LAKESHORE TECHNICAL COLLEGE
RADIOGRAPHY PROGRAM

RADIOLOGY/IMAGING DEPARTMENT OBSERVATION REQUIREMENT

The Radiography program requires as part of the admission process that an applicant must observe a minimum of eight hours in a radiology/imaging department. The eight-hour observation session must be completed prior to acceptance into the program. Observation includes an emphasis on diagnostic radiology, which provides a cross section of general radiography, including fluoroscopy and contrast exams. The objective of observation is to provide you with information on the day-to-day activities in an imaging department. By this, you should have a better understanding of the role of the radiographer.

The requirement may be filled in the following manner:

1. Contact a radiology department of your choice to set up a four-hour period when you can observe the radiographer functioning in the work setting. After observing, ask the department supervisor to sign and date the form indicating the time and date you observed. (You may make copies as necessary) Complete the post-observation questions on the form and return to LTC.

2. Contact one of the clinical sites listed below to set up the remaining four hours requirement. Please have the supervisor at that facility sign and date the form. Complete the post-observation questions on the form and return to LTC.

RADIOGRAPHY PROGRAM CLINICAL EDUCATION SETTINGS

NOTE **When you call to set up the observation, make sure to state that you are an LTC Radiography specific student wanting to observe, NOT a Healthcare Alliance student**

<table>
<thead>
<tr>
<th>Observation Site</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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</thead>
<tbody>
<tr>
<td>Aurora Medical Center – Manitowoc County</td>
<td>Patty Le Clair</td>
<td>920.794.5115</td>
</tr>
<tr>
<td></td>
<td>Volunteer Services Coordinator</td>
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<td></td>
<td>OR</td>
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<tr>
<td></td>
<td>Colleen Wisnicky</td>
<td>920.794.5158</td>
</tr>
<tr>
<td></td>
<td>Community Outreach &amp; Volunteer Services Manager</td>
<td></td>
</tr>
<tr>
<td>Holy Family Memorial Medical Center</td>
<td>Melanie Danforth</td>
<td>920.320.4028</td>
</tr>
<tr>
<td></td>
<td>Human Resource Recruiter</td>
<td></td>
</tr>
<tr>
<td>Sheboygan Memorial Medical Center</td>
<td>Sydny Mehn</td>
<td>920.451.5488</td>
</tr>
<tr>
<td>St. Nicolas Hospital</td>
<td>Jennifer Dellenbach</td>
<td>920.459.4648</td>
</tr>
<tr>
<td>Sheboygan Clinic – Aurora</td>
<td>Sydny Mehn</td>
<td>920.541.5488</td>
</tr>
<tr>
<td>Saint Mary’s Hospital – Rhinlander Ministry</td>
<td>Tammy Weiman</td>
<td>715.361.2415</td>
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<tr>
<td></td>
<td>Human Resources Coordinator</td>
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<tr>
<td>Marshfield Clinic</td>
<td>Diane Nyberg</td>
<td>715.358.7320</td>
</tr>
<tr>
<td></td>
<td>Education Program Specialist</td>
<td></td>
</tr>
</tbody>
</table>
NOTE **When you call to set up the observation, make sure to state that you are an LTC Radiography specific student wanting to observe, NOT a Healthcare Alliance student**

**Time Frame**

It is at the discretion of the clinical site to specify observation dates and times. Sites have been advised to consider peak times, of maximum patient-flow in order to provide you with the appropriate information. In some cases, your observation may be scheduled over two days and at four-hour sessions to provide you with the most experiences.

**Attire**

It is recommended that your attire include dress skirts or slacks, dress blouses or shirts, and comfortable shoes. A lab coat may be provided at the site during observations sessions. It is recommended that you confirm the site’s expectations of your attire at the time of scheduling your observation.

**Comment:** The clinical facility has the option to terminate or reschedule an observation when standards of attire or conduct are deemed unacceptable by the facility. Remember you are a guest in the department.

**Radiology/Imaging Department Director**

We are asking your assistance in ensuring that we admit students into the Radiography program that are both informed and motivated toward a radiology career. In order to better accomplish this goal, we ask that you allow this prospective student to observe the functioning of your staff and department.
Confidentiality Agreement

Lakeshore Technical College provides learning experiences for health students from outside our setting. These students have the opportunity to observe and participate in the care of community clients. Federal and state laws, accreditation stands, and professional ethics require that all health students maintain the confidentiality of patient information to the greatest extent possible. The purpose of this agreement is to establish the following understanding between LTC and the health student regarding confidentiality of patient information.

I understand that during my participation in my clinical observation and clinical experiences, I may come in contact with the PHI of clinical clients. PHI means any information that identifies a client, including demographic, financial, and medical, that is created by a health care provider or health plan that relates to the past, present, or future condition, treatment, or payment of the individual.

I understand the PHI includes all client identifiable information in any medium, including, but not limited to oral, written, hard copy, and electronic (whether retrieved on a screen or contained on a computer disc).

I understand that PHI is held in strict confidence and I agree that I will not:

1. Review any individually identifiable information not directly related to my participation in an educational experience.
2. Discuss any PHI with anyone who does not have a legitimate, professional need-to-know information.
3. Disclose the information to any person on organization outside LTC without proper, written authorization from the client.

I understand that the obligations outlined above will continue after my participation in this educational experience.

I understand that violation of any of the above will result in denial to enter the Radiography program and/or clinical suspension and may result in being dropped from the Radiography program. Any intended or unintended breach may also be grounds for significant fine and for legal action against me and the clinical facility by the patient or the patient’s family pursuant to the Health Insurance Portability and Accountability Act of 1996.

__________________________________________________ ___________________
Name (please print) Date

__________________________________________________ ___________________
Signature LTC ID (or SS#)

Please return this form to:
Lakeshore Technical College
Attn: Enrollment Office #7
1290 North Avenue
Cleveland, WI 53015
Lakeshore Technical College Radiography Program
Observation Form

Student Name ____________________________________________ Student ID ______________________________
Facility Name ______________________________________ Date Observed __________________ Time Observed ________
Signature Department Supervisor/Clinical Instructor _______________________________________________________
Comments: _______________________________________________________________________________________
_________________________________________________________________________________________________

Facility Name __________________________________________ Date Observed __________________ Time Observed ________
Signature Department Supervisor/Clinical Instructor _______________________________________________________
Comments: _______________________________________________________________________________________
_________________________________________________________________________________________________

To be completed by the student:

1. After observing in the radiology/imaging department, please briefly describe what you observed is the role of the radiographer?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

2. Why would you choose to go into radiography? Please describe anything that may concern you or what you did not know about the field previously.
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

3. What previous work or life experiences do you have that you think would make you successful in radiography?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

After observing the radiology/imaging department, please return this completed form to:

Lakeshore Technical College
Attn: Enrollment Office #7
1290 North Avenue
Cleveland, WI 53015