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Wednesday 3rd July 2019

Graduate perspectives on the transition from a student to a qualified radiographer

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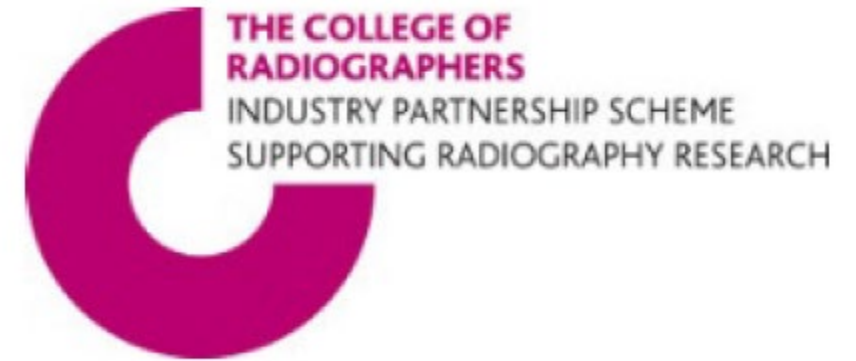
Background

Universities of Cumbria, Derby and Edinburgh

CoRIPS funded research project

Investigate radiography graduates' perceptions of their preparedness for professional working in the modern NHS

The ways in which undergraduate radiography education prepares for technical and the personal demands of the workplace





Method

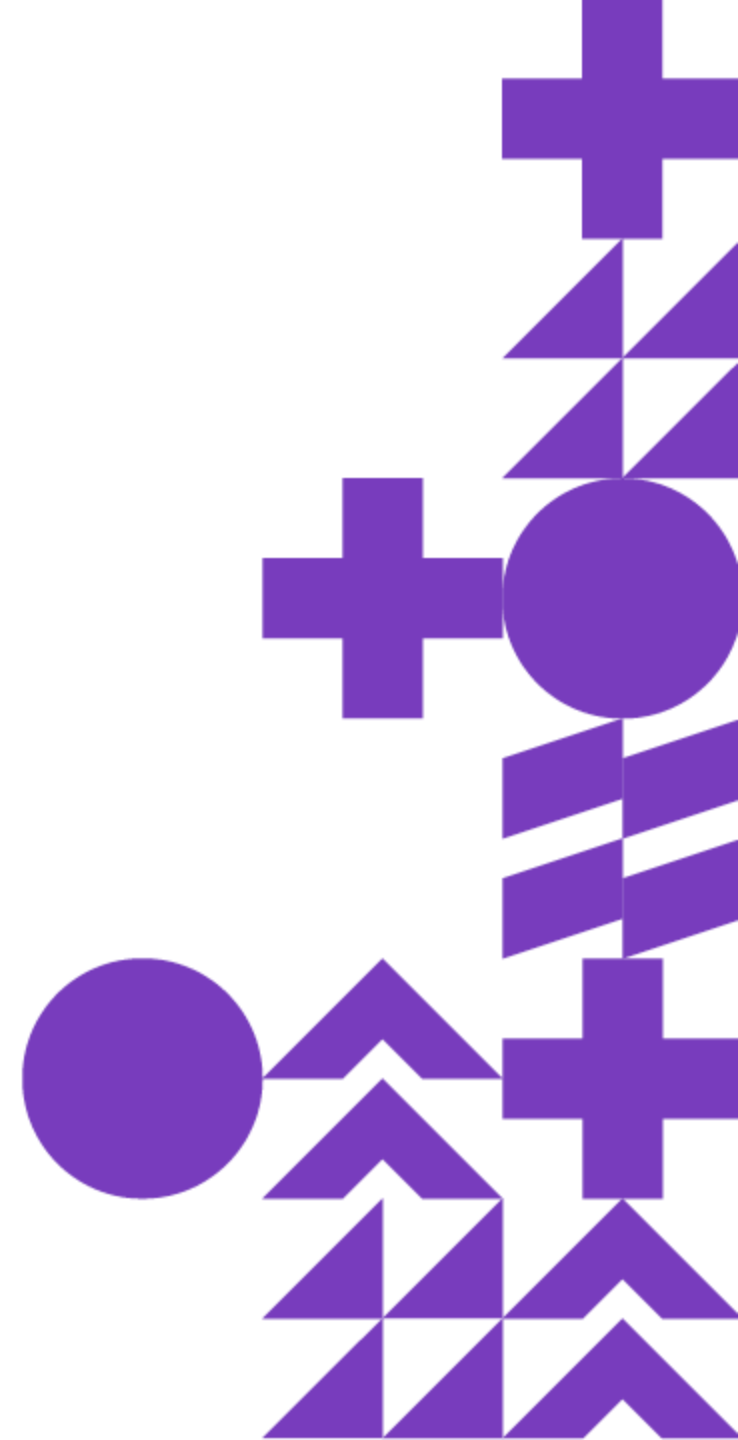
Radiography graduates between one and two years' post-qualificatory experience

Wide geographical spread across UK

Semi-structured telephone interviews

30-60 minutes in length

Still recruiting participants to the study





Topics

Most informative/enjoyable elements of degree?

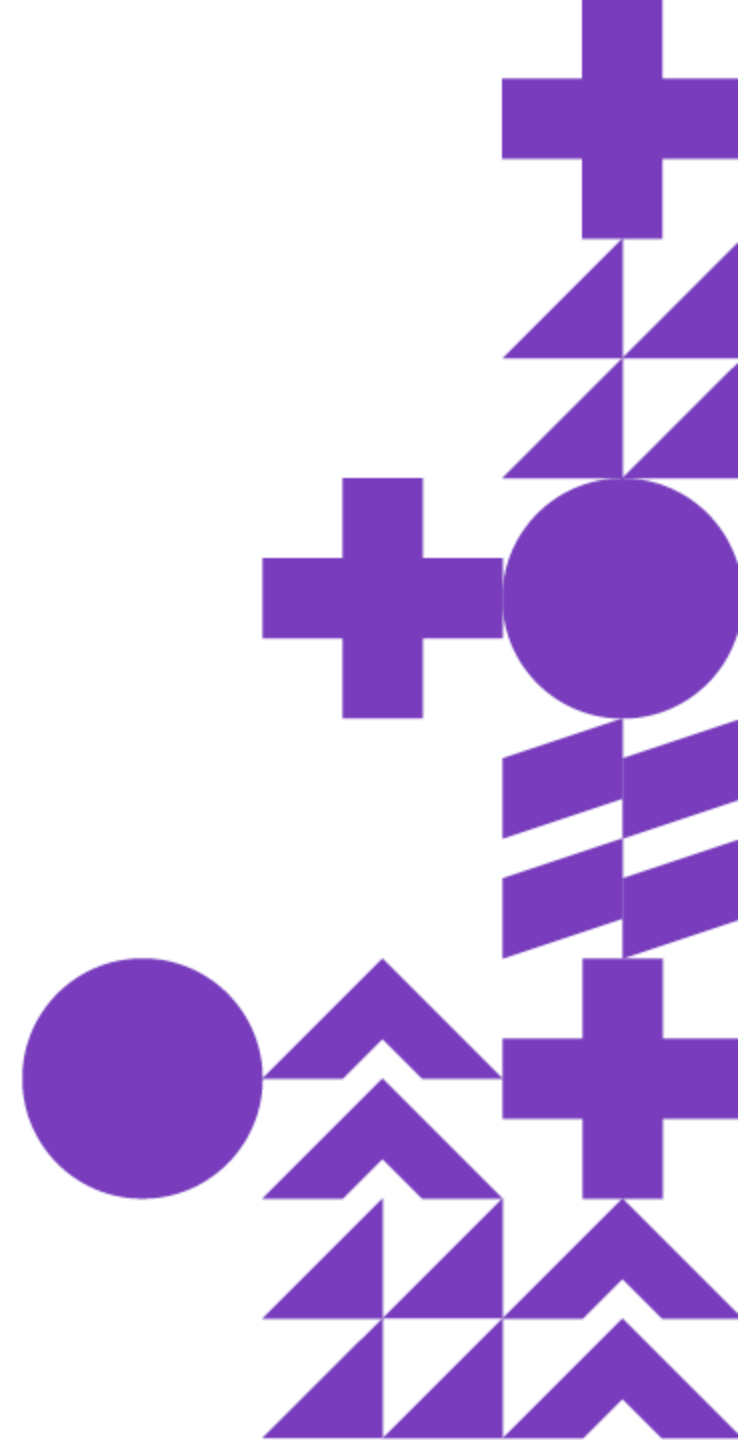
Most useful in the workplace?

