



University of
South Australia

Medical Radiations Clinical Human Anatomy HLTH1026 SP5
Course Coordinator: **Nadine Ellis**
Office: **(08) 830 22877** Email: **Nadine.Ellis@unisa.edu.au**

Observational Clinical Placement Attendance Form

Student's Name: _____

Placement Site: _____

Please Note: No correction fluid is to be used on this form

Date	Time In	Time Out	Hours	Area Rostered	Daily Mentor Signature	Reasons for Variation

Safe Practice and Duty of Care:

The student has continuously demonstrated beginning level safe practice and duty of care to the patient, fellow staff and themselves in the clinical setting

Safe Practice will be demonstrated by the student who:

- Demonstrates awareness of manual handling principles in patient and staff safety
- Demonstrates the safe application of all equipment
- Is responsible for patient and personal safety
- Demonstrate an awareness of the ALARA principle
- Does not put other persons in the workplace at any risk
- Demonstrates an awareness of infection control practices

Satisfactory

Unsatisfactory

Supervisor's comment if required:

Professional and Ethical Conduct:

The student has continuously demonstrated professional and ethical conduct according to UniSA clinical policies: http://i.unisa.edu.au/siteassets/students/health/documents/cpu/clinical_placement_policy.pdf
and the MRPBA Code of Conduct: <http://www.medicalradiationpracticeboard.gov.au/Codes-Guidelines/Codes-and-Guidelines/Code-of-conduct.aspx>.

Professional conduct is demonstrated by the student who:

- Clearly wears the student identification badge at all times
- Wears a current Luxel at all times in accordance with the Medical Radiation Luxel policy
- Is punctual at all times in accordance with the Medical Radiation attendance policy
- Maintains confidentiality of staff and patient information at all times
- Maintains personal hygiene and dress as stated in the Medical Radiation Uniform policy
- Behaves in a professional manner to colleagues, supervisors, patients and their families at all times

Satisfactory

Unsatisfactory

Supervisor's comment if required:

Clinical Supervisor's Signature: Date:/...../.....

Supervisor's Name (Please print clearly):

This is a true record of attendance and behaviour