiation science students get exposure to this type of workplace, as it can be a very different experience to a metropolitan setting. At these smaller sites you may find yourself forming strong connections to the patients and staff, and fostering relationships with the local community. Often these hospitals are the sole medical radiation provider for a whole community and have no onsite radiologist. Why is this important? When there is no onsite radiologist to consult with about protocol selection and/or image interpretation, greater importance is placed on the medical radiation practitioner's discretion to employ the most appropriate protocol for each patient. Rural and remote settings may not have some of the latest technology that you would see in a major city centre; many still use CR systems or have limited equipment, which requires you to adapt and think outside the box - a challenge, but an important skill to have. All in all, these clinical sites have the ability to provide unique skill opportunities and are an excellent experience for all students to enjoy.

Bonus - there are scholarships out there for rural clinical placements!

Private Hospital:

Private hospitals are very similar to public hospitals in terms of providing a wide variety of modalities and patient presentations. Often patients in the private hospital setting are more centred around elective surgeries, so critical care is not as common as in public hospitals. Whilst this is often the case, there is a need to produce a high quality of work, and often the doctors and supervisors will have very high standards and expectations. Nonetheless, here you can practice perfecting your craft and really push yourself to deliver high quality service in all aspects.

Private Practice:

Private practice is a very common setting for MRS students. Often these are smaller centres consisting of general x-ray, CT, ultrasound, fluoroscopy and sometimes MRI. They are generally open during normal business hours, and can range from being very busy to quiet, depending on where they are located. Private practice is a great setting to hone in on the basics and perfect your craft on ambulant patients (for the most part); you have the advantage of performing large volumes of similar patient presentations, allowing you to increase your speed and confidence.

Location:

We have all heard the phrase, “location, location, location”. When you are on clinical placement, you are often balancing your rostered placement hours with study, work, relationships and your own health. In doing so, you want to try and optimise your days so that you have maximum productive time. A key factor in that is the location of the placement site. When considering a placement site, think of its proximity to your home, i.e. whether you want to stay local or if you’re able to travel a bit more to get to a bigger centre, or if the centre could provide opportunities more suited to your clinical needs at this stage of the program. Furthermore, think of the convenience in getting to the site. Will you be catching public transport? If so, what is the route like, and can you study whilst on the way? Do you have a car, and will you be driving? If so, is there parking available and how much does it cost? Whilst sometimes we do not get to pick the location, these are all factors to consider if you do have the opportunity to preference your sites.

Getting a Broad Range of Exposure to Different Sites:

It is essential to get a broad range of experiences across different centre types in order to get a holistic view of work in the profession. That means working in both the private practice and hospital setting, as well as gaining exposure to rural and regional placements. It is integrated in most university curricula to go on a rural or remote placement, in order to fulfil the criteria of the degree. Also, the learning experiences differ from centre to centre. Although there is a lot of overlap, you simply may not be able to experience things like mobile radiography in a private practice setting. The broader your experiences, the more knowledgeable you are in the field, and you can discern what you like, don’t like, and want to pursue in your career.

Career Prospects:

While you approach every placement as a learning experience and hurdle you need to overcome to get through the course, there is a very real and essential side to placements: career prospects. Think of every placement you go on as a potential job opportunity, as these sites may be the first places you will apply to once you leave university. In saying this, it is worthwhile to consider what you want your career to look like and how you would like to enter the workforce. Do you want to work in private practice with fixed work hours and a routine lifestyle? Do you want to work in a public hospital with the sheer variety and range of specialties to pursue? Do you want to move to work rurally or interstate? Another key consideration is further training. Often you can get on the job training in private practice, but you may be more restricted in your career progression. On the contrary, public health awards have designated levels, which often require years of experience, and possibly further study such as a Master’s degree, to move up. Basically, it is up to the individual to decide how they wish their career to progress. You can move between the public and private setting as you work throughout your career, so the options are endless and there is no need to stress!

Preparing for Clinical Placement




A Checklist

Preparing for Clinical Placement: A Checklist

Your Placement Compliance:

1. Ensure you have all your verification documents, such as your vaccination card, CPR, WWCC and National Crime Check uploaded before the due date. This is essential - if this is not complete then you will not be allowed to go on placement, potentially impacting your degree progression.
2. If travelling interstate for a placement, be aware of additional conditions and licences that are required. This information can be sourced from your university.
3. Some clinical sites require you to complete pre-reading or modules before you commence your placement. Typically, you will be notified via email if this is the case, but it's a good idea to double check with your university.
4. If there is a section in your assessment forms and documents that requires you to list some goals or learning objectives, ensure those are complete before your first day.
5. Call your placement site at least two weeks in advance to introduce yourself and ask questions such as starting and finishing times, breaks and transport information.
6. Don't forget your personal radiation monitor (PRM): This is essential to monitor your radiation exposure during placement and must be worn at all times. It is illegal to enter a radiation area without it.

Things You Need for Placement:

-  **Multiple pairs of a clean uniform:** At least 2 shirts and 2 pairs of trousers, so that in case you need to wash them overnight you always have a fresh pair for the morning.
-  **A notebook and pen:** This is so you can take notes and write down questions whilst out on practice.
-  **Your personalised metal markers:** These are essential for medico-legal reasons and must be used for all images you take on placement, subject to department policy.

Note: From experience identified by many students, your PRM and metal markers are often the things you leave at home or lying around the practice to be lost. A pro tip we give is to have a name tag that clips onto your pants to keep your metal markers in, and always put your PRM on while at home so you don't forget it!



All of your verification documents: It is worthwhile bringing a folder with your vaccination card, CPR record and such on your first day in case staff ask to see it.



A printed copy of all your assessment forms and documents: This is for your supervisor to fill out and assess you as the placement goes on



A printed copy of your competency manual: This is essential to keep track of your clinical placements and the same manual must be used for the duration of the degree. Make sure you take care of this manual and avoid coffee spills or losing it, so have a folder for it and always keep it accessible to you.

Note: It is worth checking whether your system is paperback or online, as it may vary from university to university.

Note: For the competency manual and assessment forms and documents, going down to a store like Officeworks to print them in a binder is not only nice to look at, but helps you keep it safe and organised. It is very cheap to do so - only about 5-10 dollars per document. If not you can always print them at home or using the university's printers in the library. You should print a new report for every placement, and always scan the completed report onto your computer for future reference or if a placement site requests to see. It is worth noting however that it is within your right not to show sites your previous reports if you choose.

Your First Clinical Placement

Your First Clinical Placement

The time has finally come for you to embark on a new chapter in your medical radiation science course: clinical placement. To give you an introduction to how to handle your first day, below is a fun article written by Naomi Rubenstein on “how to survive” your first radiography placement. To the Nuclear Medicine and Radiation Therapy students out there - don't stress! The vast majority of this article can be applied to your placement as well.

10 Tips to Survive Your First Placement

With Naomi Rubenstein

You've ironed your uniform, student badge pinned, and have a pocket notepad in hand – now you just have to survive your first placement in a real radiology department! Whether you feel scared, nervous, excited, or a mixture of all three: here's how to make the most of your first radiology placement:



1. Set Yourself Objectives:

Before entering the workplace, set yourself achievable goals and objectives to help you stay focused on your development. Share your objectives with your supervisor so they can further guide and help you in achieving these goals, or assist you in making them more realistic. Furthermore, say yes to every challenge and opportunity that is offered to you to further enhance your skills as a radiographer.

2. Have a Guide of Radiographic Positioning and Techniques Always on Hand:

No matter how well you have studied or how prepared you feel for your first placement, you will not remember everything... and that's okay! You are a student and it takes years of experience to master the skills of positioning and other clinical techniques, both in radiography and in radiation therapy. Seek knowledge from your supervisor's experience and write down their unique techniques, as you will soon realise there is never just one way to capture an image. Learn from everyone! In the meantime, carrying Carver & Carver's *Medical Imaging Techniques, Reflection and Evaluation* is highly recommended to have on hand for reference.

3. Ask Loads of Questions:

As a radiography student, you are not expected to know everything or be able to perform every procedure, so do not worry about asking silly questions. There are no silly questions! You can ask your supervisors, fellow radiographers, even third-fourth year students. They all have something to teach. Whether it be a small tip for positioning, or further guidance on image interpretation, you can always learn something from everyone. Be inquisitive and if you are observing an examination, constantly ask: “why did they use that certain technique?” This will further enhance your clinical understanding and develop your skills as a medical radiation practitioner.

4. Go That Extra Mile:

On some days in the radiology department you might not get the chance to sit down. On other days, you may only have a total of 10 patients that come through those doors! However, a slow day in the department is not a time to sit around on your phone. It is a time to stay active and go that extra mile. Clean the x-ray rooms, clean the changing rooms, clean the sponges to further ensure infection control is carried through. Ensure all relevant stock is filled including gloves, disposable gowns and patient gowns. Once all is at perfection, scroll through the PACS and practice your image interpretation. Read the radiology reports and focus on utilising correct radiological terminology in critiquing your own images! Be proactive.

5. Practice Within Your Scope:

It is still very important for all students to practice within their scope. We are still dealing with radiation that has the potential to cause harm if not used appropriately. Therefore, it is important to understand when you might overstep your ability and to ask for help. It is not a sign of failure to ask for help midway through an examination, providing you learn, understand and develop your skills from the experience. Over time, you will gradually gain more independence within your own scope of practice and take ownership of running the entire examination. However, this will take patience and perseverance, so never stop trying!

6. Shoes!

Working in a hospital radiology department, depending on the scale and the layout, radiographers may walk up to 15,000 steps a day! You could be moving between picking up patients from the waiting bay or the bed bay, going to theatre, going to recovery, performing ICU rounds, any sort of mobile radiography... so your shoes are your best friends. There is nothing worse than standing in a theatre case for four hours with heavy lead weighing you down on uncomfortable shoes. So please invest - your feet will thank you later. You can wear joggers, although the NSW Health policy is that shoes should be waterproof and should not be multi-coloured. However, do have a good pair of leather shoes in case you are out in private practice, where there may be strict dress codes.

7. Understand the Patient's Clinical History:

Although deciphering a doctor's referral is a challenge, you cannot learn everything about a patient from their referral. It is imperative to look up past images, and to build rapport with the patient and ask them why they are having this procedure to further understand their clinical history. By doing so, you will build evidence on what positions and techniques will provide you with the most accurate diagnostic examination.

8. Ask For Feedback:

Constantly ask for feedback and be open to receiving constructive criticism. It is never easy to hear negative comments about your performance, but it will happen. No one is perfect, but it is imperative to learn from this feedback and act on how you can improve your skills. You want to have your potential weaknesses identified to you early on before stepping out as a graduate. Even radiographers with decades of experience are still trying to improve their practice, as you truly will learn something new every day if you try.

9. Self-Reflect:

Purposeful self-reflection is an important tool to help gain self-knowledge and insight into what went well, what went not so well, and how you could improve as a radiographer. Engaging in regular reflection provides practitioners an opportunity to improve their service quality and facilitate further professional development. Keeping a reflective journal throughout your placement is a sound way to help make sense of stressful and confusing situations to identify areas of your practice that suggest weaknesses. Hopefully this will prompt you to research those areas in order to make informed decisions for similar future situations.

10. Have Fun:

Whilst your first placement may seem like a daunting experience, it is an experience like no other. Take every opportunity, be attentive and try to enjoy every moment. There are times where mistakes will be made, and whilst we try to avoid making them wherever possible, you should learn from these experiences and ensure that they do not occur again. How dedicated you are to succeeding in these placements coincides with how well you wish to succeed. So pack your lunch, pack your bag with notes, wear your uniform proudly, scull 2 cups of coffee and truly embrace this incredible experience with open arms, and an open mind ready to learn.

Overcoming the Challenges of Clinical Placement

With Matt Casey



Applying Theory to Practice:

It is always important to have a good understanding of the theory behind radiological examinations and be knowledgeable on equipment, anatomy, clinical justification, positioning, and image critique of radiological examinations. However, putting all these aspects into clinical practice can be challenging for students; often the focus on the theory whilst performing examinations results in neglecting the most important aspect of any examination, the patient. Therefore, when undertaking examinations students do need to demonstrate good communication skills and great patient care skills, these can only really be developed whilst on clinical placement as it is hard to teach them in the academic setting.

When students first start undertaking x-ray examinations, they tend to be very quiet and not interact with the patient when trying to position them as they are focusing on the technical sides of the examination as they are nervous about making mistakes. One way of overcoming this is explaining the examination to the patient as you proceed, by explaining out loud you are recalling what needs to be done for the technical side of the examination, and at the same time involving the patient throughout the examination. This helps them understand what you need them to do so they can assist you in getting into the correct position for the necessary projections. This then demonstrates to your supervisors that you are able to communicate effectively to patients and that you are considering their needs throughout the examination.

