

Department of Radiography
Birmingham City University Faculty of Health, Education and Life Sciences

Medical Ultrasound Department Clinical Placement Form

Clinical Placement Form- to be completed by the Ultrasound Department Manager

Student's Name	
Student Email Address	
Please state the name of the Focused course Ultrasound Clinical Module you would like the student to complete.	
Name and Address of Hospital (Including site of ultrasound units)	
Department Manager's Name	
Department Manager's email address	
Department Manager's telephone contact details	
Name of person responsible for ultrasound service if different to department manager:	

Details of Named Clinical Supervisor and Internal Assessor

Name of clinical supervisor/mentor		
Email address		
Telephone contact details		
Most Recent Date of clinical supervisor/mentor BCU Mentor Assessor Training/ Update, or other mentor and assessor training		
Professional Qualifications of clinical supervisor/mentor including Dates obtained.		
Name of internal assessor		
Email address		
Telephone contact details		
Most Recent Date of internal assessor BCU Mentor Assessor Training/ Update		
Professional Qualifications of internal assessor including Dates obtained.		
Does the clinical supervisor/ mentor hold a CASE Accredited Ultrasound Qualification?	YES	NO
	Date Awarded	
	Does the internal assessor hold a minimum of a PGCert CASE Accredited Ultrasound Qualification?	YES
Date Awarded		
		If “NO” to above Please contact the BCU US programme lead.

Ultrasound Experience of Clinical Supervisor and other supervising sonographers

Position	Hospital	Type Of Experience	From	Until

Proposed Diary Allocated by Clinical Supervisor for Students' Clinical Education for each clinical module per Week: including frequency, length of sessions and location.

Clinical Module:

Day		Hours	Frequency	Clinical Area/ Type of Examination	Total Hours
Monday	AM				
	PM				
Tuesday	AM				
	PM				
Wednesday	AM				
	PM				
Thursday	AM				
	PM				
Friday	AM				
	PM				

Please provide details of clinical training experiences available to the student: If you are unable to tick all the boxes for a particular module please discuss with the Focus course module lead. Zoe Hunt zoe.hunt@bcu.ac.uk

Focused course 1st Trimester Scanning - 40 Credits

100 first trimester dating scans (to include a minimum of 20 nuchal translucency examinations)	
30 second trimester dating scans	
An additional 70 non specified examinations	

Focused course Early Pregnancy Scanning - 40 Credits

10 non-pregnant pelvic scans (TV)	
50 trans-abdominal first trimester/second trimester dating scans	
80 early pregnancy assessment scans (TV)	
An additional 60 non specified	

Focused course Fertility Scanning - 40 Credits

25 fertility investigations (TV)	
10 non-pregnant pelvic scans (TV)	
An additional 165 non specified examinations across all areas of fertility ultrasound	

Birmingham City University
Faculty of Health, Education and Life Sciences Postgraduate
Medical Ultrasound Programme

Managers Declaration for Students Training:

Focused Course in Obstetric Ultrasound

Students on the Focused Course for Obstetric Ultrasound must be provided with appropriate time and support in the clinical department. It is important that you read and sign the following agreement, which will apply for the duration of the ultrasound course. If you have any concerns, please discuss these with the programme lead, Zoe Hunt zoe.hunt@bcu.ac.uk

1. Students will be given the time to attend scheduled sessions outlined in the course timetable.
2. Students will be supported in completing the portfolio requirements.
3. Students will be given the opportunity to train in the department **for a minimum of 7.5 hours per week, per clinical module completed**, while they are studying for this course.
4. Students will gain “hands on” ultrasound training experience and receive appropriate tuition and supervision from experienced sonographers.
5. The programme lead will be notified if you have any concerns regarding individual student’s training or progress.
6. 10% of summative clinical assessments are moderated for parity of assessment annually. Where necessary a clinical assessor from Birmingham City University will be allowed to visit and assess the student, as part of this process.
7. To the best of my knowledge, I declare that the student is of good character and of good health.

Manager Signature: _____ Date: _____

Student Signature: _____ Date: _____

Programme Director Signature: _____ Date: _____

If there are different managers for different departments then a separate declaration should be signed for each department.

