

Middlesex Community College / Middlesex Hospital
 Clinical Observation Documentation Form
 PART I (completed by Supervising Radiographer)

Name: _____ Date: _____

Name and Address of Facility Observed:

A minimum of two (2) hours should be completed before this form is completed and returned to the Admissions Office of Middlesex Community College. This form should be received by the Admissions Office on or before April 1st of the year of application to the Radiologic Technology Program. The observer should spend the MAJORITY of time in the general diagnostic area of the Radiology Department.

		YES	NO
1.	The observer called and arranged the observation with a radiology floor supervisor/lead after verifying with Clinical Coordinator that the observation application has been received		
2.	The student was dressed appropriately to observe in the patient care areas: (NO short, bare mid-drift or shoulders, open toed shoes, excessive jewelry, artificial nails, hair below the shoulders, 'scruffy' facial hair or visible body piercings)		
3.	Observer given a brief tour of the radiology department		
4.	Observer (with patient permission) was able to observe diagnostic procedures		
5.	Observer (with patient permission) was able to observe ED procedures		
6.	Observer (with patient permission) was able to observe fluoroscopic procedures		
7.	Observer (with patient permission) was able to observe in an advanced modality. Which modality?		
8.	The observer appeared eager and asked clarifying questions		

Comments:

_____/_____
 Printed name and signature of supervising radiographer _____
Date

Middlesex Community College / Middlesex Hospital
 Clinical Observation Documentation Form
 PART II (completed by Program Applicant)

Name: _____ Date: _____

Name and Address of Facility Observed:

A minimum of two (2) hours should be completed before this form is completed and returned to the Admissions Office of Middlesex Community College. This form should be received by the Admissions Office on or before April 1st of the year of application to the Radiologic Technology Program. The observer should spend the MAJORITY of time in the general diagnostic area of the Radiology Department.

		YES	NO
1.	The observer called and arranged the observation with a radiology floor supervisor / lead after verifying with Program Clinical Coordinator that the observation application has been received (860 358-6508)		
2.	Obtained a brief tour of the radiology department		
3.	Observed diagnostic procedures / Total number of procedures observed _____		
4.	Observed Emergency Department procedures / Total number of Emergency Department procedures observed _____		
5.	Observed Fluoroscopic procedures / Total number of Fluoroscopic procedures observed _____		
6.	Observed in an advanced imaging modality / Total number of Advanced Modalities observed _____		
7.	Favorite part of the observation:		
9.	I clarified the following question with the clinical staff:		

Comments:

_____/_____
 Printed name and signature of supervising radiographer

 Date