Communication Skills:

Good communication skills are essential in all aspects of everyday life. Like any skill, some people are naturally better than others at talking to people, however like any skill the more you practice the better you get at it. In healthcare, good communication skills are essential for healthcare professionals to carry out their jobs and provide high quality care to our patients.

Observing how health practitioners interact with different patients and other staff members allows students to see different communication strategies being used depending on the circumstances. These strategies can be used in their own practice when undertaking examinations to help improve their communication skills. Also practising communication outside of direct patient interactions is very important in developing these skills; this includes roleplaying undertaking examinations with other students and supervisors to practice conversation skills and getting them to provide feedback on how you perform. Also having conversations with colleagues and other individuals, both at placement and outside of placement can help with rapport building and getting more confident in having conversations with strangers.

Understanding Our Mistakes:

Everyone learns from their mistakes. The purpose of clinical placement is for students to practice in a safe, supervised environment so that serious mistakes are prevented from happening, and if mistakes do happen the impact of them are minimised.

If you do make mistakes whilst on placement you should always be honest and admit them; it is part of being a healthcare professional to always be honest and openly disclose when errors occur. By owning our mistakes, we can then effectively investigate them and develop plans and strategies to prevent them from happening again. Also, by highlighting when mistakes occur, they might not necessarily be your fault. There could be underlying issues with equipment, or current policies and systems in place which need to be rectified. By looking into our mistakes, we can identify problems that could affect others and cause them to make the same mistakes. Therefore, by dealing with the problem we can prevent the same mistake from happening again.

Accepting Constructive Feedback:

Feedback is given to help improve and maintain a high performance. For feedback to be effective and facilitate positive change, it needs to create Tension (showing the recipient the gap in their knowledge/skills which motivates them to do better) and give Support (assistance and empathy needed to help them do better).

Constructive feedback can be confronting as it can highlight the difference between our Perceived Self (where we think we are in our development) and our True Self (where we actually are in our development). However, there are times when people “don’t know what they don’t know” and a good supervisor gives honest, constructive feedback to help a student recognise this area for development and ways to improve in it. When getting feedback and you are unsure of the benefits of the feedback, it is always good to get the supervisor to read back and repeat their advice. This way you can clarify points made and ensure you are understanding it correctly, as any feedback you receive should have the purpose of improving your performance, and you want to ensure you get the most benefit out of it.

However, there may be times where you don’t necessarily agree with your feedback, and during these times you need to ensure that you take the time to reflect before reacting. After considering your experience, ask your supervisor to discuss the feedback with more information from your perspective. In doing so, you open channels of communication and may establish a deeper understanding and positive learning outcomes for both parties.

Showing Resilience in Challenging Times:

Clinical placement can be very challenging at times. This can be due to how each department/practice operates, the diverse workload (some days can be super busy and other days very few examinations happen) and how teams work together. Students can often find it difficult adapting to a new placement/department if it is different from their expectations. Hence, adapting to changing circumstances is a very important skill for healthcare professionals to develop as the healthcare environment is constantly changing (both on a day-to-day basis with workloads as well as in broader terms with changing public health needs and advancements in technology). It is beneficial for students to build resilience when dealing with changing/unexpected circumstances and not get disenfranchised when times are challenging, often such circumstances yield unique learning opportunities that still benefit the student’s development when they utilise them.

A healthcare professionals' duty is to always provide patient-centred care. In some circumstances the needs of the patient mean certain examinations are not suitable learning environments for students. Therefore it is very important for students to remember that patient needs, and service requirements always take priority over student learning needs. It benefits students to recognize these times and respect when they occur, as it often demonstrates professionalism on their part. Even though it might not be appropriate at the time to have a student involved in certain situations, usually after the event practitioners and supervisors are happy to answer any questions about the event and explain why it was not appropriate for a learning experience.

Learning From Your Experiences:

All the experiences you have on clinical placement will have a lasting effect on you and help shape your practice. Whether they are considered good or bad experiences, being able to critically reflect on them and improve your development as a MRS practitioner is an important skill to have. Remember when on clinical placement, always be enthusiastic and show initiative in learning as much as you can. The more effort you put into clinical practice, the more you get out of the experience, as supervisors will recognize that effort and be more willing to spend time teaching you. Often as students on placement you may come across new equipment and techniques that many qualified staff have never seen as healthcare continues to evolve. Utilizing those experiences and being able to share them with other students or staff either as a presentation or other form of CPD is a great way to develop your skills. MRS practitioners are continually learning and developing throughout their careers from all their different experiences, and you never know when an experience you had as a student/qualified practitioner may give insight into a future situation and help you better deal with it.

Practical Tips for Clinical Placement

Practical Tips for Clinical Placement

Communication:

Communication is an essential part of any healthcare job, but especially in medical radiation science. You need to ensure that everyone on the team is on the same page: that the referral is correct and asking for the appropriate examination, that the patient understands what is going on and how to get into position, that you take adequate images for the doctors to report and interpret. Any miscommunication along the way can lead to errors that have the potential to negatively impact the patient - for example, exposing the patient to unnecessary radiation. That is why it is pivotal you communicate with a broad range of people in an efficient and timely manner. Some people may find communication challenging for numerous reasons, but that is okay! Nobody is born a perfect communicator; it is a skill that you will work at and improve on as you develop as a professional. In this section we will explore how to improve your communication skills and how to adapt your communication to certain situations so that you can be flexible when out on clinical practice. Remember, “Communication works for those that work at it”.

Interacting With Your Supervisors:

Breaking the Ice:

Many of us find it hard “breaking the ice” with people in daily life, let alone with a higher-ranking professional who will be grading you over your placement! Fear not however, as this task is not as daunting as it seems. “Breaking the ice” with your supervisor can be extremely beneficial, as it allows you to engage with them on a limited personal and professional level and get a bit more than a mere clinical experience. Remember to always be polite, professional and formal when talking to your supervisor. Below are some tips and questions you can ask to help break the ice:

Things to potentially ask them:

- What made you go into medical radiation science?
- What was your training experience like?
- What hobbies do you have outside of your profession?

Note: It is important to gauge the mood before asking these questions, and ensure you are sensitive when approaching these types of discussions.

Things they might ask you:

- Tell me a bit about yourself and why you are looking for a career in medical radiation science?
- What were your past placements like?
- What are your goals for this placement?
- What level are you currently at?
- What do you think are your strengths and weaknesses?

Asking Feedback From Your Supervisors:

Feedback is an essential component of your learning on clinical placement. Without it, you don't know if what you are doing is right, wrong or needs improvement. Some supervisors will be very open with giving you feedback, and this is a great learning experience. However, some may not be as generous, and when you receive your grades you will say to yourself "why didn't they say anything, I could have fixed this sooner!". At the end of the day, the onus is on us to seek feedback and apply it to our learning. Below are some simple questions to ask your supervisor regularly (either between patients, or on a quiet day).

- How am I performing?
- Was that x-ray/patient interaction good?
- At this stage of my placement, what areas should I focus on to improve?
- Is there anything else I can be doing?

Learning Questions:

Like seeking feedback, asking your supervisors questions is essential for the best learning experience. Supervisors are unable to read your mind to determine what you do and do not know, so asking them questions, no matter how small or minor you think they are, is necessary. Below are some styles of questions you may ask:

- How can I improve my shoulder x-rays?
- Why did you angle the tube that much?
- What is the medication you gave that patient used for?
- How do I fill up the CT contrast injector?
- Can we go through some cross-sectional anatomy?
- Am I doing this correctly? (a generic, but important question!)

Interacting With Patients

Interacting with our supervisors and colleagues is important, but interacting with patients can be challenging initially. Often they have limited medical knowledge, and can sometimes be nervous or confused with instructions. After all, you will be examining/treating the patients, not your colleagues! Therefore, it is pivotal you build trust, rapport and ensure continuity of care for your patients. We build trust through being open and friendly with the patient, having confident body language and not "umming", "arghing", or sighing in front of them. You ensure rapport by having a two-way communication system, whereby you explain what is required and listen to their feedback or questions, so they feel they are included in the decisions regarding their own health. Finally, you ensure continuity of care by having an overall positive experience with the patient, including the ending. You must always use simple terminology without medical jargon, be polite and patient, and remember that your patients are people, not just a collection of body parts needing to be examined! It is worth noting that no two patient interactions are the same, and that you must always strive to achieve patient-centred care and communication.

Hot Tip - never, under any circumstances, forget to do the following:



Introduce Yourself

- Always introduce yourself to the patient and identify yourself as a student.



Check Patient Identification:

- Don't assume these details are correct on the referral or imaging system, as sometimes there are mistakes.
- Make sure you facilitate passive identification by asking the patient or carer for their details - e.g. "What is your date of birth?"



Screen for Pregnancy:

- If the patient is female within childbearing age (12-55), then she must be asked if she is pregnant. If she is a paediatric (under 18), consider asking her in private outside of the immediate supervision of her parents when possible, to elicit an accurate response.
- It is important to be familiar with the specific department policy, as this may differ between departments and states.



Verify the Region of Interest - What, When, Where, How:

- It's quite common for the incorrect anatomical location to be requested on the referral (e.g. left instead of right), therefore cross reference everything the patient says with the referral to ensure the correct study is undertaken.



Gain Informed Consent:

- This doesn't need to be a long-winded speech about the biological effects of radiation. Give a brief rationale of the examination and what the doctor has requested, then ask if the patient is happy to go ahead with the examination.

Adaptation of Communication:

If there is one thing any MRS student or professional will tell you, it is that few patients fit the textbook description. You are not dealing with phantoms, you are dealing with real people. Because of this, you will need to adapt your technique to provide the specific care that they need. In this case, you will be adapting your communication style to provide the best patient-centred care. Below are some scenarios in which you may need to adapt your communication, and ways in which you can do so.

1. Paediatrics:

In general practice we consider those who are under the age of 18 years old as paediatrics, however for the purpose of our communication tips we will be referring to younger children. Entering a radiology department at this age, or any medical setting for that matter, can be very frightening for children. In addition, this distress is often amplified with pain or a traumatic experience. Therefore, there are some ways you can adapt your communication style to make the paediatric experience less daunting and more effective:

Do. Not. Count. Down. From. Three.

- Let's reminisce, shall we? When you were a child doing something wrong, what would your parents do as a warning before something bad was about to happen? Yep. Don't do it.

Use Simple Terminology when Communicating, with Easy-to-Follow Instructions

Get Down to Their Physical Level when Speaking with Them

Make It Fun!

- Ask them if they've ever had an x-ray before. If yes, ask them what happened last time. If not, how exciting! Be enthusiastic and positive about the experience.

Get the Parent/Guardian to Help out:

- A paediatric patient should never be unaccompanied when receiving healthcare. Whether it be a parent, carer or nurse, they should always have someone with them. In this circumstance, when explaining instructions to the child, it can sometimes be beneficial that the parent helps calm the child and explain what is required. They can also assist with immobilisation and give the child constant reassurance. Remember, with paediatrics you need to ensure you maintain effective communication with the parent or carer too, not just the child.

Give Empathy and Praise:

- This can be an extremely challenging time for paediatric patients, and you need to respect that as an MRS professional. You need to be patient and show empathy for their situation. Always praise your paediatric patients at the end of an examination, as this helps build trust and rapport and may help them be more comfortable next time if they ever have to come back.

2. Geriatrics:

The term “geriatric” generally refers to those patients over 65 years old. With almost 4 million Australians being over the age of 65, accompanied with a steadily increasing aging population, these are the patients you will often encounter whilst on clinical placement (Australian Government, 2018). Geriatric patients are more likely to suffer from chronic conditions such as dementia or osteoarthritis, and may have reduced mobility. Therefore, here are some communication tips to keep in mind:

Educate the Patient:

- Make them feel involved and explain everything you’re doing as you go through the procedure. This will help them understand what is going on, and assist you with the procedure.

Understand Their Abilities:

- Ask the patient, “can you do this?”, or “Is this painful?”, that way you can gauge what the patient can do and hence adapt your technique around that. Keep in mind - it’s amazing how many people will answer “no” to “can you do this” and then you’ll later realise that they definitely CAN do that. Therefore, you should use your skills to decipher each patients’ abilities on a case by case basis.

Be mindful that you may need to speak a little (or a lot!) louder, but don’t assume they’re deaf and shout from the start.

Make sure you are facing them while you speak.

Be respectful:

- You should always respect your elders! Some of these patients may have had numerous MRS procedures before, so ensure that they have a positive experience under your guidance. Be calm, don’t rush the patient and don’t get frustrated with them. Give them the dignity and respect they deserve.

Never assume incompetence; always communicate directly.