Other aspects that helped graduates prepare (outside core curriculum)?

Aspects of career felt most/least prepared?

Who/what helped adapt to workplace?

Additional training received/needed?





Graduate perspectives

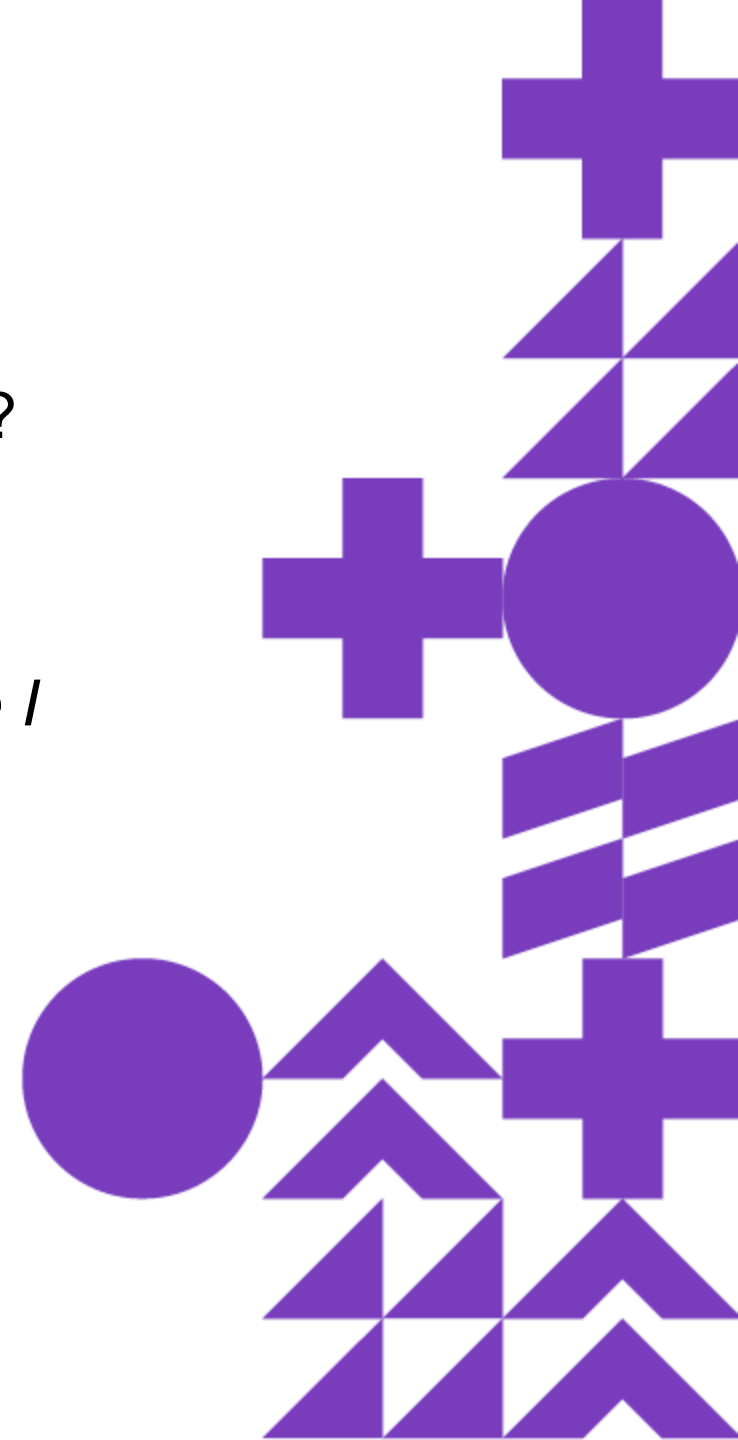




Core curriculum

What elements did you find most and least valuable to you?

