



## CPD Profile

**1.1 Full Name: Diagnostic Radiographer**

**1.2 Profession: Radiographer**

**1.3 Registration No: RAXXXX**

### 2. Summary of recent work/practice

My role as a radiographer practitioner includes plain film trauma, in- and out-patient and GP referrals, as well as contrast examinations with gastro-intestinal, urological and some angiographic studies. I participate in a busy out-of-hours service and work without clinical supervision at these times. I am also involved in developing our departmental protocols, as required by the Ionising Radiations (Medical Exposure) Regulations and therefore play an important part in ensuring an optimal approach to radiation safety and patient dose reduction.

My department provides clinical placements for undergraduate radiographers and has an in-house programme for the training of assistant practitioners. I enjoy the supervision of students and trainees and have recently been appointed an assessor for the undergraduate clinical assessment programme. This has given me a valuable insight into the way in which students develop and I hope to further my educational role as well as to develop skills in cross-sectional imaging. I am currently training in CT and hope to build on my competencies in this area over the coming months.

Total words 170 (maximum 500)

### 3. Personal statement

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

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

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

The CPD activities I have undertaken are a mixture of learning activities relevant to my practice. The following list indicates the types of learning that I have undertaken over the last two years:

**In house programme:** 'Dealing with Aggressive Behaviour in the Workplace' (April 2008).

**Self-directed study (professional journal directed reading and associated recommended study activities):** Image interpretation, two articles: 'Reviewing Chest X-Rays' (Synergy, Imaging and Therapy Practice, September 2007) and 'Reporting on Facial Trauma'(ibid, February 2008).

**Experiential learning** related to my practical skills derived from attending an in-house training programme 'Managing Aggressive Behaviour in the Workplace' (November 2008) Also work done to achieve full competence with the new digital imaging system, this involved practical training sessions by the applications team (April-September 2008).

**Discussions**, documented in this profile, related to 'Managing Aggressive Behaviour in the Workplace' and departmental journal club.

**Teaching or presentation** - Talk given to colleagues and students outlining the new undergraduate clinical assessment scheme I am involved in (January 2009).

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

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

**Journal Club - 'Reviewing Articles for Peer Review Journals'  
19/03/2008**

This involved participation in a bi-monthly departmental journal club. We discussed '*Reviewing Articles for Peer Journals*' (Hogg: '*Synergy - Imaging and Therapy Practice*', August 2007, pp 22-25). This is a topic about which I previously had a limited understanding. This helped me to develop my knowledge and understanding of:

- The role of peer review in ensuring that appropriate academic standards for publication are met.
- The role of peer review in examining the validity of the research methodologies used and their appropriateness to the issues examined.
- The qualities and experience required of a peer reviewer.

- Peer review's value in developing an evidence base to challenge the assumptions of existing practice.

This CPD activity focused on developing my knowledge and appreciation of the processes of peer review. The longer term benefits to my practice are clear:

1. I will be able to tackle peer reviewed articles with a clearer understanding of review and publication and this will help me in my critical evaluation.
2. I will develop my critical skills and will be better placed to evaluate whether a published article has implications for my practice that need further consideration.
3. I will be able to review published evidence and where necessary to modify my practice so that my referrers and patients can be confident that my practice is fully up to date.
4. Confidence in my review abilities means I shall contribute more actively to the journal club.
5. Ultimately I will be raising any implications for my and my team's practice that might well impact directly on colleagues and support their practice improvement and CPD.

**Training event: 'Managing Aggressive Behaviour in the Workplace'**  
**11/02/2007**

I attended a one-day course run by my hospital's training department '*Managing Aggressive Behaviour in the Workplace*'. This took place in July 2007. This was an interdisciplinary event. I found the course interesting and helpful in that it introduced some of the warning signs to look for if conflict arises, as well as suggesting some mechanisms by which tensions and potential aggression can be diffused.

I recently had to deal with an apparently drunk and aggressive relative of a patient out of hours. Although I felt I was able to handle the situation better, having done the in-house training programme last year, I was not prepared for the sense of personal injury following such an aggressive attack, even though this was verbal and not physical. On the positive side I was able to diffuse the situation and complete the examination promptly, which added considerably to the relief felt by the patient.