- Dementia is one of the leading causes of disability among the older population, with sufferers being subject to deterioration of memory, cognitive function, and behaviour (WHO, 2020); this in turn hinders their degree of independence.
- Studies have shown that a lack of effective communication and understanding negatively impacts dementia patients (Challen, 2018). Therefore, it is essential that healthcare practitioners know how to adequately employ patient centred care for the dementia population to ensure better patient health outcomes.
- Challen’s 2018 “Dementia Patient Care in the Diagnostic Medical Imaging Department” is an award-winning scholarly article with a focus on improving dementia patient care in our profession. A great resource! Add this one to your reading list.

3. People With Disabilities:

It can be confronting and challenging for some students when interacting with people with disabilities when out on clinical placement. It should be noted that not all people with disabilities should be treated the same, as disabilities can vary in form and impact on the person's ability. Therefore, here are a few things to consider and implement when treating people with disabilities:

Understand the Disability:

- Is it physical or neurological? Is it permanent or does it come in phases? Are there things you should avoid such as loud noises or bright lights? These are all things to consider when treating a person with a disability, as no two disabilities are ever completely the same.

Treat the Person, Not the Disability:

- Whilst the disability is in the forefront of your approach to being empathetic and caring to the patient, you are treating the patient after all. You want to ensure the best patient-centred care is delivered, and hence you must work with the patient to find out what their abilities are and not let your preconceptions or assumptions get in the way of providing the best care to the patient.

Ensure Multi-Lateral Communication Where Necessary:

- You may encounter some difficult situations in ensuring the message is delivered accurately, and this is where you need multi-lateral communication. This is in the form of communicating with the carer or accompanying individual of the person, and working together as a team with the individual to get the best outcome.

4. People of Culturally and Linguistically Diverse (CALD) Background:

One of the characteristics of Australian society is the sheer diversity and multiculturalism that exists across the nation. In healthcare, we have the privilege of treating people of all ethnicities and backgrounds. However, barriers do exist in ensuring that our patients get the best quality patient centred care. Below are two very prevalent concepts in the healthcare setting that are pivotal to ensure patients from CALD backgrounds get the best care possible:

Cultural Competence:

- Cultural competence is the ability of an individual to apply a set of behaviours, attitudes and techniques in order to provide professional assistance to a person from a differing culture to their own (Jongen et al., 2018). This promotes positive interaction between healthcare staff and patients, and encourages early access, detection and intervention of diseases. Examples of cultural competence include understanding the socio-cultural influences on a patient's health beliefs, devising interventions to take these into account

and implementing those interventions across multiple levels of institution. Some examples you may use on placement are interpreters or increased body language to communicate with patients.

Cultural Safety:

- As stated by Safework (NSW Government, 2020): “cultural safety is more than just being aware of other cultures and respecting all people. It is about creating a workplace where everyone can examine our own cultural identities and attitudes, and be open-minded and flexible in our attitudes towards people from cultures other than our own. It also requires everyone to understand that their own values or practices are not always or only the best way to solve workplace problems.” Hence, for individuals on placement, this involves having a two-way dialogue with the patients regarding their health wishes, avoiding stereotypes or predispositions, and building trust through clear and respectful communication.

Aboriginal and Torres Strait Islander Healthcare

Without healthcare staff demonstrating cultural competence, and fostering an environment of cultural safety, the Australian healthcare system is unable to produce equal health outcomes for all Australians. This is especially true for Aboriginal and Torres Strait Islander Australians, who suffer a greater burden of disease compared to non-Indigenous Australians. On average, Aboriginal and Torres Strait Islander Australians have a lower life expectancy, and are more likely to suffer from chronic diseases such as cardiovascular disease, diabetes and mental disorders (Australia's Health 2018: In Brief, All Is Not Equal, 2018). Much of this discrepancy can be attributed to a lesser degree of engagement with mainstream healthcare providers, in large part due to historical distrust in the prevailing Western systems of government and medicine.

It is unjust that the health outcomes for Aboriginal and Torres Strait Islander Australians are not the same as those for non-Indigenous Australians. As a medical radiation practitioner, you are likely to have a direct hand in ameliorating this issue, and the onus is on us as healthcare professionals to educate ourselves in indigenous culture in order to understand the specific needs of our Indigenous communities and the various challenges they face. Having an understanding of the social and historical influences that affect Aboriginal and Torres Strait Islander healthcare, as well as an awareness and recognition of cultural differences, are integral components that have the ability to influence patient experiences and health outcomes for the better.

If right now you are thinking, "I am only one person; there is no way I can fix such a complex issue," you would be taking on a passive mindset. Rather, by committing to treat every patient you meet with open-minded respect, you will be playing a crucial role in making the future of Australian healthcare more equitable for all Australians. While you may learn about Aboriginal and Torres Strait Islander approaches to medicine through exposures on placement, it is far more effective to educate yourself prior to having any placement experience. We recommend listening to Vicki Kerrigan's cultural education podcast *Ask the Specialist*, which tackles some of the big questions you might have about Aboriginal and Torres Strait Islander health. The future of Australian healthcare is what we choose to make it — let's choose equity for all Australians.

Professionalism:

Professionalism is something many MRS students are concerned about. They ask: “I am just a student, how can I be professional in front of practitioners and not embarrass myself?”. Don’t worry, your supervisors and patients know you are a student, and they will take this into account when assessing you. However, just because you are a student, does not mean you are not a professional. You are representing your university, your placement centre and your profession whenever you step foot on clinical placement - so being professional is a must. Here are some tips and tricks to implement to help you maintain your professional standards when out on clinical placement:

How to Present Yourself in a Professional Practice:

As we all know, the impression you leave upon somebody has a lasting impact on the relationships and opportunities you sustain in that setting. We are always told “first impressions matter,” and that is true! Whether you are trying to come across as poised and competent to your potential employers, or whether you are trying to instill reassurance within your patients, it is essential to have a professional presentation in your practice. So, how can you present yourself as professional during your placement?

1. Look the Part:

Whilst you may not think image plays a role in your ability to provide quality patient centred care, it does factor into how you are able to display ourselves as professional. It is pivotal that you are clean, crisp and confident when you attend clinical placement. Wearing the correct uniform, making sure it is ironed, doing your hair so it is slick and neat and performing other basic hygiene elements make your supervisors and patients immediately think you are professional. Afterall, look good, feel good.

2. Portray Confidence:

Often people feel shy or timid about their placement, as they are in a new workplace setting and feel quite anxious about the whole situation. This is normal and understandable, however, to impress your supervisors and gain the trust of the patient you need to display an element of confidence in your practice. Confidence does not mean arrogance, but rather owning your work. Speak clearly and have open body language, make eye contact and try to minimise fumbling or nervous interactions, as these demonstrate you are not confident in your practice. You have studied hard and are here to learn, so own the moment.

The Attitude to Bring to Placement:

A positive attitude is a must for clinical placement. Even if your supervisors are tough on you, the patients are tricky, it was not the placement location or setting you wanted, or any other circumstance, it is a valuable learning experience that must be appreciated and treated with respect. When people see you come to work every day with a smile on your face and an eagerness to learn and get involved, they will take more time out of their day to teach you quality content to make you a better practitioner. A negative attitude can display an unwillingness or lack of appreciation for learning and will result in suboptimal learning and placement experience. It is the self-fulfilling prophecy; you have an idea of what the placement should be like, that idea subliminally influences your behaviour and actions, and those actions produce and reproduce the idea. Hence, if you have a positive mindset, you will perform positive actions and demonstrate positive behaviours such as good patient interaction and learning new material, which will result in positive outcomes as per the mindset such as a good examination or supervisor praise. It is all up to you, so make the most of it!

How to “Read the Room”:

Reading the room is a very useful skill to have whilst out on clinical placement. It is something that is not really spoken about but can really help in engaging and managing different scenarios. For example, if it is a relaxed day and a patient comes in for a simple procedure, you can go for it and have a discussion with your supervisor about it after. However, if it is a very busy day and a very urgent case has come that needs critical care, sometimes the radiographers will take over and you just watch and do as you are told. It is all about judging the situation at hand and thinking to yourself “what would they like me to do and how can I be of the most help to the team right now?”.

Ways to Leave a Good Impression:

- 1. Always be nice:** Even if you don't agree with the feedback you receive or you really feel under the pump and ready to snap, as a professional you cannot let the negativity bring you and the rest of the team down.
- 2. Have a growth mindset:** Sometimes on clinical placement you will receive tough feedback or criticism. If this is the case, don't beat yourself down, but instead take it on the chin and think to yourself “how can I improve?”. By assessing the feedback, you can improve your practice and grow as a person and practitioner. Supervisors love to see this, and by doing this you will improve in every subsequent placement you go to and only get better and better.

Establishing Workflow

Workflow is a concept not many students think about when going out on placement. For some students, this is their first time in a workplace setting. However, workflow is essential for sound and efficient radiographic practice. Dr Paul Chang, a professor and vice-chairman of radiology at the University of Chicago once said the examination “starts when the physician first decides that imaging might contribute to the patient care and only ends when that same physician gets the report,” (Bolan, 2010). Therefore, the more effective and efficient the cycle can be, in our part the acquisition of images, then the better health outcomes overall for the patient. Supervisors and staff are impressed when they see students have good workflow habits, as in reality this is what is needed for the real world. So what is an example of a good workflow? Below is an example flowchart for private practice that we have created for your convenience!

1. Read the referral
2. Set the room up as required (infection control, open the patient file, set your equipment up)
3. Get your patient and take them to the change room if required
4. Confirm Patient ID & Pregnancy Status
5. Gain clinical history and cross-reference with referral
6. Gain informed consent
7. Perform examination
8. Let the patient know an estimate of when the results will be with the doctor
9. Post-process images (if required)
10. Send images to PACS (or other image storage system depending upon the practice)
11. Infection control again - this is your new best friend. Get used to it.

Note: Medical Radiation Science students need to be proactive, take initiative and own their work. By doing this you build rapport and gain the trust and respect of your fellow staff and patients.

Clinical Education Q&A

With Adam Steward



Q Tell us about your role as a Clinical Educator:

A I am the Head Clinical Educator at Western Health in Melbourne. We are a large multi-campus public hospital that services Melbourne's western suburbs. My role is to facilitate all student placements and where possible teach students on placement. I am also responsible for overseeing the department's CPD program and the continued development of our fledgling research and academic program. Most of all, I see my role as being able to provide support to our students and staff, not only in education, but broader with their development as professionals and people.

Q What do you look for in students?

A I look to see the students as themselves. I am motivated to learn about them, who they are and what makes them tick. This is both to ensure that we aim to teach and support in the right way but also to try to allow them to develop comfort in their interactions, with me and also other staff and then especially the patients.

I guess though that this question is aiming at what specific skill sets I like to see in students. The first is without question a reasonably sound ability to communicate and well-developed interpersonal skills and emotional intelligence, as well as a good sense of humour. If a student has these qualities then a lot of the other skills can either be managed or developed effectively.

Q What delineates an average student from a great student?

A Passion and Proactivity.

Q What is one student interaction that stood out to you in a positive way?

A Wow!! Too many to list. It is always terrific when you see your students beginning to blossom and develop into good radiographers or to utilise a technique that you have taught them and to be adopting it into their routine. It is also wonderful when you see the difference you have made to a student's professional and sometimes personal life.

As far as a specific interaction..... hmmm..... I would say that last year during the middle of the COVID pandemic and extended enforced lockdown one of my final year students found things really difficult and had a little emotional moment. I was able to comfort her and my staff, especially my management team, really came to the forefront for her. She had been away from her family to complete her studies and had not been able to see them for close to 12 months. It all just got to her and I was the shoulder to cry on. I was really moved a few weeks later when she said to me that she felt so lucky to have undertaken her final placement with our department. She said that she felt so supported and cared for and that in particular, I was able to provide for her what her family could not through that time. It moved me more

than anything and really demonstrated to me the power that we as educators and frankly, professionals and people can have to impact students, either positively or negatively. I was so moved that I was able to have such a positive impact.

Q What should students do if they feel like they're not gaining enough exposure to a range of settings/modalities?

A As hard as it is, speak up. Most educators are incredibly busy, either supporting multiple student placements or managing a heavy clinical load as well as facilitating placements or both. Most clinical educators and for that matter, all educators that I know are driven to provide as much support as they can for students, but it is really hard to ensure that we are meeting the needs of all students and sometimes we just can't. That said, if the student does come to us with their concerns, particularly with plenty of time to spare, then we can either seek to facilitate requests or at least explain why this cannot be done and seek to work with the universities or other partners to help manage this.

Q Is there anything else you think is important to mention?

A I think it is really important for students to prepare themselves for placement, by making sure that they have reviewed any relevant theoretical work prior to placement. This way they can ensure that when attending placement they are refining what they already know, rather than seeking to learn a new skill from scratch.

