

Visitation Instructions and Guidelines

Documentation of an 8-hour visitation (job shadow) to a diagnostic radiology department is a requirement to apply to the Radiologic Science program. The purpose of the visit allows you to see what a staff radiographer's job entails. TCC's radiologic science program is designed to prepare a student to effectively work in this type of environment. Following are the specific visitation instructions:

- It is the applicant's responsibility to arrange the visit.
- Make your arrangements to conduct this visitation early. If you wait until the last minute, prior to the application deadline, there is no guarantee that a radiology site can accommodate you in that time frame.
- If you are unable to keep the appointment, please let the site know and reschedule.
- The visitation must be made in a diagnostic radiology department¹
- At **least** 4 of the 8 hours must be done in a hospital diagnostic radiology department. If the hospital will allow a full 8 hour visitation that is acceptable.
- If a hospital limits you to a 4 hour visit the other 4 hours can be done in a diagnostic imaging center (e.g. – Diagnostic Imaging Northwest or DINW)²
- **IMPORTANT-** Because the program of instruction concentrates on general X-ray images of the body, anytime spent to observe CT, MRI, U/S, or nuclear medicine will **not** fulfill this requirement. Remember, the visit is not a comprehensive tour of **all** modalities of imaging; it is to be strictly limited to general radiography **ONLY**. If a question regarding this arises at your visitation site, please show them this instruction sheet.

When you go for your visitation, you need to take the following forms with you:

- Visitation form
- Guidelines and Acceptance form
- Observation Evaluation (*filled out and returned by the orienting technologist*)

The Visitation form and the Guidelines and Acceptance form must be completed and upload by the student to the Radiology online application through your TCC portal, see instructions on page 7.

If you wish to visit one of our clinical affiliates, you will need to contact the volunteer office at the following facilities to coordinate your visit:

Multicare	Franciscan System	Providence Hospital System	Harrison Medical Center
Allenmore	St. Joseph	Prov. Hosp - Centralia	In Bremerton
Tacoma General	St. Francis		
Good SAM	St. Clare		
Auburn	St. Anthony		
Cov. Med. Ctr			

Please **DO NOT** attempt to schedule a visit to Madigan Hospital at Ft. Lewis. They are not an affiliated site and cannot accommodate your request. **DO NOT** attempt to schedule at St. Peter Hosp. in Olympia.

When observing a diagnostic radiology department at the hospital, it is extremely important to dress appropriately. A professional, clean appearance is necessary as you will be observing patients. Please follow the guidelines below:

- Dress, skirt, or nice slacks. No jeans.
- Flat shoes with toe and heel in. No tennis shoes.
- Limit jewelry to small and light colored.
- Hair neat and clean.

If visiting a Franciscan system hospital you must coordinate your visit with the main volunteer office. If visiting a Multicare facility you must coordinate your visit with their Human Resources department.

¹ A diagnostic radiology department is found in a hospital.

² A diagnostic radiology department can also be an imaging center. Examples of these include Diagnostic Imaging Northwest or DINW, Tacoma Radiology Associates or TRA, or South Sound Radiology.

Visitation Form – Radiologic Sciences Program

The Visitation form and the Guidelines and Acceptance form must be completed *and uploaded by the student to the Radiology online application through your TCC portal, see instructions on page 7*

Applicant's Name: _____

Hospital: _____

Date/Time: _____

Number of Hours: _____

Exams Observed (applicant **REQUIRED** to list exams observed):

Applicant's comments regarding visitation session:

Orienting Technologists Signature: _____

Applicant's Name: _____

Hospital: _____

Date/Time: _____

Number of Hours: _____

Exams Observed (applicant **REQUIRED** to list exams observed):

Applicant's comments regarding visitation session:

Orienting Technologists Signature: _____

This form must be uploaded by the student to the Radiology online application through your TCC portal, see instructions on page 7

Tacoma Community College
Radiology Science Program
Guidelines and Acceptance Form

Instructions: Please read the following information and complete the indicated information at the bottom of the form. The Visitation form and the Guidelines and Acceptance form must be completed and uploaded by the student to the Radiology online application through your TCC portal, see instructions on page 7.

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 which serve to ensure that the patient and his/her information are held in trust. In keeping with this, students who are observing as applicants of the **TCC Radiology Science Program** are required to follow these guidelines:

1. As a student applying for the radiology science program at TCC, 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 of 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 Tacoma 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 Hospital Observation Requirement for students applying for the radiology science program at Tacoma 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 Radiology Science program director at 253.566.5168. ***This form must be uploaded by the student to the Radiology online application through your TCC portal, see instructions on page 7.*** **Note to host facilities:** Please feel free to make a copy of the visitation forms for your records. Thank you for your time and assistance during this pre observation experience.

Radiology Science Program Observation Evaluation Form

To be admitted to the TCC Radiology Science program, a student must have observed in a diagnostic radiology department for an eight-hour period. It is permissible for the student to attend two four-hour intervals or one eight-hour interval, but a minimum of four hours out of the eight-hour total must be in a hospital setting. We feel that the prospective student will have a better understanding of the type of work that a radiographer does by attending the observation period described above.

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 TCC radiology science program would like to thank you and your staff for the consideration you have shown to this prospective student and appreciate your comments.

For the orienting technologist, please answer the questions on the back of this form and return to the following address. You may also fax the evaluation form to 253-566-5179 or email the evaluation form to akieszling@tacomacc.edu

**Tacoma Community College
Radiology Science Program – Bldg. 13, Rm 160
6501 South 19th Street
Tacoma, WA 98466**

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 TCC radiology science program director at 253.566.5168 or Amanda Kieszling, program support at 253.566.5179 or email at: akieszling@tacomacc.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.)

**This form must be returned by the orienting technologist,
not the student.**

APPLICANTS NAME: _____

The student:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Called to make an appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was punctual | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stayed the required 8 (or 4) hours | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Came to the department properly groomed | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Came to the department properly attired | <input type="checkbox"/> | <input type="checkbox"/> |

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 |
|---|--------|---|---|---|---------|
| 6. Displayed some awareness of the potential hazards of radiation and body fluids | 1 | 2 | 3 | 4 | 5 |
| 7. Displayed the ability to interact with others | 1 | 2 | 3 | 4 | 5 |
| 8. Appeared interested in diagnostic radiology procedures | 1 | 2 | 3 | 4 | 5 |
| 9. Asked pertinent questions during the observation | 1 | 2 | 3 | 4 | 5 |
| 10. Would you recommend this student? | 1 | 2 | 3 | 4 | 5 |

Please comment:

Other comments and overall impressions:

Signature of Orienting Technologist _____ Date _____

Please return this form to the address shown on the front page (page 15), regardless of the number of hours observed. You may also fax or email this observation form to 253.566.5179 or akieszling@tacomacc.edu