

TO: Radiography Program Applicants

RE: Job Shadow / Observations

All students applying for the Radiography program at Indiana University Kokomo must observe procedures in a medical imaging department between January 1 and December 1 of the year before your anticipated entrance. We believe clinical observation is very important to your understanding the field of radiology. Applicants must complete a total of 16 observation hours. Observations may be done at hospitals or imaging centers; however, 8 hours **must** be hospital-based. Radiology departments are generally open weekdays from 8 a.m. to 4 p.m.

To complete your observation hours:

- Call your local radiology department to request an observation visit.
- Identify yourself as a radiology applicant for Indiana University Kokomo.
- Print this form and have it signed each time you visit the radiology department.

Upload the completed form with your application to the Indiana University Kokomo Radiography program. *It is recommended that you do observation as early in the semester as possible. This allows the coordinator and staff at the observation site more time to spend with you. Many observation site have very strict regulations that may require TB test and HIPAA orientation. Please call early in the semester for best results.

Please complete the enclosed form and have it signed each time you visit the radiology department. Please upload your form with your application to the Indiana University Kokomo Radiography program.

Documentation: You are asked to list procedures you observed on the bottom of the form. Tally the number of patients you observed for that procedure (*i.e.: chest/10 patients*).

Dress Code: Dress clothes are required. This means no shorts, jeans, t-shirts, sleeveless dresses or blouses, or tennis shoes.

OBJECTIVES:

By the completion of the 16 hours of observational experience, the student will:

1. Become familiar with radiographic equipment and elementary terminology.
2. Be aware of the roles and job functions of the radiology personnel.
3. Have observed a variety of patient examinations and “healthcare” environments.
4. Have observed and assisted the RT(R) as much as allowed by the institution’s policy.

Applicant Name _____

Date: _____

Indiana University Kokomo Radiographic Sciences

Job Shadow Observation Verification

Student Name: _____

Visitation Site: _____ Date: _____

Arrival Time: _____ Departure Time: _____

Approximate total hours of observations: _____

Technologist Signature: _____ Date: _____

If you have questions/concerns regarding this individual's time at your facility, please contact: dobeving@iuk.edu.

Procedures Observed

Procedure	# Observed	Procedure	# Observed
Chest		Abdomen	
Upper extremities		Lower extremities	
Digital (DR)		Computed Radiography (CR)	
Thorax: Ribs		Age Related: Geriatric study	
Cervical Spine		Age Related: Pediatric study	
Thoracic Spine		Lumbar spine	
Pelvis		Hip	
Fluoroscopy: Upper/Lower GI		Special Procedures: HSG, Myelogram, Arthrogram	
Mobile/Portable/Bedside		Computed Tomography (CT)	
MRI		Ultrasound	
Nuclear Medicine			
Other -			