I am also a big believer in setting smaller goals more frequently and to make sure that these goals scaffold onto the next. I see a lot of students that set goals such as being capable of performing complete examinations without intervention, or the ability to adapt their routines, when they have a finite time on placement, usually not particularly long. I often try to refocus students on trying to consolidate or become capable in a smaller subset of a particular skill or examination. Once they have achieved this they can then focus on another element of a task, skill or examination.

Finally, it is really important for students to come to placement and be happy to be there, and even more important that they enjoy placement. This is what they have signed up for as their career and for most of their job for the rest of their life. If it is not enjoyable at the start, when everything is new and exciting, then it may not be the calling for you.

Dos and Don'ts Summary

Okay team, as with all things, clinical placements have certain dos and don'ts if you really want to meet and exceed expectations. This is your "bare essentials" summary to succeed at placement.

Dos:	Don'ts:
Come early. At least 15 minutes before your start time so you have time to relax and be ready to go.	Be late. Unless you have a genuine excuse (such as traffic due to a car accident), being late leaves a poor impression on your practice.
Bring your PRM and metal markers, as these are absolute musts for placement.	Go on your phone. This is quite rude and often there are things to do around the placement such as clean or restock.
Take pride in your presentation. Be clean, tidy and hygienic as this has a very good impression on staff and patients.	Be rude or unappreciative. Employers and university staff are working as hard as they can to ensure that this placement goes as smoothly as possible for you, so acknowledge that.
Enjoy it. Placements are an amazing part of the course and you should enjoy yourself out there.	Rely on pre-set or automatic exposure controls. It is always useful to learn them and know how to adjust them if you need to re-take or alter the image.
Be a sponge. So many radiographers have different methods and tips to get the same result, so take the best from everyone and develop your own method.	Be rigid. Learn to adapt your technique and alter how you do things as desired by the placement site or supervisor.
Have mentors and role models. These are the people you aspire to be, and can help you in job and leadership opportunities, so definitely seek them out.	Rush or do nothing. Whether it is busy or not, you need to always take your time to ensure no silly mistakes are made. If you have nothing to do, restock shelves or gowns or help clean up. The site will appreciate this.

**Issues on
Placement
Q&A
with
Dr Andrew
Kilgour**

Issues on Placement Q&A

With Dr Andrew Kilgour



Q Tell us about your role:

A I am a senior lecturer in Medical Imaging at Charles Sturt University. I also manage the clinical placements for radiography students at all levels. This means organising them, assessing them, and dealing with any issues that arise.

Q What should I do if I'm being left unsupervised and don't feel like my clinical site is supporting my learning?

A The answer to this depends on who is leaving you unsupervised. If the appointed supervisor has asked another practitioner to supervise you, and they are neglecting that responsibility, you should first report it to the appointed supervisor. If you don't get a satisfactory response from them, talk to your university clinical academic (ie me, if you're at CSU). If it is the appointed supervisor who is neglecting their duty, then politely approach them and express your concerns. If you don't get a satisfactory response, talk to your clinical academic.

Q I'm being bullied/discriminated against on placement, what do I do?

A Similar answer to above. The university has a responsibility to look after your personal safety, so if you report an issue like this, we MUST intervene.

Q I made a mistake (no screen for pregnancy, x-rayed the wrong patient, etc.). What happens now?

A There needs to be an internal incident form completed in your department, and also a University incident form. In NSW Health at least (not sure about other states/territories), any radiation incidents such as those mentioned will go to the state Radiation Safety Committee for discussion. However, since students are working under the radiation licence of their supervisor, it will ultimately be the supervisor who is held responsible for the incident. It will only ever happen once - the first time will give you such a fright, you'll never do it again!

Q What are my options if I feel like I'm being unfairly marked on my assessments by my supervisor? Can the university override these grades?

A Talk to your clinical academic, but before you do, gather as much evidence as you can to support your assertion that the marks are unfair. Examples can be failing the final assessment when you were given no warning in the mid-placement assessment that you were at risk, having a different person fill out your mid and end of placement assessments, having someone mark the assessment who has not worked with you, or at least spoken to those who have, and not being given opportunity to prove what you can actually do. The university can override grades deemed to be unfair or incorrect - we provide your degree, the clinical centre doesn't.

Q If I report an issue to the university regarding my placement, will it remain confidential?

A I will always keep issues confidential, unless the student/s involved give me permission to do otherwise. The exception to this is when it involves a legally reportable offence, such as child abuse or elder abuse, or other illegal activity.

Q What is the university's policy in regard to transferring placement sites?

A If we feel that you are being treated unfairly, or it is otherwise in your best interests not to stay at a particular site, we will move you if at all possible. We have a duty of care towards you to do so. The exception is if you have accepted a 4th year placement, and decide you want to move before you commence the placement. That is not permitted.

Study Tips for Clinical Placement

Study Tips for Clinical Placement

General Study Tips for Your Degree:

One of the most common reflections MRS students have at the end of their degree is: “Now that I know how to study, I wish I was doing this from the start of my degree,” and that is pretty much always the case! Studying may not be the most fun or exciting part of any degree, but it is essential that you have a good knowledge base not only to graduate, but to be the best practitioner for your patients. In saying that, we have compiled some general study tips to help you get through your degree more smoothly:

Studying Smart, Not Just Hard:

A classic. We hear this phrase all the time from teachers, but it is not until we take it to heart and truly implement the strategies that we get to appreciate the value in studying smarter, not just harder. Whilst there is undoubtedly an element of hard work and devotion of time needed to be a good student, you want to be efficient with your time. After all, the more quality work you do in a shorter amount of time, the more time you have to do other things you may like. In saying that, studying smart means not wasting hours and hours on end using ineffective studying techniques, all to have not obtained the desired result and making you more fatigued and stressed. Therefore, you need to use scientifically proven effective study strategies to help yourself. Techniques such as re-reading and highlighting, whilst easy and comfortable, do not actually help us learn better. Proven study techniques such as active recall and spaced repetition, however, do help us learn better.

Active recall is using a stimulus, such as a question, to extract information you know on a topic and putting yourself in a mini-testing condition. Spaced repetition is doing this active recall process over an extended period, as you may forget information, but through studying it multiple times over time you can reinforce it. This is because you are forcing your brain to actually recall and extract knowledge under a testing condition, as opposed to reading a sentence in your notes and being like “oh yeah, I know that,” when in reality you don’t. A great way to implement active recall spaced repetition in your study routine is by using flashcards. Whilst some people like handwritten flashcards, these can be laborious to make and take time. Instead, terrific apps such as Anki or Brainscape allow you to make flashcards on your phone or computer with the spaced repetition component built into the app. This way you can make the flashcard, test yourself, and then follow the process to learning smarter, not harder.

Be Able to Discern Quality Resources:

As a student, you will have access to a large volume of resources and information. Whilst this is advantageous for a host of reasons, being able to discern quality information has become increasingly challenging. This is because students often feel overwhelmed with the sheer quantity of material out there. Our advice is to consult established, known and trusted resources, and try and use evidence-based peer reviewed scientific journal knowledge. However, remember to think critically with every piece of information that you read; just because someone has said it or it has been published does not necessarily mean it is the

best way to do something or may mean something else in the context you are looking for. Remember, causation does not always mean correlation.

Start and Start Early:

Phrases such as: “The assignment isn’t due for another week”, “We have plenty of time,” and “I will start later”, are staple vocabulary for students. However, the fact is that it is so common for students to leave tasks to the last minute, even if they have had the information for a long time. Scientific studies have proven that students who leave tasks to the last minute and cram not only report having higher levels of stress and anxiety, but also end up performing worse than their peers who started early. The lesson from this is don’t procrastinate and put tasks off! Starting early does not mean finishing the task the first day you get it, but instead doing little bits and pieces consistently and early on so that by the end you are not overwhelmed and behind. This can be writing a plan for the task when you first get it, reading papers on the topic the second day, and writing a paragraph every day etc. The earlier you start, the less stressed you will be at the end, and the more time you have to produce high quality work and get better marks. Also, if you are procrastinating and have low motivation to start, or don’t know where to start, just start the task! It is proven that if we just start, our natural tendency is to not leave unfinished work and want to finish it. Time 5 minutes on your phone, and in that 5 minutes just start as much of the activity as you can. Then, you have the foundation to work from for the rest of your task.

Be Organised:

Staying on top of things is a must as a student. With so many different tasks, deadlines, tests and personal life matters all swirling around you, you need to know what is coming up and what you need to do. Whether this is writing all your tasks down in a diary or using an online platform such as Google Calendar, you should have all your due dates and what you need to do written down. You should also plan out how you are going to study and the work you will do leading up to these tasks. For example, you may want to finish your assignment on Monday when it is due Wednesday, so you have time to check over it and submit to avoid any technical issues. You can also record your studying in Google Sheets or Excel; that way you know what you have and haven’t covered and what to spend your time on. This will reduce your stress and make you a much more efficient student.

Ask Questions:

If you don’t know something, ask! You should never think you look silly or dumb when you ask a question, as the only silly thing is knowing you don’t know something and not seeking out help. If that topic comes up in the test and you don’t get it, then it is your fault and there is no hiding from that. Ask your teachers, supervisors, friends or search it on the internet. Just make sure you clarify the information you receive; your friends may have an incorrect understanding, and not all internet resources are reliable. Also, don’t stop asking if somebody answers it and you still don’t understand, as this is only doing half the job you need. After all, you are a student learning, so make the most out of it.

Studying During Placement:

Tips for Learning on the Job:

- **Have a notebook on hand:** That way you can jot down the information as the radiographer is doing it or explaining it to you, so you don't forget. Remember to clarify these notes with your supervisor if you don't fully understand the concept.
- **Come to placement to learn, not just to do:** Placements are mainly for the practical component of your degree, but you should be switched on at all times to learn content as well. Some placements have mini seminars and lectures that delve deeper into the theory you learn at uni, so these are great learning experiences to make the most of. You should also learn how to use the technology and software the placement has on offer such as PACS (Picture Archiving and Communication System), as this is essential to work in the real world.
- **Don't leave details ignored:** Why did they use that medication? Why did they explain something to a patient in a certain manner? What is that particular machine they are using? These are all details you should ask whilst you are out on placement, as you never know when it could come in handy.
- **Pay close attention to professional discussions:** Often the best learning of a concept is to pay attention to two (or more) practitioners dissecting a concept or arguing a point. It provides learning from multiple directions.

Studying at Placement:

Sometimes on clinical placement, especially in private practice, the centre may not have patients for an extended period. Assuming you have already done tasks around the centre such as restocking the cupboards, wiping down the equipment, and any other tasks the supervisors may ask of you, studying can be a good way to spend the time. You should never study while your clinical site is busy or when there are other tasks to do, but if the department is quiet you can seek permission from your supervisor and the immediate staff to study - they will likely be more than happy for you to do so. However, it is important to always keep an eye on the worklist during this downtime to ensure that you don't miss practical learning opportunities. To get the most value, you should refresh your lecture notes to be sharp for the next patient or upcoming exams, start assignments in advance, or ask the supervisors to explain concepts to you that you don't understand. Further, you can practice image critiques on the images taken at the centre and read the radiologist's report. You can also reflect on the images you took and how to improve them for the future.

Managing an In-Semester Placement:

In-semester placements are undoubtedly challenging. Especially if it is your first placement, you are balancing full-time uni with placement and your other life commitments. Under these circumstances, it is essential to have ways of managing your studies so you don't feel behind or overwhelmed. If the placement is quiet, ask your supervisor to sneak some revision in. Study on public transport if that is your commute to placement, or return some emails while on your lunch break. It is all about optimising your time, but remembering to give yourself some down time when you get home to rest, exercise or relax so that you do not burn yourself out.

Approaching Exams and Assignments Around Placement:

Quite often right before or following your placement you will have some form of examination. This can be assignments, mid-semester tests, final exams or OSCEs (which stand for Objective Structured Clinical Examinations). OSCEs test your practical skills, whereby you essentially role play the scenario of your MRS work with examiners and fake patients. Fear not however, as here are some tips to deal with exams and assignments around placement:

1. For OSCEs, practice with a friend, family or fellow MRS student.
2. For assignments, look at the assignment early and see if it is related to your placement activities. If it is, then keep an eye out at placement for any potential topics or images to write about.
3. Don't stress! Take every exam and task one by one.
4. For reflective writing, use structures such as Gibbs' cycle, Atkins and Murphy model, or similar.
5. Study hard. There's no other way of saying that it won't be easy, but you can do it!