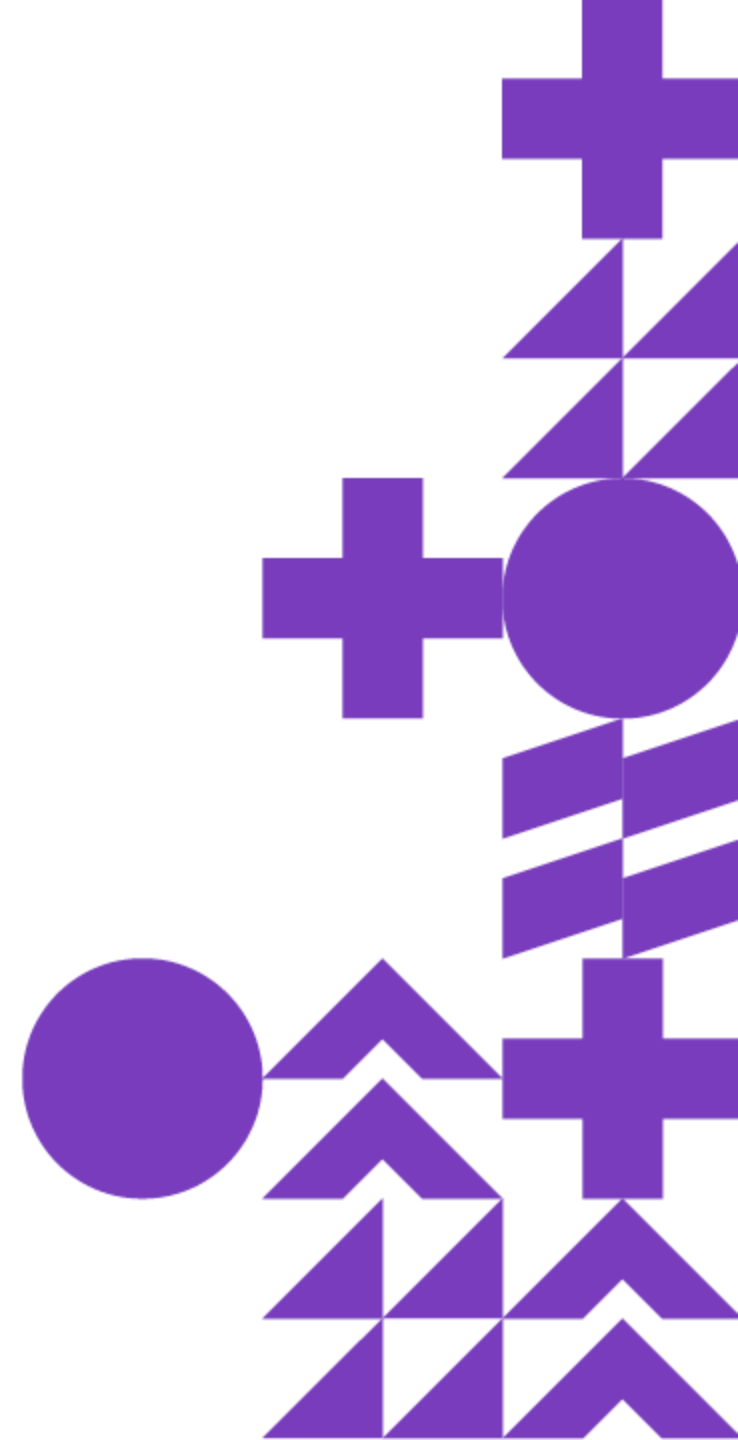
“I think looking back, all of it, every single thing. At the time I was like, why am I learning this? This is useless to me. Obviously immature thinking. When I look back on the content of the course, every single assignment I did, every single exam I did, and this is hand on heart here, was so valuable.”





The wider picture

“I would also probably learn a little bit more about the other professions in the NHS as a whole that would be in the context of my career in the bigger picture ... would have been of interest to me.”





Diversity in experience

“Because we all have different (ways of doing things) that's what radiography is; we have different ways of doing things in a safe environment.”

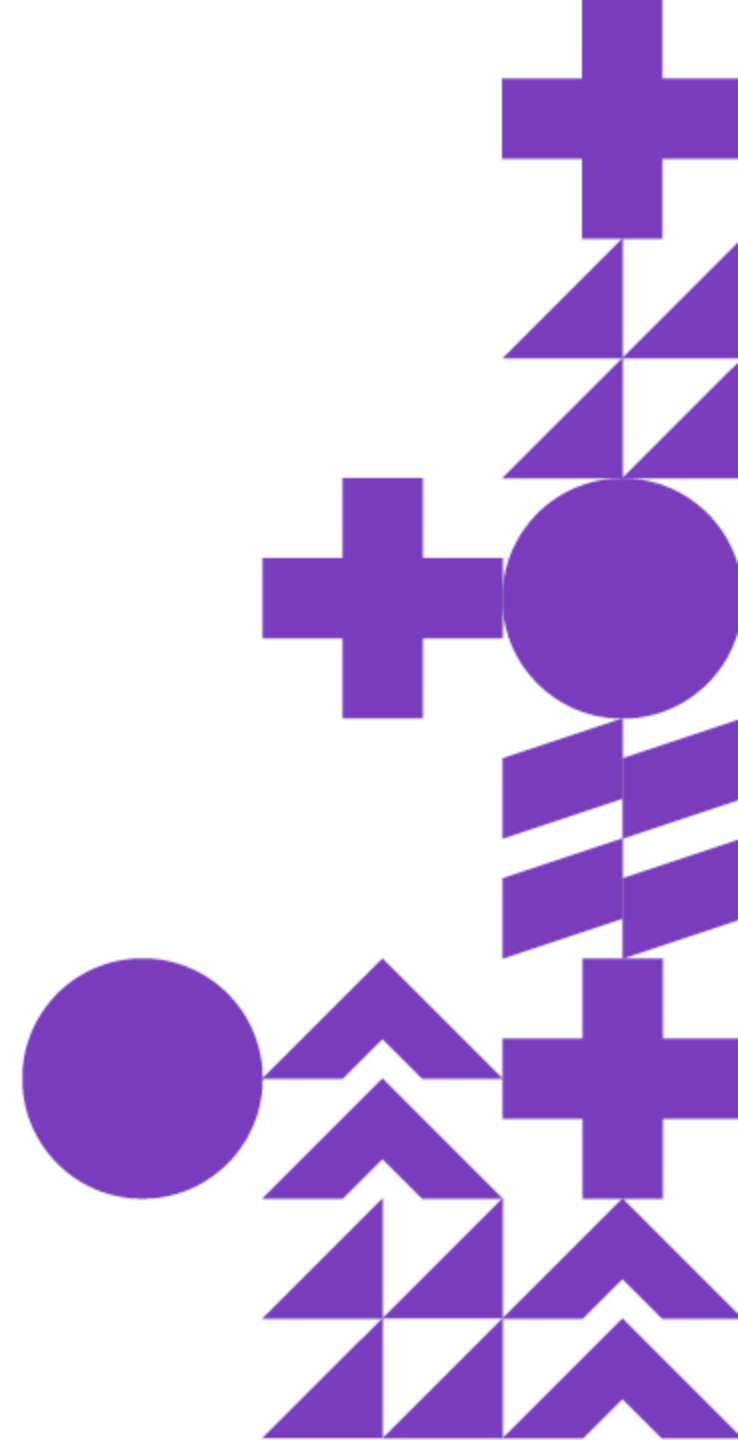
“The knowledge that you gain from that day is only as good as the people that you are exposed to. When you have a limited number of staff, you are not going to get that rich learning experience, or even that knowledge that you do have, being able to build on it. That hindered my learning.”





Active role

“... anywhere where I can take an active role. Anywhere where I was the only or one of a couple of students was good, as opposed to being inundated with students.”

