



POLICIES AND PROCEDURES

DOCUMENT NO: POSN 02-02-07

DATE EFFECTIVE: 18 July 07

CROSS REFERENCE: A. May 07 BoDs Mtg
B. Brief to ACCATO 2005

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ISSUED BY: Board of Directors

CATEGORY: EDUCATION

SUBJECT: CLINICAL EDUCATION -
KEYSTONE OF THE PROFESSION

POSITION: It is the Position of the Association that a keystone or critical component of the education of the Medical Radiation Technologist (MRT) is the clinical portion and any compromise or sacrifice to this dimension of education undermines the healthcare system itself. The Association is committed to competence.

RATIONALE: The Medical Radiation Technology profession is a hands-on, patient contact one. Clinical competence cannot be achieved or maintained without the appropriate and relevant clinical education if the graduate is to wear the mantle of the profession.

Employers and patients expect and deserve a graduate who can perform their duties safely, cost effectively and efficiently and without supervision. This expectation cannot be met unless the graduate MRT has the requisite competencies that are not theoretical or academic in nature but are deliverable through effective performance of examinations or treatments.

IMPORTANT CONSIDERATIONS: The profession has a duty to society to ensure graduate MRTs are competent, not only academically, but especially clinically. In that duty the Association has a major role to ensure that the entry level MRT can deliver the expected care, safely and expertly.

An MRT that is not ready to deal with the challenges of their practice without direct supervision or remedial training is a liability to the employer and a potential danger to the patient. Further, they are a risk to the profession in terms of attracting attention from the media and other agencies, including the government.

Over the years, with the degree movement, there appears to have been a shift to the academic aspects of MRT undergraduate education. While this is necessary, there is a danger of becoming more academic as a profession at the expense of the ability to be proficient clinically. There needs to be a balance but not at the sacrifice of direct patient care.

The Association recognizes that there are pressures on government, undergraduate education, and clinical sites. These stressors are related to funding of hospitals and cancer centres by government, funding of clinical sites by the undergraduate programs, or lack of it in some cases, and the expectations of the public for immediate, safe quality care. Despite these pressures the Association maintains that anything that impacts on the effective clinical education of an MRT will cost the healthcare system more in the long term in regard to:

- Potential for more adverse events
- The cost of providing, by employers, a more extensive orientation, direct supervision and remedial or supplementary training
- The inability of the MRT to be an effective practitioner on an inter-professional practice team which would negatively impact on patient care

The replacement of effective and proven clinical education by non-proven simulation is viewed as a negative strategy. Consideration needs to be given to the fact that the research does not show that “simulation” can replace well designed clinical education for the MRT profession. What the research does show is that simulation can augment and supplement the clinical dimension of an MRT’s education. It is important to consider under the threat of less clinical site opportunities and funding issues that “simulation” has its place in a re-designed curriculum in preparing a student for the clinical placement. It cannot replace patient contact nor meet the employers’ or patients’ expectations.

A final consideration is to re-validate the situation in regards to entry-to-practice education. The re-validation process should examine whether entry-to-practice programs and processes are guaranteeing competence in the clinical domain of practice. This is an area for our regulatory body, who like the employer, must be satisfied with the competency of their registrant in their commitment to competence, demonstration of competence and proof of competence in order to keep the public’s trust.