Useful Resources

Useful Resources



Staple Discipline Textbooks:

- Carver & Carver's *Medical Imaging Techniques, Reflection and Evaluation*
- McConnell, Eyres & Nightingale's *Interpreting Trauma Radiographs*

- Washington & Leaver's *Principles and Practice of Radiation Therapy*
- Walter and Miller's *Textbook of Radiotherapy: Radiation Physics, Therapy and Oncology*

- Kristen & David's *Nuclear Medicine and PET/CT - E-Book : Technology and Techniques (Vol. Eighth edition)*.
- Mettler & Guiberteau's *Essentials of Nuclear Medicine and Molecular Imaging*



Articles:

- **Peer-Reviewed Scientific Journals:** These are the most credible source of information you can find. It doesn't have to be anything too major, maybe typing "shoulder x-rays journals," in Google Scholar and reading a recent article to address the question. Pro tip: use "command, f" and type your keyword or read the abstract to see if you are on the right track.



E-integrity:

- **E-integrity:** E-integrity is an award-winning online learning resource and as a student member with ASMIRT you will be eligible for a massive discount. The site offers courses for both radiography and radiation therapy professionals and is a fantastic tool for improving your clinical knowledge.



Websites:

- **Radiopaedia:** A fantastic website that has everything radiology, from positioning to technical factors to images to case studies and practice questions (an absolute must for radiography students).
- **Orthobullets:** Whilst made for physicians, it is a useful site to delve deeper into the radiographic theory and analysis behind certain pathologies/procedures.



Interactive Anatomy:

- [BioDigital Human](#): An interactive 3D software platform for visualising anatomical systems, diseases and treatment.
- [TeachMeAnatomy](#): An amazing online resource with visual schematics and explanations of anatomy making it condensed and easy. There are also practice questions associated with each module.
- [Kenhub](#): Similar to TeachMeAnatomy but has video content as well.



Quiz Sites:

- [Norwich Image Interpretation Quiz](#): This free site provides image interpretation self-tests for radiographers on general x-ray (extremely helpful for image interpretation questions).



University and Supervisors:

Whilst this option seems obvious, it is amazing how students under-utilise their university and clinical educators. Potentially out of fear of being seen as not smart or a lack of interpersonal skills, these should always be your first point of call for any issues you are facing or wanting to improve. Even with something as simple as “how can I improve this view,” or “am I doing this right,” or sending them an email with your concern, they are more than happy to help!



Peers:

It is always good to get together with peers and have debrief sessions (whilst maintaining patient confidentiality). Discussing questions with your peers can really improve your knowledge as a whole group in a collaborative setting. How is your placement going? What kind of things have you seen? What are you finding challenging? What are your thoughts on this? Even getting together to do practice OSCE scenarios and positioning really helps to make you confident for your exams.

Financial Tips During Clinical Placement

Financial Tips During Clinical Placement:

How to Manage Your Money During Placement:

Finances are often a talking point of students during clinical placement. As you will be working at this placement facility either part or full time for anywhere between 2-36 weeks, while having to manage your studies, it can have an impact on your work or ability to generate revenue. Many students often put their part-time or casual work on hold or reduce hours during their clinical placement tenure. Hence, money management is just as important as making money. Below are some ways to make the finances a bit more manageable during placement:

Tips for Budgeting:

- 💰 **Bring your own food:** Whilst it can be tempting to just buy food during placement, bringing your own lunch can dramatically save on your weekly budget. With so many good recipes out there in supermarket catalogues or YouTube pages, get creative with your meal prep.
- 💰 **Make your own coffee:** It is amazing how the little costs add up whilst out on placement. If you buy a \$5 coffee every day for a 6 week placement block, that amounts to \$150 all up! Instead, make your own coffee and bring it in a thermos or keep-cup, or use the free coffee sachets often found in the tearoom at placement sites.
- 💰 **Sign up to rewards programs:** Things such as Everyday Rewards at Woolworths let you accumulate points whilst shopping there, with the opportunity to boost points on certain products and get a monetary discount on your shopping. These small savings help considering you are buying the products from the store regardless.
- 💰 **Use apps:** There are many great free apps available to help you manage your money when your source of income becomes limited. Personal Capital, You Need a Budget, Track My Spend, Good Budget, Dollarbird and Fudget just to name a few. These budgeting apps, plus many more, help you track all your spending habits and guide you to stick to your budget all from your phone!
- 💰 **Know your discounts:** There are many perks of being a student, one of which is all the fun discounts you're eligible for! Students can save on travel, food, sporting events, retail, movies and more if you know where to look. It is also extremely worthwhile to sign up to sites like UNiDAYS or StudentBeans which collect offers from multiple companies to make it easier for you to find. Additionally, being part of ASMIRT grants you even further discounts such as buying Woolies or Coles vouchers through the Member Advantage program, starting from 5% or more. So, if you are going to spend some money, take advantage of your academic credentials and save!
- 💰 **Purchase second-hand goods:** Your MRS books can certainly leave a big hole in your bank! So instead of buying brand new textbooks, you can typically find them second-hand on multiple sites including StudentVIP, Sell My TextBook, and even Ebay. You can save anywhere from 20-80% on many used books, and once you're finished with them yourself you can resell them on the same site! Just make sure they're the same edition as that specified in your subject outlines. The wrong edition can contain outdated content, and confuse you with different page numbering.

Scholarships:

Universities and other professional bodies (such as ASMIRT and the Health Education and Training Institute) have scholarships to help students in financial need or have earned it through merit, so do your research and contact those respective agencies for further information. There are a wide array of scholarships on offer during different times of the year, and most don't rely on academic merit! While some scholarships are offered for academic achievement, others are offered for community involvement, financial hardship, volunteer work, and more.



University Loans / Centrelink Applications:

Sometimes placements become extremely challenging and you need to move out of home for an extended period. If you cannot sustain your work during these times or need extra assistance, Centrelink or university loans can be accessed. You will need to contact those centres and discuss to see if you are eligible or if that is the right option for you.

All Things Mental Health

All Things Mental Health

It is no secret that clinical placements are not easy, and it is okay to feel overwhelmed, stressed or tired. However, you must always appreciate your own mental health and well-being, and if you feel that it is being compromised, you can take steps to improve the situation and get through it. Below are some mental health and well-being services and tips you may want to consider.

University Counselling:

Universities offer free, confidential counselling to students. This can be a great way to talk to a professional who can help you deal with your circumstances. They are flexible as well, with online options as well as in person and you can select the times that best suit you.

Organisations:

- **Headspace:** Headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Headspace can help young people with mental health, physical health (including sexual health), alcohol and other drug services, and work and study support. Their number is 1800 650 890.
- **Beyond Blue:** A mental health organisation, focused on supporting people affected by anxiety, depression and suicide. Their number is 1300 22 4636.
- **Lifeline Australia:** Lifeline is a national charity providing all Australians experiencing emotional distress with access to 24 hour crisis support and suicide prevention services. Their number is 13 11 14.

Mindfulness:

Mindfulness guided meditations can be a great way to use thoughts and behaviours to help modify our stress response. Take a moment in the day to just sit down and let the busy nature of life around you settle down.

Pro tip: download the headspace app on your phone. They have heaps of guided meditation videos, as well as sleepcasts to help ease you into a sleep.

Maintaining Sleep, Nutrition and Exercise:

It has been extensively proven that when we reduce our sleep, nutrition or exercise levels below a minimum threshold, we begin to experience negative impacts on our physical, mental and emotional health. There is no point in driving yourself to the ground with our work, as this will result in worse health, decreased job satisfaction, burnout and sub-optimal performance. Instead, you have to accept that some things in life have to be non-negotiable.

Those things, in this instance, are sleep, nutrition and exercise. You don't have to become a chef or world class athlete (or professional sleeper, which I'm sure most of us would love to do), but instead here are some tips you can use to increase your output in all departments:

- Sleeping between 7-9 hours a night: This is highly variable and depends on the person, however to perform your best on placement and not make silly mistakes, sleep is very important.
- Look up and try some recipe plans for easy meal-preps: This way you can have a delicious meal without compromising too much on time.
- Get off a stop earlier on the bus or park a street further away to get some walking in to and from placement: 30 minutes of exercise a day is all it takes to see noticeable differences, helping you get your heart rate up and clearing your head.

Reframe Your Perspective:

It is amazing how much our perspective shapes our attitudes and behaviours towards certain tasks. This is the basis of cognitive behaviour therapy: How our thoughts can influence our actions. Hence, by having a positive attitude towards a task, for example looking forward to placement every day instead of dreading it when you wake up in the morning, can have a lasting positive impact on your day's performance. Further, elements of problem-focused coping can help directly deal with the stressors at hand. For example, instead of telling yourself "I have 10 patients in the waiting room, I will never get through them all, I will make mistakes and be looked down upon," tell yourself "ok, there are 10 patients in the waiting room. I am going to go one by one through each of them, not rush but don't waste time and back myself." This type of mindset has a dramatic positive reinforcement, resulting in better performance and coping.

Life Hacks

Life Hacks

Maintaining a Healthy Work-Life Balance:

Work-life balance is something we all wish to achieve, and something we all acknowledge can be difficult to maintain. When you are a full-time uni student out on placement, juggling studies, patients, deadlines and all the life admin issues we face, it can seem very daunting at times. Whilst there is no perfect solution or clear path to follow to achieve work-life balance, here are some tips and realisations we have come to and some time management tips to help you on the way:

Work-Life Balance Is Not 50-50:

This might seem a bit shocking and counterintuitive to most people, as when we think of “work-life balance” it’s just half of each, right? No, and we realise this in our everyday life. When you are in an exam period with finals and assignments coming up, or out during the week on clinical placement every day, those days will obviously have a greater work than life ratio. Of course, we encourage you to come home and relax with your favourite show, get coffee with friends and definitely fit a workout in, but these are not the periods you are partying at night or playing games all day. In contrast, if you are on holiday with no or few assignments or tasks to do, of course this is the time to focus on your life ratio! Go out with friends, binge that show you’ve been wanting to watch, go to the gym more often, as these are the times to do so.

From realising this, what can we conclude? We can now see that work-life balance is dynamic, not static. It is not 50/50 all the time, but rather it is a sliding scale depending on what stages of life/schedule we are in. Note, it is never one or the other exclusively, as that is unhealthy. You should never only be in the books doing nothing else, and in contrast you should not be out partying hard every single night. It’s all about making an informed judgement of what situation you are in, prioritising what needs to be done, and deciding where on the work-life balance scale you will be at. Once we all make this mental realisation, approaching work-life balance becomes a lot easier.

From this, how can you optimise your work-life balance? Managing your time efficiently and effectively is exactly how you achieve this. If you are not wasting your time and instead strategic with the things you are doing, you can produce better work in less time and hence make time for the things you want (and need) to do. Below are some time-management tips that will help you be more intentional and productive with your time and help you make a plan moving forward:

Time Management and Productivity Tips:

1. **Prioritise the tasks you need to do:** Whilst we all want to do everything all the time, realistically we only have 24 hours in a day and not every task is of equal importance. Write EVERYTHING you need to do down on a piece of paper, then rank them in importance of completion. What is due first? What am I struggling with the most? What is the most difficult task? From this you can have a direction for where you will spend your time. Make sure you cross off tasks once you complete them on the list, as this gives you an extra sense of motivation seeing your to-do list go down.
2. **Schedule your tasks:** Now that you know what you need to do and when you need to do them by, it's time to make a schedule for when and how you are going to get them done. Be direct and deliberate with your time, for example: "On Monday I will spend 1 hour doing my placement assignment where I will compile all the research papers on the topic and plan out the assignment." This helps you avoid procrastination or slow progression, as you have a time and a mission to do for that given task.
3. **Avoid distractions:** Instagram, Netflix, Tiktok and Youtube - your best friends, and your worst enemies when it comes to getting tasks done and being productive. When you really want to get work done, you need to be free of distractions, as our brains struggle multi-tasking and can't focus on a topic as well if we are being distracted by external influences. In saying such, try putting time-limits on your phone for social media, put your phone in another room or turn it off all together. By avoiding distractions, you can get into a deep workflow state, where you focus and produce better quality work in a shorter time frame.
4. **Manage stress:** While this one is easier said than done, it is well documented that excess stress can lead to suboptimal performance in all aspects of our lives. Whilst some stress is good to help us push on with tasks and perform, you should never feel overwhelmed or engulfed by it. Seeking appropriate coping strategies such as exercise, meditation, a break or counselling are all good ways to reduce stress and let you get back to work.
5. **Get started:** If you are really procrastinating a task, be it a boring lecture or difficult assignment, just tell yourself to get started. Watch the first 15 minutes of the lecture, or write a scaffold for an assignment. Your mind will then instinctively want to complete that task, as it hates unfinished work, and give you the extra motivation you need to push on.
6. **Use the Pomodoro Technique:** Not everybody can study for hours on end without breaks (and quite frankly, you shouldn't be). Whilst the time to break ratio is very personal, a method called the Pomodoro method has become increasingly popular and used in productivity circles. It is where you set a 25-minute timer and perform deep work without distractions in that time. You then take a 5-minute break, and then return to the 25-minute timer and so on. You can repeat this process as many times as you like throughout the day, but often at the 4th block a longer break is encouraged, such as 15-30 minutes.