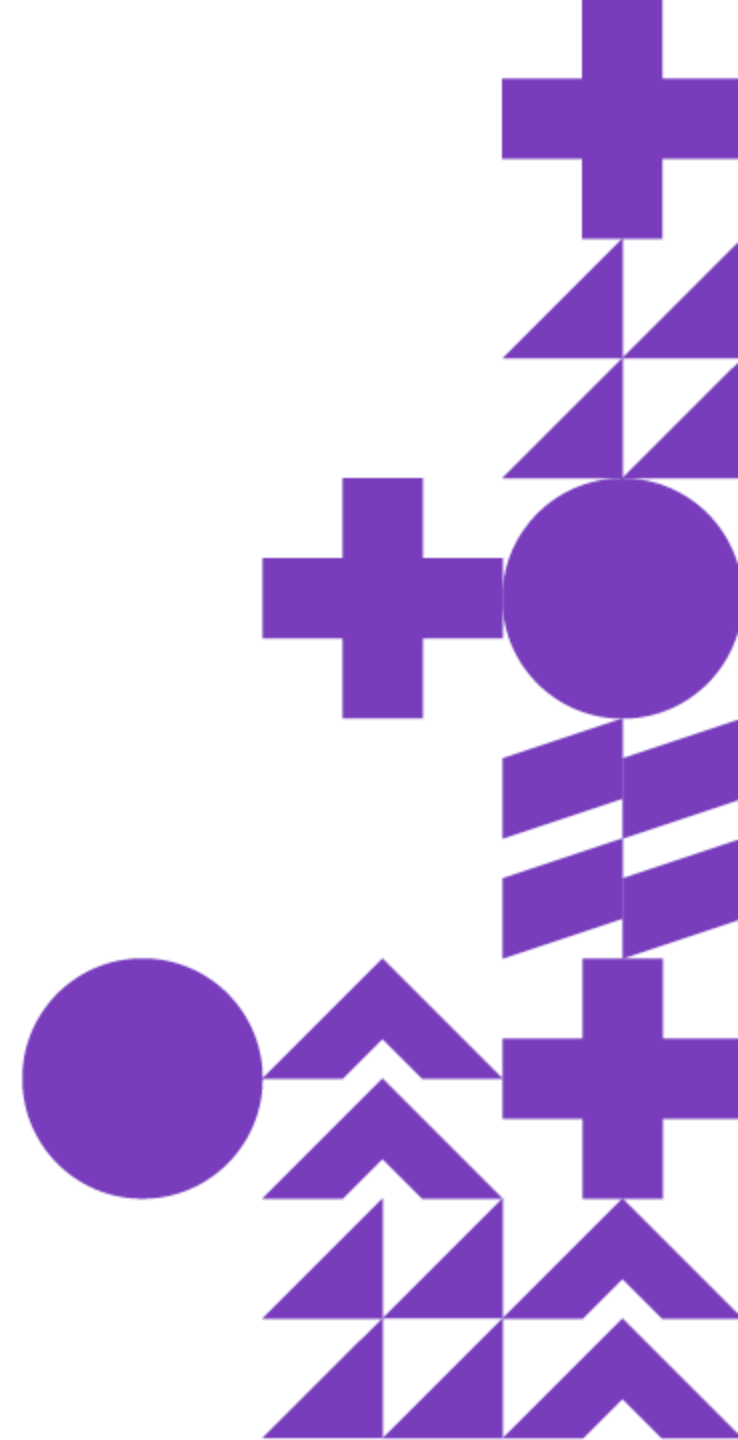




“Make or break”

“That's the year that when you go into clinical practice, it's either going to make you or break you as a student radiographer. You're either going to continue with this profession or you're going to go, “You know what? This is not for me.”

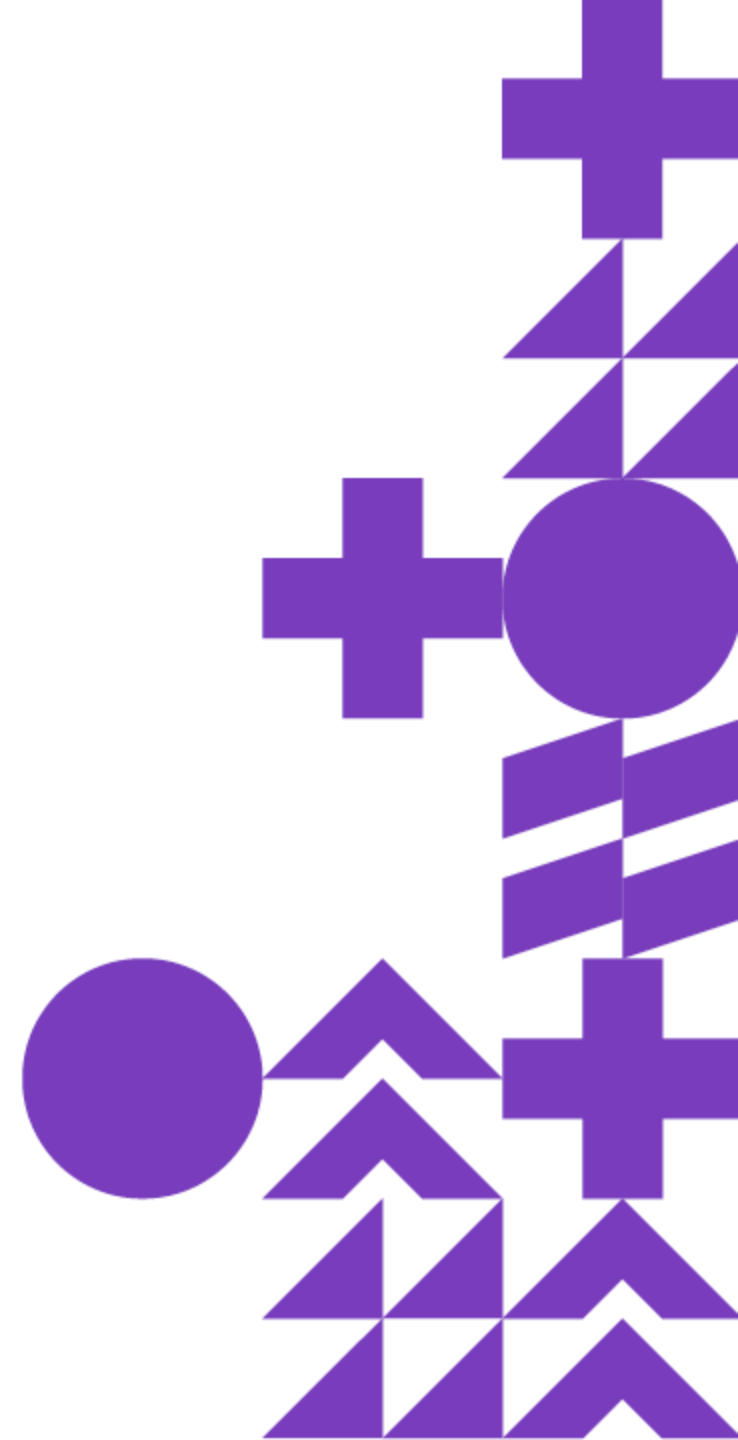
“Military-style hazing.”





Sense of belonging

“Before I actually came into -- the week before I was due to start I received a text from her saying, “We’re really looking forward to you joining the team and looking forward to seeing you on Monday.” When I came in, all of the paperwork was ready for me, the necessary stuff. It looked like a department that was very structured, it looked like a department that knew what they were doing.”