Overall, I feel this programme and subsequent reflection has enabled me to manage aggressive behaviour more effectively and confidently, although I will continue to develop my skills in this area through experience and reflection/review with my clinical supervisor.

**Work on article 'Reporting Facial Trauma'**  
**11/02/2008**

For this CPD activity I undertook a detailed study of the article '*Reporting Facial Trauma*' (Anderson and Holmes: '*Synergy, Imaging and Therapy Practice*'),

January 2008, pp 14-20). The article was structured as a directed reading/CPD activity and provided the material for me to undertake:

- A review of facial anatomy
- An overview of radiographic technique
- A review of criteria for image evaluation and assessment
- A basic study of common facial injuries and radiographic appearances
- Some familiarisation with indirect radiological signs of injury

I have learned a considerable amount from this CPD activity and feel more confident in several areas of my practice:

- I have a clear understanding of the principles of facial image interpretation in trauma and feel better placed to highlight suspicious image appearances to referring clinicians. The majority of facial examinations are done 'out of hours' and there is normally no radiologist or reporting radiographer available for advice. This improves the diagnostic service I provide to referrers and importantly to patients who are now less likely to be sent away with an undiagnosed facial fracture. This is clearly of benefit to two groups of my service users - referring clinicians and patients.
- I can advise and instruct junior colleagues and students in a more confident and informed way and support other practitioners in the development of their image interpretation skills. This benefits learners in my department in that it supports their education and training and adds to the overall quality of service.
- I have learned that work done in developing my image interpretation skills is enjoyable, relatively straightforward and well within my ability!

### **Revision of radiographic chest anatomy 11/02/2008**

This CPD activity was based on an article '*Reviewing Chest X-Rays - Practical Reporting*' (Hardy, Snaith: '*Synergy - Imaging and Therapy Practice*', September 2007 pp14-17) published in my Professional Body's technical journal. This was a directed reading/CPD article providing material for a revision of the anatomy, radiological appearances and imaging techniques of the thorax in plain film radiography. Additionally I used anatomical models and annotated images to improve my understanding of the relationship between radiological appearances and the patient's anatomy. This revision provides me with a sound basis to tackle the follow-up article on chest image interpretation. This work has highlighted my need for further revision of cardiac anatomy and pathology.

I feel more confident in evaluating the technical quality of my images and those of the students and assistant practitioners I supervise. This improves the quality of their education and training. In terms of my patients and referrers I view this activity as a medium term learning process to improve the quality of the diagnostic service I provide. In due course I plan to be better placed to highlight suspicious appearances in circumstances when an immediate report will not be available i.e. when working in the GP centre remote from the main clinical department. By alerting the referring clinician to potential abnormalities and

pathologies I will be able to support earlier intervention, which will potentially result in less delay in treatment and improved outcomes for the patient.

I will be better placed to evaluate the impact of this learning when:

- I tackle the follow-up article and am able to apply my revised knowledge to the study of chest image interpretation.
- I am able to note specific instances of the benefits of my chest image interpretation skills.

Total word count 1,298 (maximum 1500)

#### 4. Summary of supporting evidence submitted

<b>Evidence number</b>	<b>Brief description of evidence</b>	<b>Number of pages or brief of description of evidence format</b>	<b>CPD Standards this evidence relates to</b>
1	Certificate of Accreditation from College of Radiographers and list of CPD activities	1 page	Standard 1
2	Article 'Reviewing Articles for Peer Review journals' and notes	5 pages	Standards 3 and 4
3	Certificate of attendance (with completed reflective evaluation template) for in-house course 'Managing Aggressive Behaviour in the Workplace'	4 pages	Standards 3 and 4
4	Article 'Reporting Facial Trauma' with completed self-assessment Exercises	5 pages	Standards 3 and 4
5	Copy of self audit of image interpretation skills with evaluation (Facial trauma)	5 pages	Standards 3 and 4
6	Copy of personal learning and development plan	6 pages	Standards 2 and 3
7	Statement from reporting radiographer colleague attesting to my improved image interpretation skills and confirming discussions/reporting sessions attended.	2 pages	Standards 3 and 4