7. **Don't rely on motivation, rely on systems:** A question that people often ask their productive friends is “how do you find the motivation to do tasks?”. Whilst a big part of it is motivation, such as wanting to be the best medical radiation practitioner you can be, you can't always rely on your emotions, as they fluctuate too often to be productive all the time. Instead, rely on systems that you have made that work. Systems can be making a detailed schedule, going to the library, and following time limits such as the Pomodoro method. This takes the mental strain, external influence and emotional variability out of the equation, so that when you sit at your desk regardless of how you feel or what you want to do, you will work through your plan and get the tasks you need done.
8. **Reward yourself:** After all, we aren't machines, right! After a hard day's work, you should treat yourself. It doesn't have to be big: Maybe a coffee with friends or an episode of your favourite show. This is positive reinforcement of your study, and has been proven to encourage that behaviour and replicate it for future behaviour. Also, if you just work too hard without reward or breaks, you will burn out and be less productive, and nobody wants to see that happen.



Below are some books that go into detail about productivity and time-management:

- Atomic Habits by James Clear
- Make Time by Jake Knapp and John Zeratsky
- Deep Work by Cal Newport
- The 4 Hour Work Week by Tim Ferriss

Below are some youtubers that go into detail about productivity and time-management:

1. Ali Abdaal: [How I Manage My Time - 10 Time Management Tips](#)
2. Karma Medic: [How I have 25h in my day \(time management tips\)](#)
3. Med School Insiders: [Super Human Productivity & Efficiency | Tips from a Surgeon](#)
4. Thomas Frank: [How to Stay Productive When You Have a Chaotic Schedule](#)
5. Matt D'Avella: [How to Stop Procrastinating](#)

Note: Binge watching this content feeling “productive” is not productive, so be direct with what you want to achieve and apply what you get out of them instead of just watching. Some principles they talk about overlap between themselves as well, so you do not need to watch every productivity video out there to be productive.

Job Searching, Resumes & Interviews

Job Searching, Resumes & Interviews

If you're reading this section of our guide in preparation of your job search, then congratulations - you must be nearing the end of your degree! While the job application process isn't specifically related to clinical placements, we wanted to include this section as we ourselves had a lot of questions surrounding the "what next?" stage of our degree. In this section we will give you a run-down of tips for resume writing, applying for jobs, and interview preparation.

The first thing you'll want to work on is your resume and professional image. So, let's get right into it, shall we? To start us off we have a Q&A with Charles Sturt Careers and Skills Hub Representative, Polly Goodlet.

Job Prep Q&A With Polly Goodlet



Q How long should my resume and cover letter be?

A This varies with your circumstances but as a rule we suggest no more than two pages for each. This should give you enough room to cover your skills and experience and tailor it to the position.

If you have been asked to address selection criteria within the cover letter it could be longer.

Remember to always read the entire job advertisement and position description, as this will contain all the information you need to know, including any instructions on the length of these documents.

Q How many referees should I have on my resume? Should they all be related to my discipline or can I use other referees?

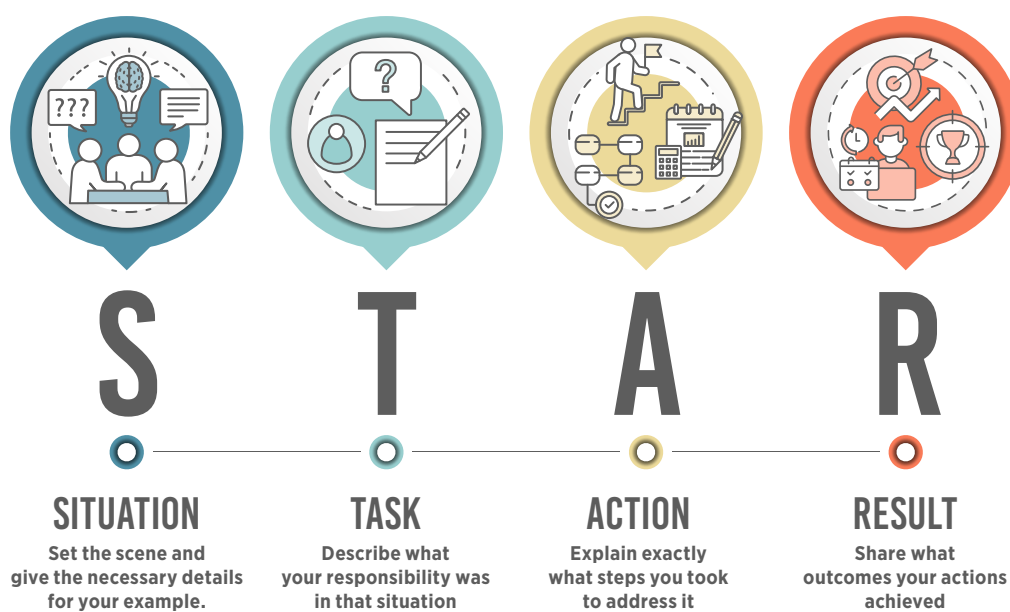
A Two to three referees are enough. If you have supervisors from placement or have worked in a similar role to the one you are applying for, these should be your first choice. After that you could include employment supervisors or if you don't work you could ask a lecturer if you already have a relationship with them. Steer away from personal referees.

Q How can I make my resume stand out?

A Resumes that stand out are formatted simply so that they are easy to read. Avoid using columns or fancy templates as these may cause issues with ATS software which is used by some employers to preview your resume. Your resume should catch the attention of the employer straight away so ensure your career profile/summary is authentic, well written and tailored for the position you are applying for.

Q How do I effectively tailor my cover letter to a clinical site?

A Think about the skills and experiences you already have that will be used in that context. Also consider including your on-the-job skills, including the employability or people skills. Make sure you use the [STAR format](#) for addressing each of the criteria, or for demonstrating your suitability for the placement.



Q Should I follow up with an employer if I don't hear anything back from them after submitting a resume and cover letter?

A Yes, it is appropriate to follow up with an employer if you haven't heard from them in the time frame they advised. We would suggest a friendly email.

Hello, my name is [YOUR NAME] and I recently submitted my application for the role of [POSITION] and I wanted to confirm that you received my application. I'm wondering if there was anything else that I could provide you to give you a better sense of why I'm excited about the role.

Q Can my social media pages impact my employment potential?

A YES! Many employers will google you as part of their selection process. Be aware of what shows up when your name is searched on various platforms; if you find anything which makes you look bad then you should remove it or ask the platform to remove it. Alternatively, there are services out there that you can pay for a social media review - where they do a search and send you a report on what comes up.

Q What advice do you have to overcome nerves before an interview?

A Much of the work behind securing a job occurs before the interview even begins. By doing your homework you'll be miles ahead of other candidates who just turn up and 'wing it'.

Review your application:

- It is important to revisit the application you sent in and the original job advertisement to reacquaint yourself with the role and specific skills and experience they require and the language they use in the industry. You should be able to predict some of the interview questions from the job ad, selection criteria and position description.

Get all the details:

- When you are invited to an interview, make sure you are clear on the exact date, time, location, or links to online platforms. Ask the names and titles of those on the interview panel, whether you need to bring anything and if the interview will include any testing. Also ask for a contact number in case of unforeseen circumstances.

Research the company that you are applying to:

Linkedin, websites and articles can provide details and background information. Even annual reports, and strategic plans can be useful.

- Be aware of any major announcements or developments
- Research online for typical interview questions for the role or industry you are applying for and practice your responses
- Better still, if you know someone who works in the industry (via family contacts or staff you met during work placements), ask them for advice about common interview questions they've encountered throughout their career.

Practice! Practice! Practice!

- Prepare your stories to demonstrate the competencies that you have identified that could be asked in the interview.

You are prepared and practiced but if the nerves are still playing havoc...

- Practice deep breathing, have a mantra to calm your nerves.
- Listen carefully, pause and take time answering. Repeating the question by re-phrasing it is another useful tool for buying more time AND ensuring that you fully understand the question.
- Remember the panel is there to find out more information and it's your job to convey that information to them.
- There's no such thing as a "right answer", be yourself and trust your preparation.

Polly's Top Tips for Creating a Strong LinkedIn Profile

#1 Make your headline more than just a job title:

- Don't just describe who you are and what you do
- Write a headline that contains a benefit to the viewer
- Use keywords others might use when needing your services

#2 The Headshot:

- Use a plain background if you can and take the photo in a well-lit environment – we want to see you!
- Fill the frame with your face - around 60% of the photo should be your face! Avoid distance shots
- Dress the part - wear what you would like to wear to work

#3 Add a background photo:

- Use it to grab people's attention and set the context, it is an opportunity to show a little more about what matters to you
- The right background photo helps your page stand out, engage attention and stay memorable

#4 Turn your summary into your story:

- Describe what makes you tick
- Explain your present role
- Frame your past
- Highlight your successes
- Pump the keywords

#5 Grow your network:

- Connect and collaborate with like-minded people who work in your industry and have the potential to introduce you to job opportunities.
- Get into the habit of following up meetings and conversations with LinkedIn connection requests – it's a great way of keeping your network vibrant and up to date.
- Always send a personalised message when you send a connection request.

#6 Keep it active and focused:

- Share media and marketing collateral
- Share relevant content from your LinkedIn feed
- Add comments
- Follow relevant people in your industry
- Follow relevant organisations in your industry
- Search for jobs that you are interested in – Great tool for watching the market and understanding skills you need to develop

Our Top 8 Interview Tips & Tricks

Alright team, if you're anything like us you're going to be dreading the awkward, stressful and inevitable job interviews that follow the end of our study. But alas, it must be done. If you're one of those people who don't get nervous at the thought of interviews, then you are one lucky duck. But you can never be too prepared! Below we have listed our top eight tips and tricks to crush your job interview, along with a cheat sheet full of potential interview questions. Let's get started!

1. "TAKE A SECOND TO GAIN A SECOND":

First and foremost: Do not panic. We repeat, DO NOT PANIC. When your interviewer asks you a question, take a moment to process it. It's okay to have a brief moment of silence while you think about your answer - a structured, logical response is always going to be better than an unintelligible stream of word vomit (unfortunately, we're speaking from experience). This mantra applies to a lot of situations, not just interviews - if you're feeling overwhelmed from work or study, if you have a line of patients waiting to be seen on placement, or if you're just having a bad day and need to relax. Take a second to breathe and get your bearings, then refocus.

This phrase is going to be your new life motto - Embrace it, love it, never forget it.

2. DRESS TO IMPRESS:

You need to dress for your job and your audience - you only have one chance to make a good impression. Think 'smart casual' - a nice button up shirt or blouse, closed in shoes, and a pair of good long pants or a knee length skirt. We all love a good pyjama day, but on this day, please don't do it.

Avoid ripped jeans, sneakers, thongs, and anything too revealing. Be sure to keep your personal hygiene and grooming in check too - the key here is to look and feel professional.

3. KNOW YOUR STUFF:

Alright guys, this one is probably a given, but you need to know what you're talking about. In any medical profession it's almost guaranteed there will be knowledge-based questions in the interview. You've just spent the last three-to-four years (at least) of your life building up your knowledge base, so we're sure you'll nail these. But just to be sure, make sure you brush up on your notes, and do some extra research on topics that may be a point of discussion. And remember, there is ALWAYS more to learn, so try to keep your research up to date and you'll be fine.

4. BODY LANGUAGE:

Our body language is a lot more important than we realise: no fidgeting, no slouching, keep your hands away from your face, don't lean on the table, and don't play with your hair. These actions might be involuntary, but your interviewers will perceive these things (even subconsciously) as a sign of you being disengaged or nervous.

Use your body language to your advantage. Sit up straight, use your hands subtly to assist your speech, and remember to smile. Body language can be an amazing tool to help you in your interview - think and project confidence.

Oh, and always make eye contact. This is important.

5. CONFIDENCE IS KEY:

You might know your stuff, but your delivery can be just as important. Nothing says preparedness and good communication skills like someone who walks in full of confidence! Whether you're a social butterfly, or more on the introverted side, it's almost a given you'll be as nervous as anything when it comes time for your first job interview. But you all know the saying 'fake it till you make it'? Yup, this is where that comes in handy. Even if you're not feeling confident at all, act like you are and no one will know the difference.

6. PRACTICE MAKES PERFECT:

Cliché, we know, but it's so true. Practicing your introduction, your handshake and your answers will do you a world of good. Talk to yourself in the mirror, and make sure to check your body language while you do this. It can also be helpful to compile a list of potential questions and have a friend or family member do a mock interview with you. You can practice just about anywhere - at home, in your car, on the train (you might get some weird looks but that's totally fine). Just practice, practice, practice.