Not belonging!

“Not even looking at us, sometimes, because we were just literally fleas on the dog. They didn’t want to even engage for like, a second. That was, to my mind, wholly unprofessional and also quite withering, really ...

... So that definitely hindered things, because as a student, the anxiety is to do the right thing and to come out of that situation with people saying positive things about you.”

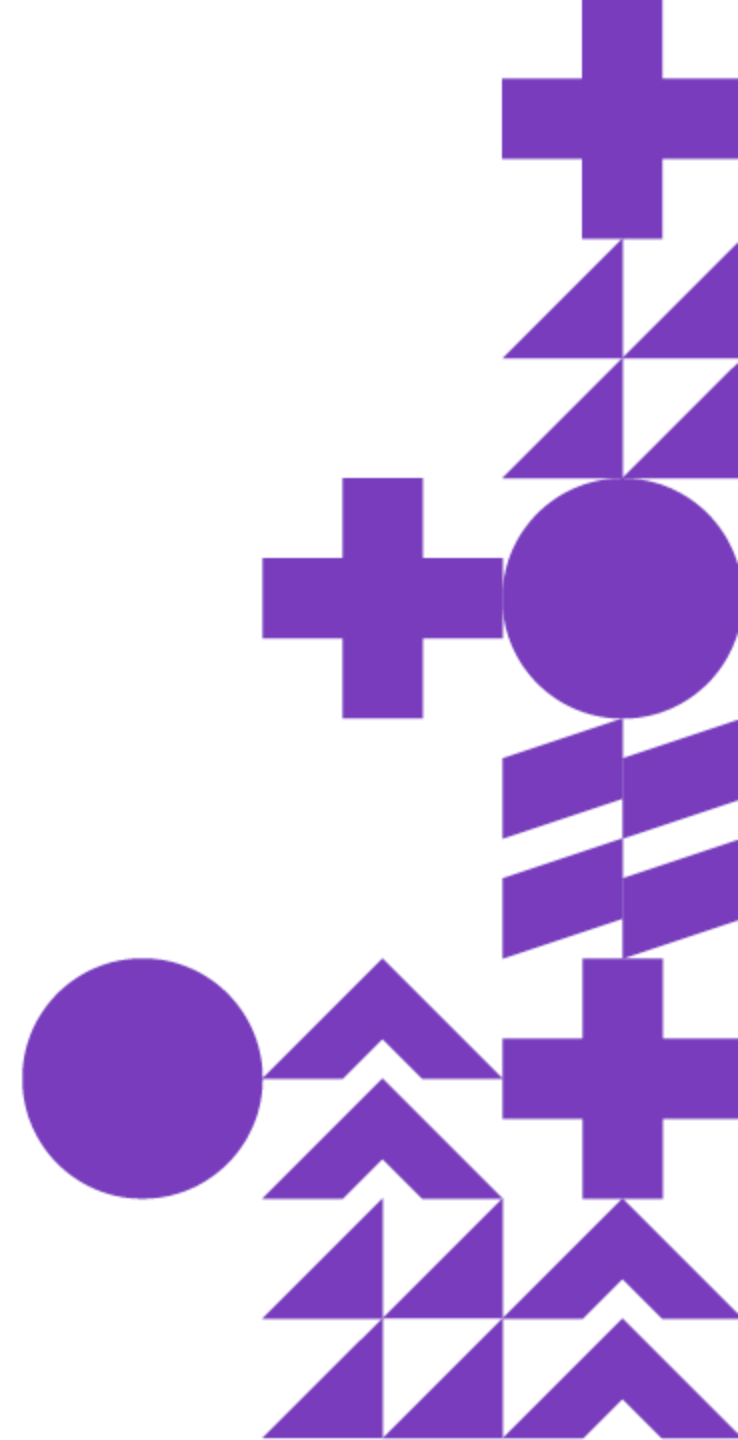




“Walked the path”

“The second thing that I would change from a clinical practice point of view is that it's very daunting from a student point of view...”

... I think qualified members of staff need to remember that they have walked this path before. They shouldn't forget their student experience. They shouldn't forget that at one stage in their life they were fearful.”





“Handing over trust”

“There were some radiographers who knew that you were a student and knew that they had to build your trust, but they handed over the trust immediately where they went, “Go on, you can do it.” And to be able to have someone to hand you their trust builds more confidence.”

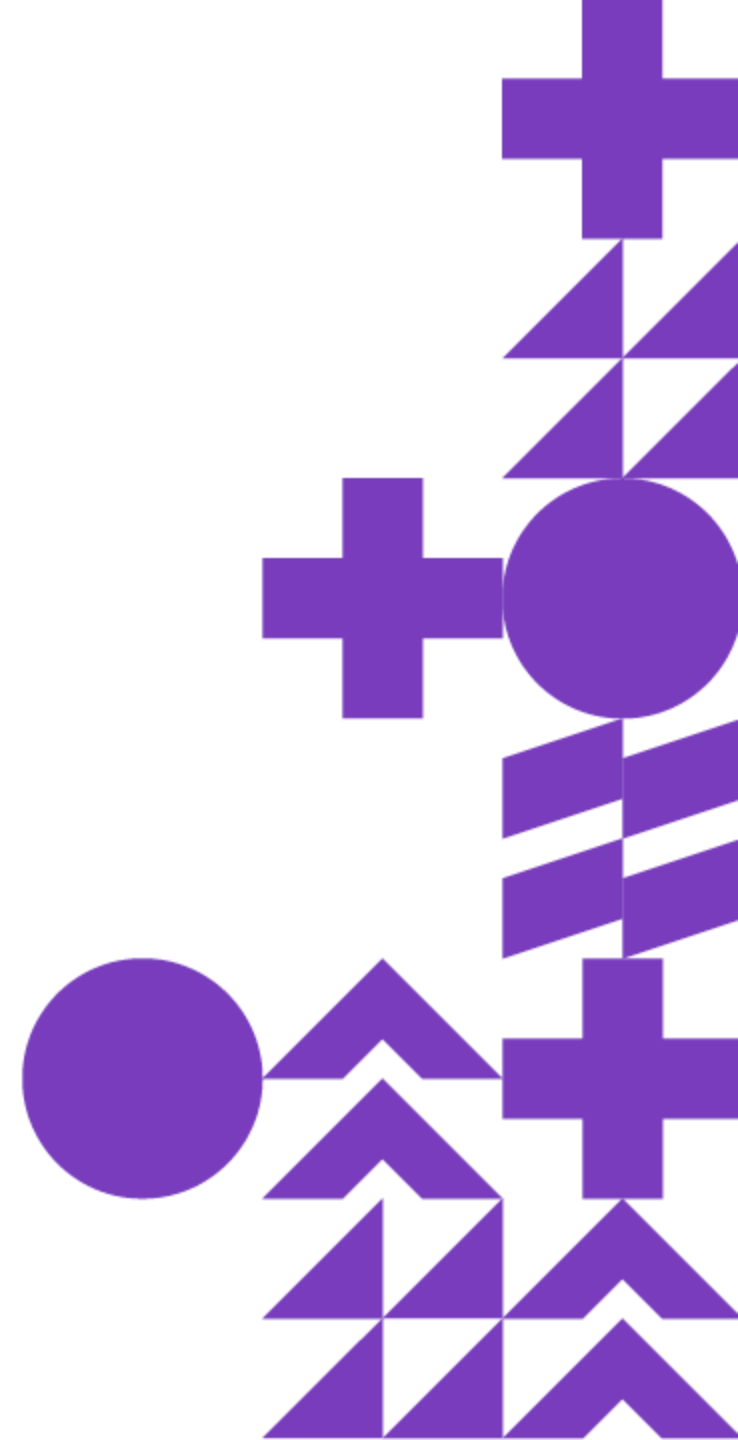
“You can do it. I will guide you but you do how much you think you know and I will fill in the gaps for you.” That really made me feel fantastic, because I had someone standing right there beside me and I was able to bring out my knowledge without having to be put on the spot or being questioned.”





