



RADIOLOGIC TECHNOLOGY OBSERVATION INSTRUCTIONS

We are excited about your interest in the Radiologic Technology profession and our program. Observation hours give an opportunity to understand what is involved in the profession and to determine if this field is a good fit for you and your future.

- You must document **20** observation hours
- Observation should include a number of procedures and exams that are performed by Radiologic Technologists on a daily basis
- Observe at a facility that performs a multitude of exams (ex: hospital)
- Observation hours must be submitted with your application by **May 1st**
- All documentation is to be submitted to FranU Office of Admissions
- Make the most of your observation experience. Shadow the technologist and ask questions
- The amount of involvement you have as an observer is going to vary from site to site and it is your responsibility to determine the amount of involvement allowed
- It is never acceptable to be on your cell phone or sitting in a chair while technologists are performing exams that you should be observing
- Each site should inform you how to dress appropriately for your observation time. If not, khaki pants and a solid color polo shirt are acceptable
- Enclosed:
 - Observation Hours Documentation
 - Observation Procedure List
 - Observation Evaluation Form

Facilities will evaluate you on the following items and rank whether they would recommend you for the FranU Rad Tech Program

1. Dependability
2. Appearance
3. Communication skills
4. Interest
5. Attitude
6. Ethics
7. Empathy

**Further questions should be directed to Franciscan Missionaries of Our Lady University
Radiologic Technology Program**



FRANCISCAN MISSIONARIES OF OUR LADY UNIVERSITY

RADIOLOGIC TECHNOLOGY

OBSERVATION HOURS DOCUMENTATION

Student's Name: _____

Clinic Site: _____

Site Phone Number: _____

Students are required to complete **20** hours of observation in a Radiologic Technology department. A technologist must sign the student in and out for each visit and document the number of hours completed each day.



**RADIOLOGIC TECHNOLOGY
OBSERVATION PROCEDURE LIST**

Student's Name: _____

Clinic Site: _____

Site Phone Number: _____

- Students are encouraged to observe the following exams
- A Radiologic Technologist must sign and date to verify the student actively observed them during the exam or activity

Exam/Activity	RT Signature	Date
1. Upper/Lower Extremity		
2. Chest/Abdomen		
3. Contrast Fluoroscopy Studies: Upper GI, Barium Enema		
4. Trauma Procedure		
5. Portable/Mobile Exam		
6. Pediatric Procedure		
7. Advanced Modalities: CT, Nuc Med, MRI		
8. Venipuncture		
9. Patient Transport		
10. RT performing entire imaging process: Acquiring a history, processing & analyzing image quality		
11. RT interactions with Radiologist/PA		



**RADIOLOGIC TECHNOLOGY
OBSERVATION EVALUATION WAIVER**

This section to be completed by the applicant:

Applicant's Name (Last, First, MI)

D.O.B.

Contact Number

Waiver of Accessibility:

I understand that this evaluation will be confidential, and I waive my right to read it.

Applicant's signature: _____

I **DO NOT** waive my right to read this evaluation.

Applicant's signature: _____



RADIOLOGIC TECHNOLOGY
OBSERVATION EVALUATION FORM

Student Name: _____

The student named above is applying for acceptance to the Radiologic Technology Program at Franciscan Missionaries of Our Lady University. Please complete the following evaluation based on their time observing at your facility.

Student Characteristics	3	2	1	X
Dependability-Reliability, Trustworthiness	Punctual, consistent	Calls to reschedule on occasion	Inconsistent, fails to show	Not Observed
Appearance- Outward Presence	Clean, neat, appropriate	Too casual, wrinkled, excessive accessories	Dirty clothing or inappropriate clothing	Not Observed
Communication – Written, spoken or non-verbal exchange with staff or patients	Calm, clear, appropriate eye contact	Brash, unclear, inconsistent	Obnoxious, inappropriate, poor eye contact	Not Observed
Interest – Concerned with occurrences in department	Asks questions, discusses issues	Quiet, listens when spoken to, few questions	Easily distracted, poor attention to task, sitting or on phone	Not Observed
Attitude – Mental posture	Alert, positive, confident, respectful	Focused on self, familiar, opinionated, shy	Egotistical, narrow minded, intolerant	Not Observed
Ethics – Conducts themselves appropriately	Demonstrates integrity, respectful to others	Inappropriate behavior	Disrespectful to others	Not Observed
Empathetic – Shows concern	Respectful, speaks to patients, compassionate	Speaks to RT, mainly stands back	Little interaction with patients	Not Observed

Strongly recommend	Recommend	Recommend with reservation	Do not recommend



Student Name: _____

Evaluators

Comments: _____

Evaluator's Name: _____

Title: _____

Facility: _____

Telephone Number: _____ Email: _____

Signature: _____ Date: _____

Directions: Place form in sealed envelope, sign your name over the seal and return it to the applicant for inclusion with their application. If you prefer to forward directly to the University, please mail to:

Franciscan Missionaries of Our Lady University
Office of Admissions
5414 Brittany Drive
Baton Rouge, LA 70808