P.S. - You can find a list of potential interview questions below. You're welcome.

7. RESEARCH THE EMPLOYER:

Make the effort to research your potential employers values and mission - you will be able to find these on their website. There is no doubt they will ask you during your interview why you want to work for them and this is the perfect opportunity for you to demonstrate how their values align with your personal attributes and goals. Trust us - they will know if you haven't bothered to do your research.

8. BE KIND TO YOURSELF:

For our final point, be kind to yourself. If you walk into that interview and knock it out of the park, then good on you! But if you think you didn't do so great, don't beat yourself up; we're all human. Acknowledge that you could have done better and think about how you can improve and learn for next time. Your interviewer was in your position once too, so they understand you're probably feeling on edge. Just do the best you can and be kind to yourself.

Common Interview Questions:

Personal Questions:

- Tell us about yourself
- What are your hobbies?
Pro Tip: this is a chance to stand out - pick something out of the ordinary. Do you collect coins? Are you artistic? Are you a star-wars fanatic?
- What do you consider your greatest attribute?
- Where do you see yourself in five years?
- What are your strengths?
- What are your weaknesses?
Pro Tip: be critical here, no one is perfect. Your employer wants to see that you're capable of self-reflection and identifying your own weaknesses. You should also demonstrate that you've already implemented a strategy to overcome it.
- Why should we hire you over other applicants?
- Why did you choose medical radiation science as a career?
- Why do you want to work for us?
Pro Tip: Do your research! They want to hear you mention the company mission & values and how that aligns with your goals.

Interpersonal Questions:

- Why is teamwork important as a MRS practitioner? Give examples.
- How do you deal with conflict in the workplace?
- Tell us about a challenge you encountered on clinical placement. How did you overcome this?
- What is respect to you? What is an example of disrespect that you have seen in the workplace?
- A patient complains about waiting for their examination. How do you deal with them?

Skill & Knowledge Assessment Questions:

- What skills and abilities can you offer to our department?
- Explain the importance of WH&S as a radiographer.
- What is your understanding of manual handling?
- What is the role of QA in the radiology department? Why is it so important?
- Tell us about your modality experience.
- What would you do to reduce radiation dose to a patient during a wrist x-ray?
- What would you do if a pregnant patient required a radiographic procedure?
- For an emergency c-spine series what x-rays would you perform and why?
- Scenario: you're the only radiographer on call. You have patients waiting to be seen, as well as a page from emergency and another from theatre. What do you do?
- Image critique: e.g. critique this chest x-ray.

“Do you have any questions for us?” - Yes. Yes you do.

- What variety of modalities are available at your workplace?
- Do your rosters involve on-call/shift work?
- Do you have an onsite radiologist?
- Do you have any CPD initiatives in the department and would I have the opportunity to be involved?
- When will I be notified whether or not I've been successful?
- How will I be contacted?
- Can you tell me a bit about the company culture?
- What are the organisation's biggest goals over the next year?
- What are the strengths that have led to success in this role?
- What are the top skills and attributes that you are hoping that a candidate will bring to this role?

However, don't just ask a question for the sake of asking - only ask if you have a direct purpose for wanting to know. Polly Goodlet (Charles Sturt Careers and Skills Hub) notes that you should be sure to consider carefully whether these questions are appropriate in your situation. For example, if the job description already lists the skills and attributes required for the position, don't ask a question about them.

The Job Application Process

With Alan Malbon



What are employers expecting of a graduate MRP?

While the major expectation from employers will be for the graduate MRP to be able to provide the service delivery required in either imaging or radiation therapy, there are other skills which are considered significant.

- MRPs should be both responsible and accountable for their professional actions in their working lives. They should be responsible for the manner of dress and personal grooming when they present for starting a shift or days' work.
- Timekeeping regarding shift starts and finishes is also very important.
- MRPs must be able to adhere to departmental protocols and processes.
- The ability to listen, learn, support and to be able to take instruction is vital to a team-oriented environment.
- Excellent patient communication and empathy is also a key expectation.
- Employers will also have the expectation that as graduate MRPs you will have a base level of clinical knowledge and expertise, therefore employers are expecting a willingness from the graduate MRP to continually improve their clinical skills.

What approximate time of year do public & private sites start advertising for graduate positions?

While this will vary from department to department, they will probably turn their attention to advertising for graduate positions from around the end of September to the end of the year.

Are graduate positions competitive?

Given the number of graduates, in particular within the imaging stream, that the eleven MRS universities produce annually, the places for graduate positions are often very competitive.

Can I apply anytime to a public hospital/private practice, or do I need to wait for an advertised position?

You can apply at any time to a public hospital or private practice, in particular in the final quarter of the calendar year.

You may decide that you may apply to a number of public hospitals or private practices at the same time. If that is the case then you should take an organised approach to this. For example, Sydney is a very large city area wise, so work out just exactly where you would geographically consider working and then target those specific hospital or private practice locations.

While different Departmental Chiefs / Managers go about employment in different ways, if you have been placed in a public hospital or private practice through your university's clinical

placement program and you think you would like to work there, then have a conversation initially with the Clinical Educator and senior staff that you may have worked within the department to see how the particular employment process works. If you can have an informal chat or arrange a meeting with the Chief / Manager, then use this to your advantage.

The Public System

How does the rate of pay and grading work in the public system?

Essentially, the professional grading and the associated rates of paid work are graded at certain levels within the state Allied Health Enterprise Bargaining Agreement (EBA). Students should look up the relevant state Award, as Enterprise Bargaining Agreements are negotiated on a State by Territory basis.

For example, the professional grading and the associated rates of paid work are graded at certain levels within the NSW Allied Health Enterprise Bargaining Agreement (EBA). Level 1 is the base grade level for graduate entry and the levels can go up to Levels 6 / 7 which are usually the most senior MRP administration positions in public imaging and therapy.

What is the standard application process when applying to a large public hospital?

The standard application process usually will consist of an expression of interest in the position, which will require a covering letter and a resume / curriculum vitae (C.V).

Typically, an employer will wait until after the closing date of the application, and then get back to each applicant over the following two to three weeks to advise them of whether or not they have been selected for an interview.

If you have been selected to attend an interview, it may be with just the Chief / Manager of the Department. However if an interview panel is preferred, it would typically be composed of the Chief / Manager, a Clinical Educator and a member of the Human Resources Department.

A phone interview is probably not the interview technique of choice for most employers. It may however be undertaken if the applicant cannot (for any number of reasons) attend an interview in person, or if they are an interstate or long distance applicant.

Once the employer has decided that an applicant is on the "shortlist" for this position, then referee screening will be conducted.

The time it takes to hear back about the outcome of your interview will depend on the individual employer organisation, however there should be an indication from the employers about this, usually at the end of the interview. Typically, it would be around 48 to 72 hours after the last interview has been conducted. If not, then this is a perfectly reasonable question to ask the interviewer.

The employer will then probably set a deadline for which you will need to accept or decline the offer, which typically is around 48 hours after the offer is made.

Are there any other aspects of the Public System you think are important to highlight?

A key point to consider is that in some major public hospitals, there can be co-located private practice imaging sites located geographically within the hospital precinct. This imaging site is usually run as a separate entity by the public hospital itself, with any profits going towards balancing the hospital's operating budget.

Be aware that if you take a position within a major public hospital with a co-located private practice imaging site, your employment contract may state that you could be required to work rostered shifts in both departments. This should not be considered as detrimental, but it is useful to discuss these things during the interview process for clarification.

Private Sector

How does the rate of pay work in the private sector?

While there may be an Allied Health System EBA for private health practitioners, it will be based fairly closely (but not necessarily the same) on the EBA for the public health system. Given this, it should be noted that most private practice groups will have worked out their own particular pay scales and potential incentives for their staff remunerations.

It is wise at the time of interview, to clarify just exactly what your starting wage will be and whether it will increase on a yearly basis, similar to the allied health public health system EBA. It is also wise to scrutinise the offered employment contract before signing the document.

Are there any other aspects of the private sector that you think are important to highlight?

Another consideration would be that you may be asked to work at a main (primary) imaging or therapy practice and on some occasions, at another (secondary) practice. This may involve you considering the mode of transport which you may require to be able to undertake this. This can range from the types of public transport that you may need to use, up to whether you have an endorsed driver's licence and the availability of a motor vehicle.

The Registration Process

The Registration Process

There's a lot of lengthy articles out there on the processes surrounding graduation and professional registration as a medical radiation science practitioner. But fear not, we have tried to make this as simple as possible for you in a condensed step-by-step checklist.

Confirm Your Graduate Eligibility

1. Confirm that you have met, or are on track to meet, your degree requirements by referring to your course handbook. Have you successfully completed all the required subjects and achieved the required subject points to graduate?

AHPRA

You will need to apply for registration with the Australian Health Practitioner Regulation Agency (AHPRA). You can begin this step within three months of graduating.

2. Create an account with AHPRA: [Graduate Registration with AHPRA](#)
3. Upload the required certified documents to AHPRA and pay the required fees
4. Once you have received your final grades, your education provider will provide your graduate results directly to AHPRA. AHPRA will then contact you once they have assessed your application.

Radiation Licensing

5. Apply for the relevant EPA Radiation Use License. You will need your AHPRA registration to complete this step.
 - [NSW Radiation License](#)
 - [ACT Radiation License](#)
 - [VIC Radiation License](#)
 - [QLD Radiation License](#)
 - [WA Radiation License](#)
 - [NT Radiation License](#)
 - [SA Radiation License](#)
 - [TAS Radiation License](#)

Your Personal Professional Indemnity Insurance & Continuing Professional Development Log

6. As a MRP you are legally required to gain personal professional indemnity insurance - you can do this through ASMIRT. All ASMIRT Student Members in their final year who purchase a full ASMIRT membership after graduating receive their first six months at no cost! You are also required to log your CPD - ASMIRT has a great member portal that allows you to log your CPD in a format that meets the MRPBA auditing requirements.

Concluding Statements

Concluding Statements

Now that you have come to the conclusion of the guide, you will have a firm foundational knowledge for what to expect on clinical placement, tips to apply to your course and life and how to prepare for life after placement. It was a pleasure compiling this guide, as we know personally how much it can help students to have an all-in-one resource. Using this guide alongside university information and knowledge, you will be set to conquer your clinical placement! If you do have any questions or concerns, please raise them with your university as a first point of contact. Otherwise, we the team at ASMIRT wish you the best of luck for your clinical placement and beyond.

How To Sign Up as a Student Member to ASMIRT:

Like this type of material? If you become a student member for ASMIRT, you will have access to a whole host of materials, seminars and resources like this, free of charge! All you need to do is go to the ASMIRT website, fill out the form and then you are good to go. It is beneficial to join, and we love growing and expanding our team of like-minded students to help you learn and succeed for your own professional career. You can sign up using the [ASMIRT Membership Application Form](#).

Enquiries:

If you have any questions or suggestions, or if you're interested in becoming an ASMIRT Student Ambassador, please reach out to your states' Student Ambassador Committee.

New South Wales / Australian Capital Territory: nswstudent@asmirtcommittee.org

Victoria: vicstudent@asmirtcommittee.org

Western Australia: wastudent@asmirtcommittee.org

South Australia / Northern Territory: santstudent@asmirtcommittee.org

Queensland: qldstudent@asmirtcommittee.org

Social Media:

Lastly, make sure you follow our socials!



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[Youtube](#)



[Website](#)

Biographies

Biographies

Peter Hanna (Author)

Peter Hanna is currently studying a Bachelor of Applied Science (Diagnostic Radiography) (Honours) at The University of Sydney. Peter joined the ASMIRT NSW Student Ambassador Committee in 2021, and has since been appointed to Chair of the ASMIRT NSW Student Ambassador Committee in 2022.

Kate Dahlenburg (Author)

Kate Dahlenburg graduated from Charles Sturt University in 2021 with a Bachelor of Medical Radiation Science (Medical Imaging). Kate joined the ASMIRT NSW Student Ambassador Committee in 2019 and was appointed to Chair of the ASMIRT NSW Student Ambassador Committee for 2020 and 2021. Kate is currently working as a radiographer in regional Victoria while studying a Master of Advanced Medical Radiation Practice.

Elijah Viglione (Author)

Elijah Viglione graduated from The University of Sydney in 2021 with a Bachelor of Applied Science (Diagnostic Radiography) (Honours). In 2022, he commenced studying the Doctor of Medicine program with The University of Notre Dame, Sydney. Elijah joined the ASMIRT NSW Student Ambassador Committee at the start of 2021 until the end of his undergraduate degree.