Role modelling

“You just can't learn the things you learn from being in a lecture or looking at a book or doing an assignment. Without being on placement as a student, I wouldn't know how to coax a child with a broken wrist to put their wrist on the receptor or patients with dementia, patient aggressiveness, drunk patients in A & E.”





Coping with difficult working situations

“In theatre, if the surgeon -- if you can't get the imaging the surgeon wants and they start getting a bit irate with you, you can't turn around to your radiographer and say, "Help me, what do I need to do?" You're on your own, you have to struggle through it.”

“They didn't prepare us enough to have that authoritative skill, if I can put it that way. I think the problem is when you are a newly qualified radiographer and you are faced with a situation like that and you try and speak up.”

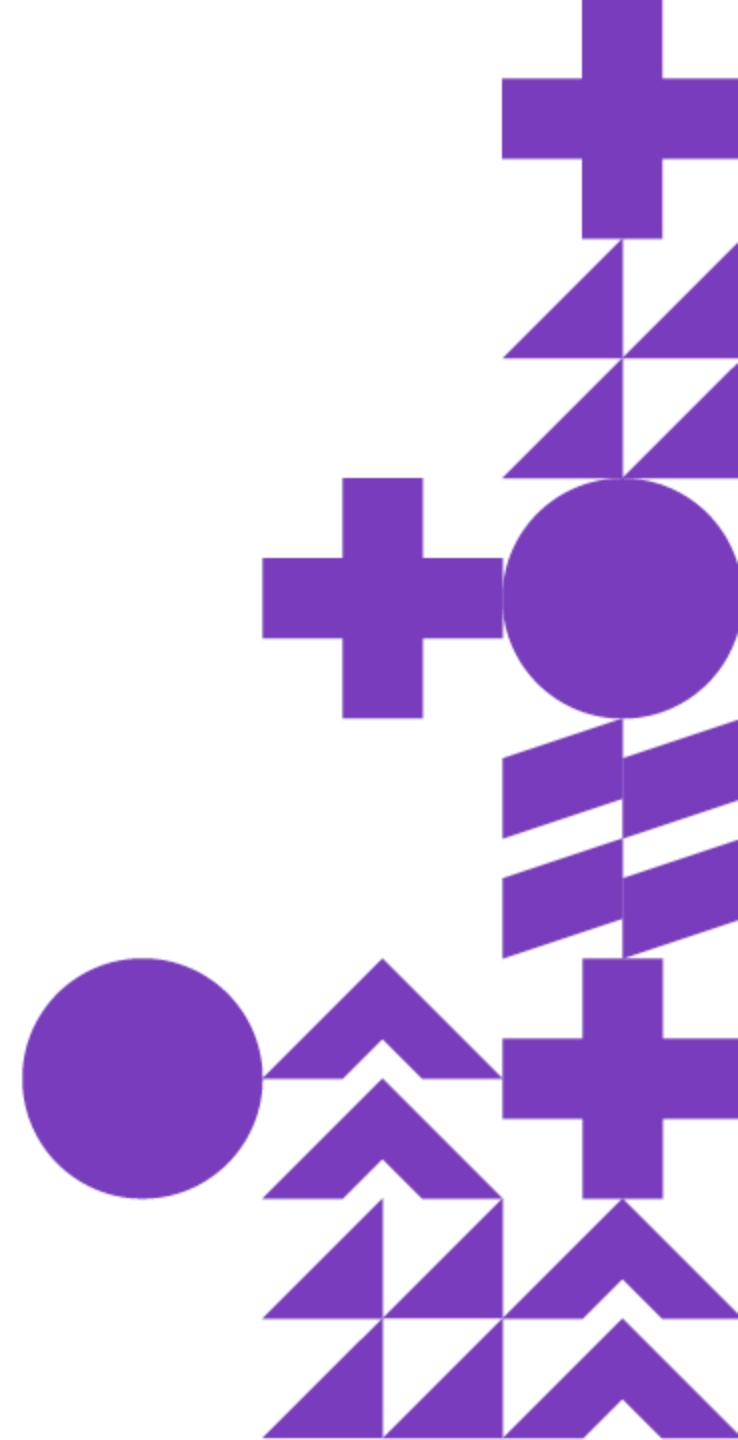




Debriefing

“The more you come across a similar type of experience, you rely on your own knowledge of your own experiences. And I suppose discussing them informally but professionally with other colleagues at a later time gives you more of what they would have done if they'd had a similar situation.”

