

**LAKESHORE TECHNICAL COLLEGE
RADIOGRAPHY PROGRAM**

RADIOLOGY/IMAGING DEPARTMENT OBSERVATION REQUIREMENT

The Radiography program requires two observation experiences; both with an emphasis on diagnostic radiology, which provides a cross section of general radiography, 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. BOTH observations must be completed BEFORE you begin program classes.

The requirement is to be filled in the following manner:

- Attend an information session at LTC held during the Spring, Summer or Fall. Information about these sessions will be mailed to you. If looking to plan ahead, please contact the program advisor with your specific questions.

AFTER THIS IS COMPLETE THE NEXT STEP IS:

- 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. Complete the post-observation questions on the form.

OR

- Contact one of the clinical sites listed below to set up a four-hour period when you can observe the radiographer functioning in the work setting observing, ask the department supervisor to sign and date the form indicating the time and date you observed. Complete the post-observation questions on the form.

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**

Aurora Medical Center Manitowoc Cty

Diagnostic Imaging Department
5000 Memorial Drive
Two Rivers, WI 54241

Contact Patti LeClair
Telephone Number: (920) 794-5115

Eagle River Memorial Hospital

Medical Imaging Department
200 Hospital Road
Eagle River, WI 54521

Clinical Instructor Laura Bart
Telephone Number: (715) 343-3373

Holy Family Memorial Medical Center

Diagnostic Imaging Department
2300 Western Avenue
Manitowoc, WI 54220

Telephone Number: (920) 320-4028

Howard Young Medical Center

Clinical Instructor Laura Bart

240 Maple Street
Woodruff, WI 54568

Telephone Number: (715) 343-3373

Marshfield Clinic-Minocqua Center

9601 Townline Road
Minocqua, WI 54548

Contact Diane Nyberg
Telephone Number: (715) 358-7320

Saint Mary's Hospital

Imaging Department
2251 North Shore Drive
Rhineland, WI 54501

Clinical Instructor Laura Bart
Telephone Number: (715) 343-3373

Sheboygan Memorial Medical Center

Radiology Department
2629 N 7th Street
Sheboygan, WI 53083

Clinical Instructor Nicole Hecker RT R
Telephone Number: (920) 451-5665

St. Nicholas Hospital

Radiology Department
1601 N Taylor Drive
Sheboygan, WI 53081

Clinical Instructor Nicole Bulin RT R
Telephone Number: (920) 459-4670

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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.

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.

Conduct

You will be observing actual patient imaging examinations. You are expected to maintain respect for the patient's privacy and confidentiality. What you see, hear and observe at the clinical facility is privileged information that remains at the site. It is unacceptable to disclose any patient information and would hinder your acceptance into that site.

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.

**Lakeshore Technical College Radiography Program
Observation Form**

Student Name _____ Student ID _____

Facility Name _____ Date Observed _____ Time Observed _____

Department Signature _____

Comments: _____

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 any thing 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 Enrollment Office, Lakeshore Technical College, 1290 North Avenue, Cleveland WI 53015