

**EPTA Best Practice
for Work-based Training of Undergraduate Clinical Physiologists
(Neurophysiology).**

From the experiences gained during the implementation and subsequent development of the current degree programme, it has become clear that guidance on planning work-based training is required.

In order that students are supported appropriately in the workplace Registration Council for Clinical Physiology (RCCP) produced a set of training guidelines which have proved helpful to some departments. However, experience has shown that these need to be supplemented with recommendations on the planning of the undergraduate experience and the student's role whilst training. This document sets out the EPTA recommendations for progression of training during the current 4-year academic programme.

It is hard to put definitive times to the process as service commitment and individual student learning style will influence this. Instead, the start and end points have been given for each year.

Year 1

General hospital induction.

Departmental induction.

Observation of a wide range of investigations performed within Neurophysiology Departments (to include all investigations within the home department, and secondments to other departments as required).

Out-patient electroencephalogram(EEG) with direct supervision.

Out-patient EEG with indirect supervision.

EEG upon in-patients with direct supervision.

Collect evidence related to first year specialist module.

Assessment Activity:

Completion of Professional Practice Portfolio

Presentation of EEG evidence collected in year 1.

Year 2

EEG on both in and out patients indirectly supervised, including more challenging investigations (eg children under 5 years of age).

Collect evidence related to second year specialist module.

Prepare 10 EEG case studies across a variety of neuropathological conditions and syndromes.

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Assessment Activity:

Undergo work-based assessment of adult EEG, paediatric EEG and EEG in a non-dedicated environment.

Complete portfolio to the required standards.

Completion of 10 EEG case studies.

ANS/EPTA Assessment Part I.

Year 3

Direct supervision of nerve conduction studies (for investigation of carpal tunnel syndrome).

Direct supervision of visual evoked potentials (both pattern reversal and flash).

Attend and assist in clinician-led nerve conduction clinics; completion of case studies relating to patients seen in these clinics.

Observation of brainstem auditory and somatosensory evoked potentials; complete case studies of these patients.

Collect evidence related to third year specialist module.

NB: Secondment to other units may be required to complete the requirements of Year 3.

Assessment Activity:

Presentation of NCS/EP evidence collected in year 3.

Year 4

Indirect supervision of nerve conduction studies (for investigation of carpal tunnel syndrome) and visual evoked potentials (both pattern reversal and flash).

Attend and assist in clinician-led nerve conduction clinics; completion of case studies relating to patients seen in these clinics.

Assessment Activity:

Undergo work-based assessment of nerve conduction studies in patients referred for investigation of CTS.

Undergo work-based assessment of visual evoked potentials (pattern reversal and flash).

Completion of case studies relating to clinician-led investigations (including EMG).

Completion of case studies relating to BAEP and SSEP investigations.

Complete portfolio to the required standards.

ANS/EPTA Assessment Part II.

1. At an early stage in his/her career, the student should be given the opportunity to observe ALL cardiac investigations covered by the Record of Clinical Practice. If required, arrangements to other centres should be arranged if and where necessary
2. Those involved in training in electrocardiographic technique must hold a relevant qualification (SCST Certificate in ECG or ASCST) and have had their competency checked regularly
3. DIRECT supervision means that the student works with a qualified member of staff at all times
4. INDIRECT supervision is interpreted to mean that the student works alone with a qualified member of staff IMMEDIATELY available if needed
5. The knowledge underpinning electrocardiography is delivered over years 1 & 2 of the degree programme. Collection and judgement of evidence should relate to this delivery
6. A student in the first year of the programme is unlikely to have much life experience dealing with the sick. It is important that some sensitivity and support is shown when he/she first visits wards
7. The order and choice of delivery of cardiac catheterisation training should fit in with service need
8. The student's presence during ETT would initially be in addition to the two qualified members of staff running the test. When deemed able, the student would perform the test as assistant to the practitioner leading the test
9. The Record of Clinical Practice requires the student to be assessed leading ETTs in the presence of a practitioner who is qualified to lead the test
10. Cardiac ultrasound as delivered within the degree programme represents an introduction to the investigation. It is expected that direct supervision in this technique will be maintained throughout the undergraduate programme