McNeese State University Department of Biology and Health Sciences Radiologic Sciences Program

Students are required to complete a *minimum* of 20 hours in the diagnostic area of a radiology department and observe specified examinations listed on the observation form. If all examinations listed on the *Clinical Observation Form* are not observed it will require more than the minimum 20 hours.

Purpose of Clinical Observation:

- To ensure that the student has an understanding of the healthcare environment and the radiology department before beginning the professional phase of the MSU Radiologic Sciences Program.
- Observation hours may be done at any healthcare facility.

Observations can be scheduled Monday – Friday, times will vary depending on the specific examinations needed as part of your observation hours.

- These visits may take place at one facility, but it is suggested that you visit multiple facilities to allow for a more varied experience
- You are *strongly* advised to *schedule* your radiology department observation visits well ahead of the deadline
- Take the attached *Clinical Observation Form* with you to each visit and present it to the technologist at that facility. Fill in your name at the top of the form and the technologist will check the appropriate areas observed
 - o A separate form is required for each date and facility visited
 - o Please note the form is 2 pages and both must be completed
 - Your application to the Program will not be considered complete unless all sections of the form are completed.
- You must submit the completed observation forms when you make application to the Program.

Listed below are the locations, phone numbers, and contact persons of the clinical education settings that are affiliated with the MSU Radiologic Sciences Program. You are *not* limited to these sites. If you choose to visit a hospital not on this list, you should contact the radiology department at that hospital to schedule a visit.

Clinical Instructors:

Lake Charles Memorial Hospital	Michelle Miller or Amanda Liggio	494-3070
Moss Medical Center	Earlie Capdeville	475-8111
Chistus St. Patrick Hospital	Karen Nelson	491-7774
West Calcasieu Cameron Hospital	Rhonda Ryker	527-4256
Women and Children's Hospital	Sarah Roberts	475-4110

Clinical Observation Guidelines:

- Dress Code: *white* clinic jacket. polo/golf style shirts (short or long sleeves with a collar), Khaki or navy blue long pants or skirt (knee length or longer), full closed shoes
- Students shall *not* wear caps or facial piercings
- Students who are *not* in appropriate attire will be sent home
- Students shall *not* position the patient or make exposures while observing
- Students shall *not* be in the radiographic room during fluoroscopy or examinations during the exposure
- Students must be actively observing at all times, students may be sent home by the supervising technologist when there are no examinations being performed.
- Hours of observation in specialty areas (i.e. MRI, CT, Ultrasound, Nuclear Medicine, and Radiation Therapy) will not be counted in your 20 hour minimum
- Clinical Observation forms are to be turned in the week of finals in the fall semester in which the student makes application to the professional phase
- Cell phone use is prohibited while observing

Total number of hours observed on this date	
Signature of Technologist or Clinical Instructor	

McNeese State University Department of Biology & Health Sciences Radiologic Sciences Program

CLINICAL OBSERVATION FORM

STUDENT'S NAME	DATE
FACILITY	

The following is a list of the examinations that *must* be observed and documented on the table below. A signature is required by a supervising technologist for only the examinations listed below. There must be two (2) exams from each category.

- 1. Contrast Studies (2) (at least one must be a BE)
 - A. Barium Enema (BE), Upper Gastrointestinal (UGI), esophagram, small bowel series,
- 2. Spine, Upper & Lower Extremity Examinations (2)
- 3. Chest (2)
- **4.** Abdomen (2)
- **5. Mobiles (2)**
- 6. Trauma (alternative positioning, Motor vehicle accident patient, etc. (2)

Date	Examination	Signature of Radiographer

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CLINICAL OBSERVATION FORM

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I understand and agree that in the performance of my Radiologic Sciences observation as a
student, I must hold medical information in confidence. I understand that any violation of
this policy will result in legal action.

DATE

SIGNATURE OF STUDENT

NON-DISCRIMINATION STATEMENT

I understand and agree that in the performance of my Radiologic Sciences observation as a student, I will not harass the employees or visitors nor discriminate against any patient in rendering patient care (including, but not limited to the equality and quantity of patient care) because of race, color, national origin, sex, age, marital status, religion, veteran's status, financial status, or mental or physical handicap. I understand that any violation of this policy will result in legal action.

DATE

SIGNATURE OF STUDENT