



LARAMIE COUNTY COMMUNITY COLLEGE ADVANCED MODALITY CLINICAL COURSE PRE-ENROLLMENT OBSERVATION GUIDELINES AND ACCEPTANCE FORM

Instructions: Please read the following information and complete the indicated information at the bottom of the form. Submit this signed form (along with your "PRE-ENROLLMENT OBSERVATION EVALUATION FORM") to the orienting technologist of the radiology facility at the start of your observation period. You may make a copy of the completed form for your records, if you wish.

Health care facilities are organizations designed to provide medical diagnoses, treatment, and care for patients. As an observing student in a radiology department or imaging center, you will be allowed to observe various interactions between patients, technologists, physicians, and other health care personnel.

The health care environment is governed by various rules and policies that serve to ensure that the patient and his/her information is held in trust. In keeping with this, individuals who are observing as potential students in LCCC's Advanced Modality Clinical course are required to follow these guidelines:

1. As a student applying for enrollment in the Advanced Clinical course at LCCC, your role is strictly 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 technologists available about the procedures you are observing. **Please be advised that this is privileged information protected by federal privacy acts, and therefore cannot be shared with ANY party outside the facility, no matter how tempting it may be. This includes family members 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 for a safe and educational observation experience, but because your observation is in an imaging center or the radiology department of 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 liability 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-Enrollment Observation Requirement for students applying for the Advanced Modality Clinical course 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

Technologist Signature

Date

If you have any questions about the observation or this form, please call the Radiography Program Director at 307.778.1292.

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 Radiography Program Director attached to the Pre-Enrollment Observation Evaluation Form. Thank you for your time and assistance during this pre-observation experience.



**LARAMIE COUNTY COMMUNITY COLLEGE
ADVANCED MODALITY CLINICAL COURSE
PRE-ENROLLMENT OBSERVATION
EVALUATION FORM**

For use in place of one reference form for potential students who have not been actively employed in the medical imaging field within the last five years.

This form allows a potential student who wishes to enroll in LCCC’s Advanced Modality Clinical course—but who has not been actively employed within the last five years in the medical imaging field—the opportunity to observe in the desired modality. For these individuals, this form’s scored items will be used in place of one of three required reference forms determining their eligibility and clinical placement in RDTK 2952 – Advanced Modality Clinical Education.

A potential student must have observed in the desired modality in a Department of Radiology for an eight-hour period. It is permissible for the student to attend two, four-hour intervals or one, eight-hour interval, but it is recommended that four hours out of the eight-hour total are in a hospital setting, if possible. We feel that the prospective student will have a better understanding of the type of work that an advanced credentialed technologist 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 radiography 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 Pre-Enrollment Observation Guidelines and Acceptance Form to the following address within 90 days of the registration block.

Laramie County Community College
Director, Radiography Program
1400 E. College Drive
Cheyenne, WY 82007

Name of Facility: _____

Name of Prospective Student: _____

Number of Hours Spent in the Department of Radiology: _____

Date(s) of Attendance: _____

Thank You For Your Assistance.

If you have any questions, please call the LCCC radiography program director at 307.778.1292 or email Ashleigh Ralls at ARalls@lccc.wy.edu. *If the student observes at two different clinical facilities (i.e., an office setting and a hospital setting), this form may be copied for use at both sites.)

The student:	YES	NO
1. Called to make an appointment		
2. Was punctual		
3. Stayed the required 8 (or 4) hours		
4. Came to the department properly groomed		
5. Came to the department properly attired		
6. Came to the department prepared to observe with the appropriate paperwork		
7. Displayed a professional demeanor (courteous, no cell phone or PED use, etc.)		
Note: 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
	1	2
	3	4
	5	
8. Actively engaged in the observation process		
9. Displayed interest in the modality's procedures		
10. Asked pertinent questions during the observation		
11. Displayed the ability, knowledge, and willingness to interact and communicate in a medical imaging environment		
12. Recognized the potential hazards of radiation and magnetic fields and the need to maintain an aseptic environment		
13. Recognized and respected patient confidentiality requirements		
14. Displayed respect for organizational policies and procedures		
15. Would you recommend this student?		
Please comment: Other comments and overall impressions:		

Name of Orienting Technologist (Please print)_____

Signature of Orienting Technologist_____Date_____

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