

Section  
THREE

## Instructions & Information for the Clinical Observation

Observation or volunteer experience in a radiographic imaging (x-ray) setting is an essential requirement for application to the Radiographic Imaging Program. This is your opportunity to judge your interest in the field and learn more about radiography. Radiographers providing this experience will be requested to verify your participation in writing. The form for the observation is included in this packet. *If the observation hours are split between different locations, then copy the observation form so each observation location has a separate form to fill out.* **Sixteen hours of observation of technologists doing x-ray exams in a clinical setting are necessary to meet minimum application criteria.** It is your responsibility to arrange this experience.

1. The observation must be completed in a **hospital or large clinic setting so that you will observe a larger number of patients and more types of x-ray exams.** You are NOT to observe in areas other than the x-ray/radiography rooms in the radiology/medical imaging departments. **NO observations should be done in a radiation therapy, nuclear medicine, magnetic Resonance Imaging (MRI) or sonography area!**
2. Call ahead to arrange an appointment for observation. Explain your interest in a career in the field. *Note: You may complete observation hours at any facility that is willing to host you so long as you are only observing x-ray/radiography exams.*
3. Expect that it may be one to two weeks before the observation time can be scheduled. Most facilities are quite busy and need to plan ahead for observation experiences. **Do not wait until the last minute to schedule observation hours.**
4. Some clinical settings may have a specific radiographer/technologist designated to coordinate observation experiences; if so, ask to speak to this person.
5. Notify the Radiology/Medical Imaging department if you will be late or absent. Be sure to speak directly with the facility personnel or leave a message with the office staff. Reschedule as soon as possible. Avoid canceling at the last minute.

6. Dress professionally. Even though you are not a part of the program at this time, you are still viewed as a representative of Rhodes State College. Please be neat and clean and wear what is considered “professional and/or business wear” by the general public. This includes neat hair and nails and no jewelry or piercings other than in your ears. Specifically, no jeans (of any color), no shirts with advertising or writing on it, no athletic/workout clothing, no sandals, no hats, and nothing sleeveless. It is common to wear dress pants or khakis, polo type shirts, blouses, sweaters, and clean shoes—athletic shoes are acceptable. All clothing should be modest and fit appropriately.
7. It is absolutely unacceptable to use your cell phone during observation. Plan to leave it in your car or turn it off.
8. Be interested. Research the field of radiography (x-ray) prior to observing. Do your homework but do not be afraid to ask questions to learn. Be sensitive. Some questions may not be appropriate to ask in front of the patient.
9. Be ready to ask questions. However, if the radiographer is involved in a procedure, you may be advised to hold questions until they are completed.
10. Conform to any direction from the facility personnel immediately without question in the clinical setting. You may be asked to leave an exam area if necessary. Wait as directed and ask questions at a later time. Remember that the patient/client is the clinician’s first responsibility.
11. Understand that discussing a patient’s medical history, present illness, diagnosis, prognosis or treatment with other students, friends, or family is a violation of confidentiality. Uphold the patient’s right to privacy. You may be asked to sign a written confidentiality form; take this seriously. It is a legal matter.
12. When observing, be sure to keep interactions related to the scope of radiography/x-ray and the purpose of your visit. Remain professional at all times. If you become involved in a situation that is uncomfortable for you, seek assistance immediately.

# Radiographic Imaging Observation Form

*Top portion to be completed by Student Applicant*

Student Applicant Name (print) \_\_\_\_\_

Student ID (R#) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**To be completed by R.T. Evaluator:** Thank you for your time in introducing this applicant to the Radiographic Imaging profession. The student is required to observe R.T.(R)s for 16 hours. Upon completion of the student's time in your facility, please complete the form below to verify hours in the facility and professional characteristics. Your ratings and comments will be used to award points during the application process for the next class of students admitted to the Rhodes State College Radiographic Imaging program. We appreciate your candid opinion.

Observation Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ TOTAL HOURS: \_\_\_\_\_  
(Minimum of 16 total REQUIRED)

Characteristic	Poor	Fair	Good
<b>Personal appearance</b>	Sloppy, too casual, and/or too revealing <b>1</b>	One clothing item inappropriate <b>2</b>	Complies with dress code <b>3</b>
<b>Attitude toward patients</b>	Rude, careless, or disrespectful <b>1</b>	Indifferent or overly chatty <b>2</b>	Pleasant and appropriate <b>3</b>
<b>Attitude toward staff</b>	Rude or sullen <b>1</b>	Indifferent or overly friendly <b>2</b>	Cooperative and respectful <b>3</b>
<b>Communication skills</b>	Poor listener, no attempts to ask questions and/or talks about self only <b>1</b>	Unclear questions or random attempts <b>2</b>	Thoughtful questions that are on topic <b>3</b>
<b>Motivation</b>	Disinterested in patient care <b>1</b>	Occasional interest in imaging process <b>2</b>	Seeks out learning in appropriate ways <b>3</b>

Rate your overall endorsement of the applicant as a future colleague (Select one):

- Highly recommended  
  Recommended  
  Recommended with reservation  
  Not recommended

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluating Radiographer Name (print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Facility \_\_\_\_\_ Evaluator's Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

**Please fax with facility cover letter or mail in a facility envelope directly to the program:**

Radiographic Imaging Program    FAX (419) 995-8093  
 Rhodes State College  
 4240 Campus Drive, TEL 102B  
 Lima, Ohio 45804

For office use only	
Program Director signature /date	_____
Banner entry and date	_____