Dr Andrew Kilgour (Official Reviewer & Article Contributor)

Andrew Kilgour qualified as a radiographer in 1985, and he has worked in a variety of metropolitan and regional settings. He has experience in general and trauma imaging, CT, was a senior in angiography/interventional, and a PACS administrator. He joined the University of Sydney in 2007 as clinical coordinator for radiography students, and when he left in 2013, was Associate Lecturer in Work Integrated Learning. Since 2013 he has managed clinical placements at Charles Sturt University, where he is Senior Lecturer in Medical Imaging. He completed his PhD in 2018, investigating assessment of workplace learning for radiography students. His interests are classic Japanese cars, being a crew leader in the NSW Rural Fire Service, and gardening.

Matthew Casey (Official Reviewer & Article Contributor)

Matthew Casey graduated from the University of Leeds in 2007 and worked in several major NHS hospitals across the UK for 5 years before coming to Australia in 2013. He has worked at Sydney Adventist Hospital for over 8 years across the various modalities in San Radiology and Nuclear Medicine and holds the position of the General X-ray Section Manager. He is also an Honorary Clinical Lecturer and Academic for the University of Sydney providing support for students on clinical placement. He has a passion for all aspects of radiography, clinical education, and patient safety as he holds the role of Patient Safety Champion for the hospital, providing training and support for Patient Safety initiatives.

Adam Steward (Official Reviewer & Article Contributor)

Adam Steward is the Tutor Radiographer at Western Health. He graduated from RMIT university in 1995 and has over 25 years of clinical experience and 13 years experience as a Clinical Educator. Adam has had a significant involvement with ASMIRT since joining a little over ten years ago, including roles on the Medical Imaging Advisory Committee and as Convenor of the 2020/21 ASMIRT/NZIMRT conference. He has a passion for general radiography, clinical education and the advancement of the profession.

Tony Buxton (Official Reviewer)

Tony Buxton qualified as a Diagnostic Radiographer in 1978. He worked locums before settling at Newcastle working as a Senior Radiographer, primarily in CT, and did most of the forensic radiography work at Newcastle. Tony held the position of Senior Lecturer for 28 years at the now University of Newcastle (Australia). Tony is heavily involved in developing ethical design for research projects and was Deputy Chair of the UoN Human Research Ethics Committee for many years until retiring from academic life in 2016. He held (or currently holds) positions within the Medical Radiation Practice Board of Australia (MRPBA), Medical Radiation Practice Council of NSW, and The Australian Society of Medical Imaging and Radiation Therapists (ASMIRT) primarily regarding educational and diagnostic radiography matters. Tony has numerous publications for both human and animal studies and recently co-authored a chapter on Forensic Imaging for a soon to be published book on CT. He is currently the previous Honorary Treasurer and now current Vice Chair of the ANZ- IAFR. Since “retiring”, he has provided radiography education to chiropractors at Macquarie University and radiography input into the Mortuary Technician degree program at Western Sydney University, the occasional locum and is a forensic radiographer for NSW Health Pathology. He is also a Clinical Associate of the Queensland University of Technology. Tony has an interest in technology and is particularly keen to improve the application of CT to the world of forensic medicine principally regarding radiographer reviewing, and DVI involvement along with imaging for odontology.

Sally Kincaid (Official Reviewer)

Sally Kincaid is the Chief Executive Officer of the Australian Society of Medical Imaging and Radiation Therapy, a role she has held since 2016. Prior to that she spent many years working in senior national roles at the RACGP and GPRA following an extensive career in television and radio in Australia and the UK. The formation of the ASMIRT Student committees was one of her early initiatives and the creation of this Guide is one of the great initiatives to come out of those committees.

Harj Bariana (Official Reviewer)

Harj Bariana qualified as Diagnostic Radiographer in 1986 (35 years ago) Sonographer in 1991 (30 year ago). Has worked in major hospitals and private practices in the UK and Malaysia. She is currently working at the Breast Cancer Institute (BCI) as the Director of Clinical Services and BreastScreen Operations providing leadership in the management, operational coordination of Westmead Breast Treatment and Diagnostic Clinics and BCI Sunflower Screening services across the Sydney West boundary.

Harj has been training students attending the BCI since 2015 along with other Clinical Educators plus training Radiographers to complete their practical component of Breast Imaging Clinical Education Program to achieve their Certificate of Mammographic Practice from ASMIRT.

Harj has been an active ASMIRT member for over 20 years now, and was the secretary of ASMIRT NSW Branch last year, and has in the past held the position of Co-chair of Medical Imaging Advisory Panel (Mammography & Ultrasound) MIAP2 of the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT).

Alan Malbon (Article Contributor)

Alan Malbon has been working for forty-three years as a Medical Imaging Technologist. He trained as a student radiographer at the Royal Melbourne Hospital and RMIT University (1974-76). Alan was employed at St. Vincent's Hospital in Melbourne, where he worked for twenty-one years; sixteen years of which he held the title of Chief Medical Imaging Technologist. Alan has been a member of the Victorian State Branch Committee (1980-83, 1987-93) and was also the Victorian State Branch Secretary (1989-93). He was the Chair of the Victorian State Department of Health, Medical Imaging Working Party in 2012 and was a Sessional Member of the Victorian Civil and Administrative Tribunal (2007-17) under the Occupational and Business Registration List following the proclamation of the Victorian Health Professions Act 2005. Alan is a former ASMIRT president and previous member of the ASMIRT board of directors. With an amazing career spanning numerous leadership roles, he was awarded the Nicholas Outterside Medallion and was given a life membership to ASMIRT in 2018 after retiring. He is currently ASMIRT's Diagnostic Imaging Project Officer.

Naomi Rubenstein (Article Contributor)

Naomi Rubenstein graduated with a Masters of Diagnostic Radiography with Distinction at the University of Sydney in 2020. During her final year, she was the Assistant Chair for the NSW ASMIRT Student Committee. Naomi is now working full time as a radiographer in the Peninsula region of Victoria.

Polly Goodlet / Charles Sturt Careers and Skills Hub (Article Contributor)

As a qualified Career Development Practitioner, there is not much that Polly Goodlet does not know about careers! Polly works at Charles Sturt University and has a wealth of experience working alongside students to increase their confidence and identify their skills to engage in the wider world of work. Polly is a passionate team member who builds strong relationships with students, staff and key stakeholders, with the aim of enhancing the student experiences and creating mutually beneficial opportunities. As a member of the Career Development Association of Australia and the Career Industry Council of Australia, Polly supports students to make occupational and study decisions and plan career transitions in a wide variety of ways, including careers advice, resume support, interview preparation and everything careers related!

Charles Sturt University is Australia's largest regional university and continually ranks #1 for graduate employment. The Careers and Skills Hub offers support to over 45,000 on campus and online students studying both undergraduate and postgraduate courses, providing students with a range of resources to ensure they can find work and be career ready. The Careers and Skills Hub team helps students to:

- Gain employment and workplace-learning skills, ranging from resume-writing and interview skills, to professional workplace behaviours and employability skills
- Develop transferable skills to support career and life choices
- Connect with employment opportunities
- Participate in mentoring programs and build networks.

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APPENDICES

APPENDIX 1

Institution	Eligibility	Which Students	Ideal timeline	Possible locations	Fund type	Link
Going Rural Health The University of Melbourne Initiative	<ul style="list-style-type: none"> - Domestic students - Allied Health (Radiographers and RTs) - Complete the placement in supported location - Placement needs to be at least 2-weeks to be considered (full-time = four days per week) 	<p>Allied health students</p> <p>This includes radiographers, RTs, nuclear med students</p>	As soon as placement is announced to students	Ballarat	Student accommodation or bursary support	Eligibility Going Rural Health Financial Support (Non-Melbourne University Student) Going Rural Health
Deakin University Rural Support	<ul style="list-style-type: none"> - Domestic students - Doing the degree at Deakin or at another Australian Institution - Diagnostic radiography students, medical radiation, radiation therapy, nuclear medicine students 	Radiography students, radiation therapists, nuclear medicine	As soon as placement is announced	<p>Ararat – Free</p> <p>Camperdown, Colac, Daylesford, Hamilton, Horsham, Portland and Warrnambool - \$140 per week</p> <p>Stawell - \$70 per week (\$10 per night)</p>	Student accommodation (furnished with bedroom, shared kitchen and Wi-Fi provided)	Rural health placements Home - Kindly note Google Chrome is our preferred web browser. Deakin Rural Health - registration link
Rural Workforce Agency Victoria	<ul style="list-style-type: none"> - Full time or part-time study at a Victorian University - To complete five or more days of clinical placement for fulfilling educational training - *This grant will update frequently and needs to be assessed monthly on the grant period available for students* - Provide a letter/email from health service or university confirming the placement day - Undertake in a regional or rural location based on the MMM locations (MMM2-7) or (MMM1-7) for ACCHO - Five or more days of placement to be done consecutively or non-consecutively prior to submitting the application 	Medical Radiation Practitioners	Within the allocated timeframe set for the organisation to get students placement sorted	\$300.00 grant (unclear if weekly or one-off payment)	Bursary fund	Grants - RWAV – Student Clinical Placement Grant Student-Clinical-Placement-2025-2026.pdf – Guideline and requirements
Monash Rural School Placement Support	<ul style="list-style-type: none"> - Students from medicine, nursing and allied health in regional north-west Victoria and Gippsland 	Radiography, RT and Nuclear Med Applicable to apply	As soon as student aware of the clinical placement offer (latest of 2-week before clinical placement for subsidised and 6-weeks before clinical placement for non-subsidised)	<p>Bairnsdale, Bendigo, Churchill, Leongatha, Mildura, Sale, Traralgon, Warragul</p> <p>Subsidised: require two weeks of placement (10 placement days and attending four day per week)</p> <p>Unsubsidised: less than two weeks of placement (minimum requirement to stay for 1-week)</p>	Student accommodation	Accommodation - Rural Health – costing and booking portal

APPENDIX 1 (Continued)

Institution	Eligibility	Which Students	Ideal timeline	Possible locations	Fund type	Link
NAFEA (Equity Rural Placement Scholarship Program)	<ul style="list-style-type: none"> - Students specifically experiencing financial hardship (general challenges in meeting everyday living expenses with income you receive) *students will need evidence of this, whether related to current jobs outside of university or even living away from family to complete long-term placement* - Most, if not all institutions need to be a member of the NAFEA (RMIT, Monash and Deakin are members) - Full-time or part-time student - Applicable for undergraduate students (at least in their second year) - Additional compliance to reporting on experiences with the NAFEA to publish news within one month finishing the placement 	<p>Radiographers, Nuclear med and RT</p> <p>*RT Masters Monash students not eligible for this given the degree*</p>	Done based on rounds of the semesters. Ideal for students to look at applying asap	Up to \$2000 funding that need to go towards travel or accommodation	Bursary fund	Equity Rural Placement Scholarships - NAFEA - includes eligibility process and how to apply
WIL Australia Student Scholarship	<ul style="list-style-type: none"> - Need to be in a WIL Australian Full Membership (RMIT, Monash and Deakin are members) - Must travel more than 60km into another RRMA location - Domestic or international students can apply - Genuine relocation required - 3wks placement minimum - Placement to be full-time 	Radiographers, nuclear med and radiation therapy (Undergrad and master's student)	Submitted based on the rounds taking place. Based on 2025, usually happen for second semester (? on how much time students have to apply for this from different institutions based on the scheduling of placements)	\$1500 up front	Bursary fund	Student Scholarships WIL Australia
ASMIRT (Rural placement Scheme)	<ul style="list-style-type: none"> - Full-time student - Registered student with ASMIRT - Suitable for publication on rural placement experience - Participate in studies or survey on allied health - Promote rural practice as career choice to all students 	All MRPs	Blocked from semesters	\$1000	Bursary fund	Scholarships - ASMIRT ASMIRT-Guidelines-RRPRG-Rural-Clinical-Placement-Scheme-Jan-2025.pdf - criteria and guidelines
ASMIRT (Placement Support Grant)	<ul style="list-style-type: none"> - Final year students only - 90 student grants annually for a single round (closes 1st July each year) Increase chance of receiving grant: <ol style="list-style-type: none"> a) Those who maintained ASMIRT membership over longer period b) Experiencing financial hardship c) Needing to travel further distances for final placement from home or university d) Are not receiving other financial support - Must be a non-voting member of ASMIRT - Enrolled in the accredited course for registration - Placement undertaken in final calendar year of accredited course - No re-applications allowed 	All MRPs	Single semester	\$500	Bursary fund	Scholarships - ASMIRT ASMIRT-Guidelines-Student-Placement-Support-May-2025.pdf - guidelines and criteria
VMPET (Victorian Medical Radiation Practice Education Trust)	<ul style="list-style-type: none"> - Hardship scholarship 	All MRPs	Minimum clinical placement of four weeks duration	Regional/Remote International Locations	Up to \$3000 Accommodation Transport Food and beverages will not be reimbursed.	https://www.vmrpet.com.au/

