LIT Radiology Observer Protocol

I agree to abide by the following rules during my observation hours. I will also abide by any others that I am made aware of by hospital employees or LIT instructors. I understand that I am a guest at this facility and the any hospital employee or LIT instructor has the right to ask me to leave for not following the rules and professional guidelines. If I am asked to leave I will not be allowed to complete my observation hours at the facility and will not be admitted to the LIT Radiology Program due to this breach of policy and/or ethics.

- Never discuss a patient's diagnosis, tests performed, or any other information in front of anyone or outside the hospital. This is privileged information protected under federal law (HIPAA) which could result in criminal prosecution.
- There will be **no** use of cell phones in the facility.
- No computer use allowed. (surfing the internet, logging on to Black Board, etc.)
- Altering the time card in any way will disqualify the student from consideration to the LIT Radiology Program.
- No personal laptops, MP3/ipod players are allowed.
- Present a neat professional appearance at all times.
- Wear clean shoes.
- Small conservative jewelry only. (wedding ring, stud earrings, etc.)
- No visible body piercings allowed.
- Tattoos must be covered.

Name (Printed)	
Signature	
Date	

Lamar Institute of Technology Radiologic Technology Program CLINICAL OBSERVATION FORM

Student's Name Date:				
Facility				
Please list the examinations you observe while in the radiology department. A signature is required by the supervising technologist for each exam. The following is a list of examinations that should be observed and documented on the table below. Fluoroscopy or contrast studies, Chest, Abdomen, Extremities, Spines, Portables, Trauma. Trauma is considered if you use alternative positioning, motor vehicle accident patient, etc.				
Date	Examination	Signature of Radiographer		

Lamar Institute of Technology Radiologic Technology Program Volunteer Evaluation

Name	Date
Facility Name	
Phone # (if out of S	ETX area)
Did the prospective	student:
Dress Profes	
	ms in emergency room and main department \Box Yes \Box No
	rell phone policy
Did the prospective □Yes□No	student exhibit a genuine interest in the field of Radiology?
Did the student sper ☐Yes ☐No	nd all of their volunteer hours in diagnostic radiology?
If no what percenta	ge was spent is diagnostic imaging%
Observation of Imag	ging procedures
4	Asks to participate or involves oneself without being asked
3	Will participate if asked
2	Does not seem to want to participate
1	Does not participate even when asked
Interaction with Sta	
4	Outgoing; promotes interaction
3	Pleasant; polite; but initiates little interaction
2	Quiet; does not initiate interaction
1	Withdrawn
Overall initiative an	d motivation
4	Highly motivated; energetic; self-starter
3	Motivated; Hard-worker
2	Slow mover; not self-motivated
1	Sits a lot; Not rad tech material
Comments	
Signature of Technolog	ist/Clinical Instructor