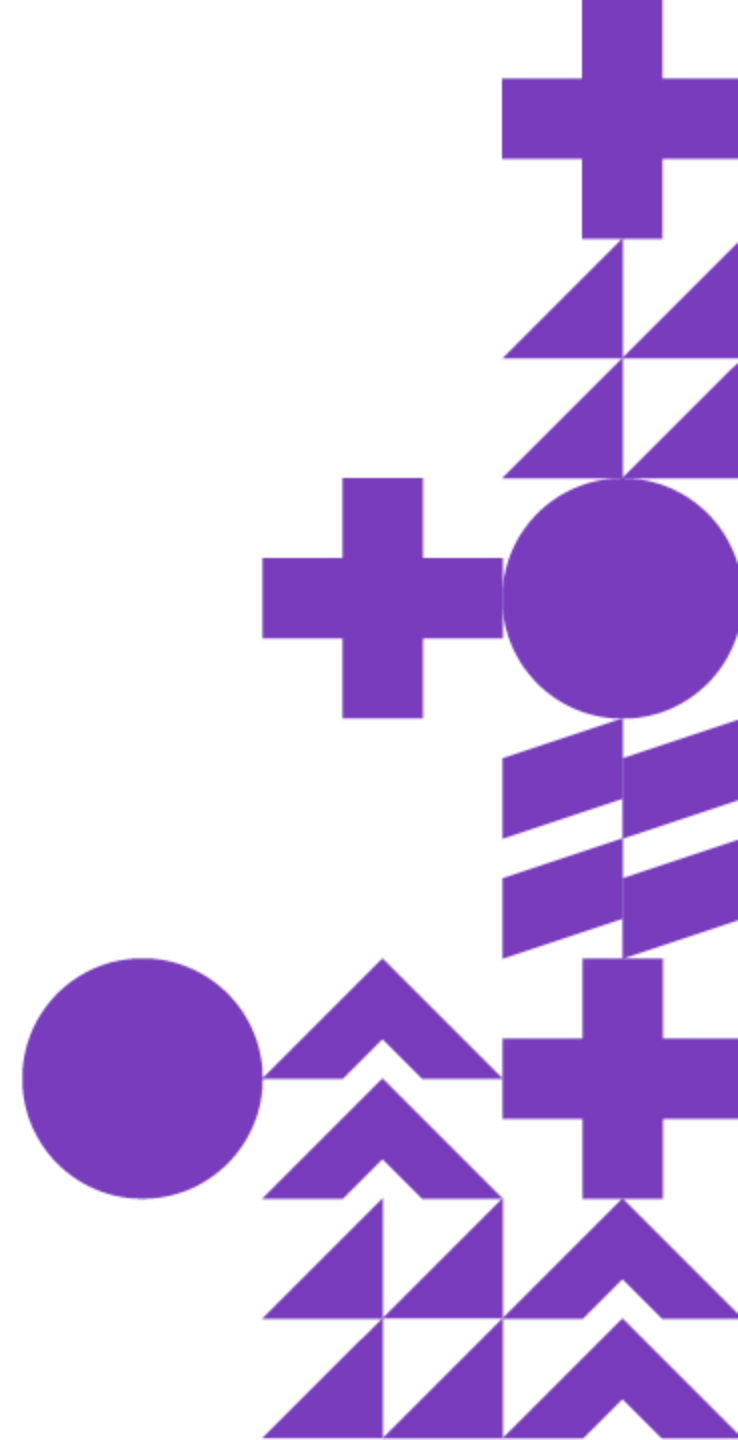
“In the job that we do, having the debriefings, how could I have done this better? We do it constantly in our department and I think that's what makes people better.”





Induction and preceptorship

“When I was at (Place 1) they have an induction programme ... because even if at the end of it, you weren’t comfortable going up to theatre on your own just yet, you could have another week going up with someone else, just to get your confidence up a bit more. It was really nice. You weren’t just thrown in: right, you’re qualified, go for it. It was needed.”

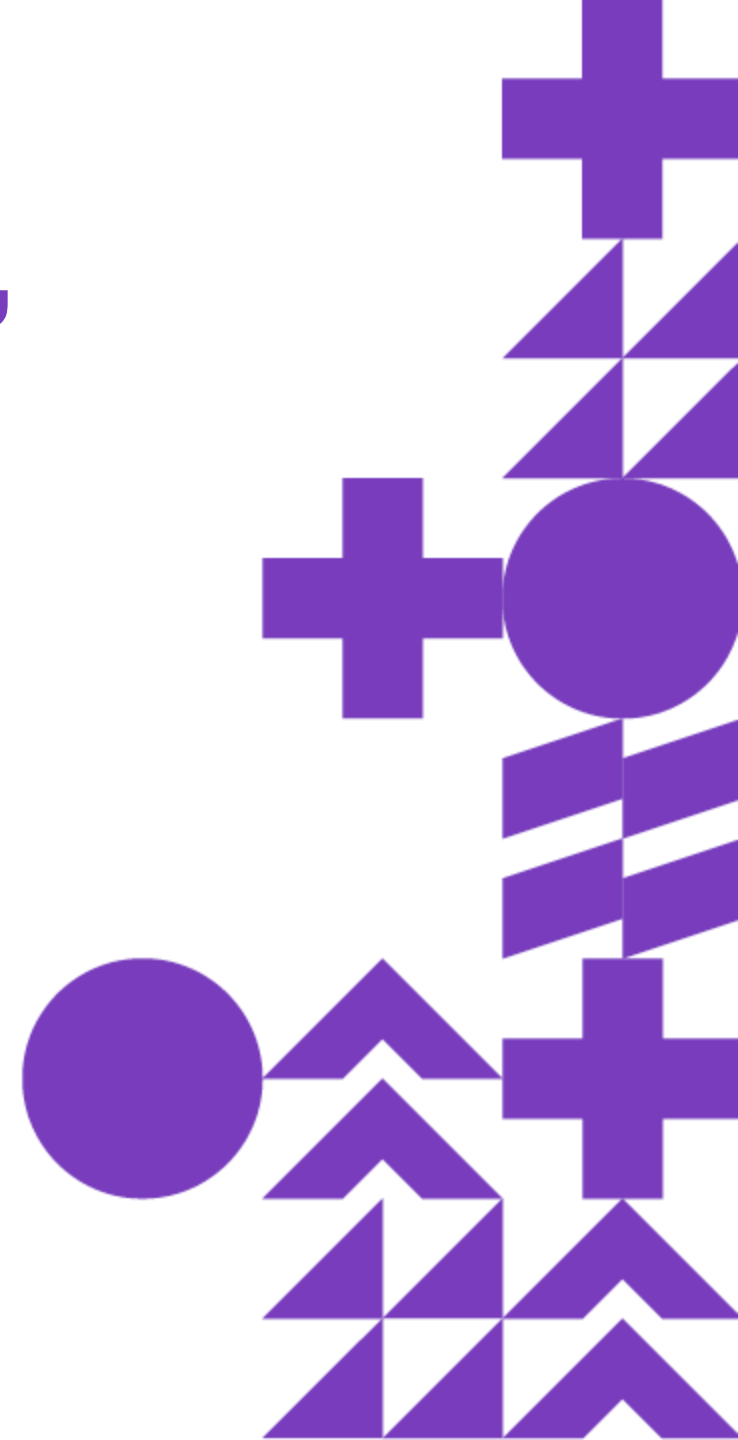




“Thrown in at the deep end”

“It was stressful, and if I was given the choice for it to happen again, I would find it hard to say yes, but it has made me more resilient. And -- not made me make different decisions, but make the decisions I would inevitably make, but quicker. Because there's nobody coming, there's no back-up.”

“I feel like it made me the radiographer I am today.”





