

**LARAMIE COUNTY COMMUNITY COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
ELECTIVE OBSERVATION
GUIDELINES AND ACCEPTANCE FORM 2018 APPLICATION**

INSTRUCTIONS: Please read the following information and complete the indicated information at the bottom of the form. Submit this signed form (along with your Preadmission Observation Evaluation Form) to the orienting technologist of the sonography facility at the start of observation period. You may make a copy of the completed form for your records.

Health care facilities are organizations designed to provide medical diagnoses, treatment and care for patients. As an observing student in a sonography department, you may be allowed to observe various interactions between patients, technologist, physicians and other health care personnel.

The health care environment is governed by various rules and policies which serve to ensure that the patient and his/her information is held in trust. In keeping with this, students who are observing as applicants of the LCCC DMS program are required to follow these guidelines:

1. As a student applying for the DMS program at LCCC, your role is strictly as an observer. Although you may be qualified to administer certain aspects of patient care (such as CPR) due to your past education and experiences, you may not provide any direct patient care during this observation period.
2. During your observation, you will observe both patients and their information (including their medical images). You may even observe an examination or information of someone you know while at the facility. It is permissible to ask questions of the available technologists about the procedures you are observing after the exam. Please be advised that this is privileged information protected by federal privacy acts, and therefore cannot be shared with **any** party outside the facility. This includes family and friends.
3. Due to the privacy rules described above, some facilities may require you to sign a confidentiality statement specific to their institution in addition to this form prior to your observation. Department personnel may also request patient permission prior to your observation of each procedure. While most patients do give their permission, patients do have the right to deny your observation of their examinations. Please do not be offended if a patient does not wish to have you present or observe his/her exam. Instead, respect the patient's right to choose how his/her care is delivered.
4. The health care facility will make every effort to provide a safe and educational observation experience, but because your observation is in a health care facility, you may be exposed to blood-borne and other pathogens while at the facility.
5. An observing student is ultimately responsible for his/her own actions. If a student fails to comply with the guidelines listed above, the facility has the right to immediately suspend the student's observation and/or bar him/her from future observations. In addition, the facility and/or Laramie County Community College cannot be held responsible for any damages or liabilities which may result due to inappropriate student behaviors during or after the observation period.

ACCEPTANCE OF OBSERVATION GUIDELINES

I have read the Guidelines for the Pre-Observation Requirements for students applying for the sonography program at Laramie County Community College. I understand my responsibilities concerning the observation with regard to patient confidentiality and the importance of following the instructions of the technologists during my observation. I understand that I am bound to these rules and other applicable department/hospital policies during my observation and will comply with these policies to the best of my ability.

Signature of Student

Date

Signature of Technologist

Date

If you have any questions about the observation or this form, please call the DMS program director at 307.778.4338.

Note to host facilities: Please feel free to keep the original or a copy of this document for your records and forward one copy back to the LCCC DMS program director attached to the Pre-Admission Observation Evaluation Form. Thank you for your time and assistance during this pre-observation experience.

Laramie County Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law, in its educational, extracurricular, athletic or other programs or in the context of employment. The College has a designated person to monitor compliance and to answer any questions regarding the College's non-discrimination [policy](#). Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1217, TitleIX_ADA@lccc.wy.edu.



LARAMIE COUNTY COMMUNITY COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

**ELECTIVE OBSERVATION EVALUATION
FORM 2018 APPLICATION**

To assist the applicant in being selected for the LCCC sonography program, a student must have observed in a Department of Sonography for an ~~8~~**16**-hour period. It is permissible for the student to attend four, four-hour intervals or two, eight-hour interval. We feel the prospective student will have a better understanding of the type of work that a sonographer does by attending this observation period.

NOTE: In the event that patient volume in the department appears to be low or inadequate, it is permissible for the observing student to reschedule remaining and/or additional observation time if the supervising technologist deems this to be appropriate. The faculty of the LCCC DMS program would like to thank you and your staff for the consideration you have shown to this prospective student and appreciate your comments.

Please answer the questions on the back of this sheet and return this form and the Observation Guidelines and Acceptance Form to the following address by February 28, 2018.

Laramie County Community College
Diagnostic Medical Sonography Program
1400 E. College Drive
Cheyenne, WY 82007

Name of Facility _____

Name of Prospective Student _____

Number of Hours Spent in the Sonography Department _____

Date(s) of Attendance _____

Thank You For Your Assistance.

If you have any questions, please call Adrienne Wade MS, RDMS, RVT at 307.778.4338
or email awade@lccc.wy.edu.

*If the student observes at two different clinical facilities, this form may be copied for use at both sites. Observation forms must be **within the last two years** from date of application.

The student:	YES	NO
1. Called to make an appointment (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2. Was punctual.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Completed _____ hours of observation.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Came to the department properly groomed/attired.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Came to the department prepared to observe with the appropriate paperwork.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and/or comment on any item(s) where “no” has been checked.

Please rate the following items from 1 to 5 with 5 being the highest rating possible.

	LOWEST		HIGHEST		
6. Displayed some awareness of how ultrasound was performed.....	1	2	3	4	5
7. Displayed the ability to interact with others	1	2	3	4	5
8. Appeared interested in sonographic procedures.....	1	2	3	4	5
9. Asked pertinent questions during the observation	1	2	3	4	5
10. Would you recommend this student?.....	1	2	3	4	5
Please comment:					

Other comments and overall impressions:

Signature of Orienting Sonographer _____ Date _____

Please return this form to the address on the front page, regardless of the number of hours observed.

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