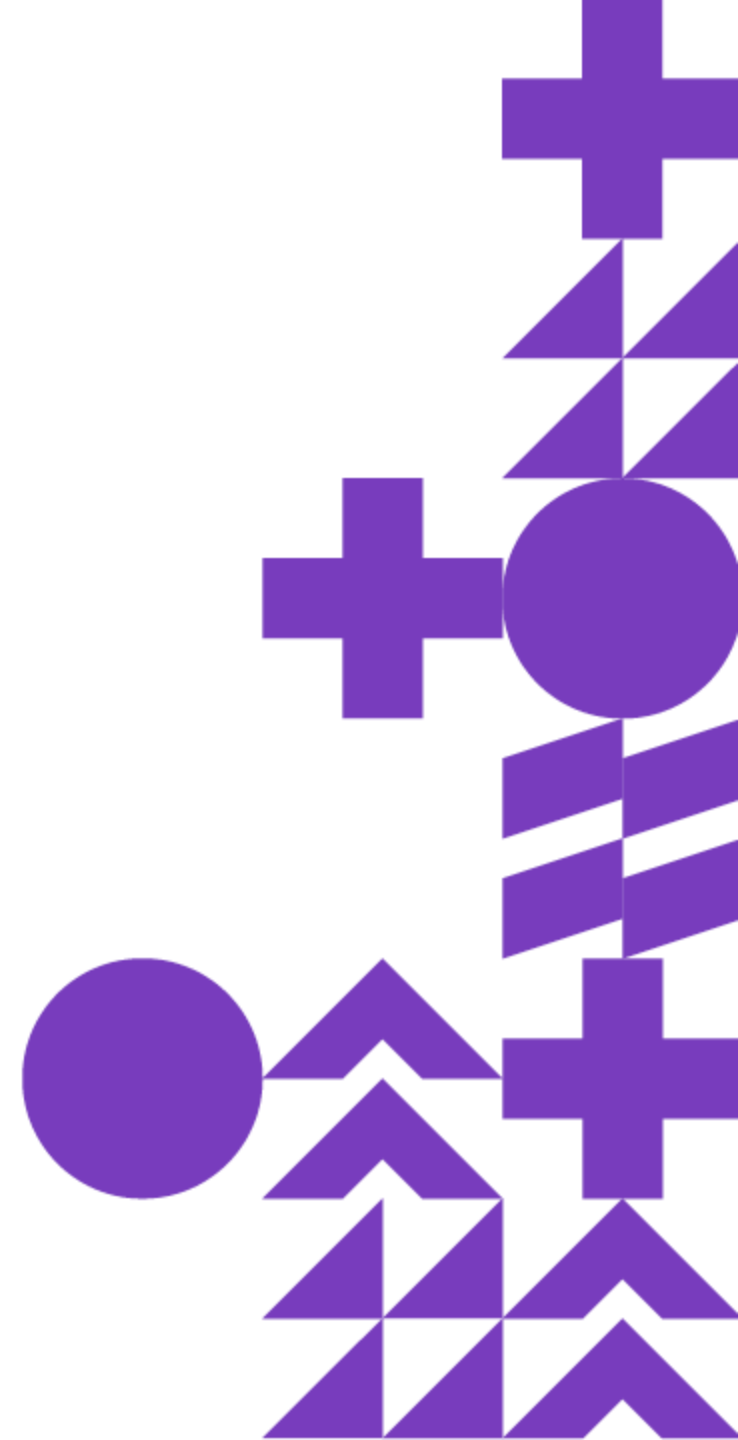
Conclusions

Departmental culture

Importance of skilled mentorship

Protective factors eg peer support, buddying, groups, social media

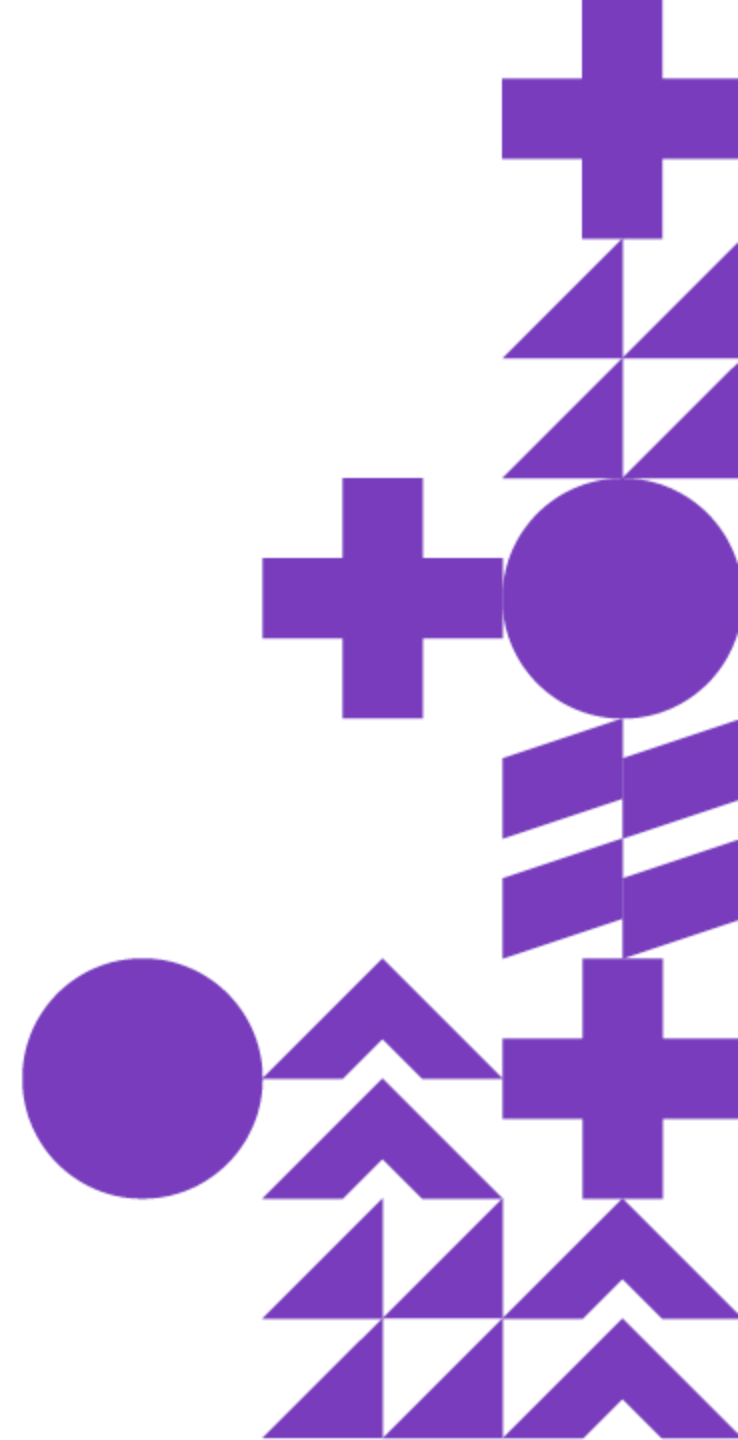
Preparing for difficult working situations in the curriculum





Final thought

“Radiography ... is one of the most rewarding professions you can go into. I will always shout it from the rooftops. I am very proud to be a radiographer, I'm very proud of the work that we do.”





Graduated 2016-18?

We need your help!

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