

## MEMORANDUM

**TO:** Radiography Applicant  
**FROM:** Baptist Health College Little Rock -School of Radiography  
**DATE:** Fall 2019 – Spring 2020  
**SUBJECT:** Required Observation Experience

The Baptist Health College Little Rock-School of Radiography requires an observation experience for all program applicants. This experience must be for **six (6) hours** and may be completed in any Diagnostic Radiology department, (the BHMC-NLR department is preferred) under the supervision of a registered radiographer (R. T. (R)). It is the responsibility of the applicant to make arrangements with an R. T. for this experience. The applicant is also responsible for obtaining the Observation Form from the BHCLR website and giving it to the supervising radiographer. This requirement must be met and all forms returned by the file completion deadline of March 15. **Students not completing their observation experience prior to completion deadline, will NOT be considered for an interview.**

### Guidelines for observation experience are as follows:

1. Observer must have completed the online application process for the School of Radiography found on the BHCLR website, **prior** to setting up observation hours.
2. Observer must contact Mary Jane Webb, Radiology Assistant Supervisor at BHMC-NLR, to set up observation hours and required training, if scheduling for BHMC-NLR.

**Mary Jane Webb, R. T. (R), Assistant Supervisor, [marv.webb@baptist-health.org](mailto:marv.webb@baptist-health.org), or 501.202.3487.**

-to expedite the process, observers must provide proof of a **current flu shot**

-Observers must review the “**Observation Packet**” emailed to them prior to observation hours. This packet includes the following:

-HIPAA	-Emergency Codes
-Confidentiality	-Disaster Preparations
-Infection Control Guidelines	-General Hospital Etiquette

-Once completed, the observer will be escorted to Human Resources to get an “Observer ID Badge”.

3. The observer gives the R.T. (R) the evaluation form the first day of the observation experience. Please be sure to sign the top of the form prior to providing it to the R. T. (R).
4. Once the observation experience is completed, the R.T. (R) completes the evaluation form and places it in the Student Evaluation Box where the Clinical Coordinator will retrieve it.
5. The evaluation form **MUST** be received prior to the file completion date of March 15.
6. Observation hours must be dated within one year of applying for the program. For example, if observation hours were completed in January 2015 and the application is submitted in February 2016, the hours will not be accepted. An additional six (6) hours will need to be completed. Applicants are not allowed to use current or previous work site as observation hours, nor can an applicant observe under an R. T. (R) who is a family member or friend.

**Baptist Health College Little Rock  
School of Radiography**

**OBSERVATION EVALUATION FORM**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In requesting the completion of this evaluation form which will be used in the admission selection process for the Radiography program at the Baptist Health College Little Rock, I waive my right of access to this document:

\_\_\_\_\_  
(Applicant signature)

**Registered Radiographer completing this form** \_\_\_\_\_

**Facility and Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

The student is required to complete **6 hours** of observation. Number of observation hours completed at your facility: \_\_\_\_\_

**Instructions: Please circle the number closest to the best description of the student.**

**TIMELINESS:**

1.1 Attendance

1	2	3	4	5
Poor attendance, Late				On time, early

**INTERPERSONAL SKILLS:**

2.1 Attitude towards patient

1	2	3	4	5
Rude, careless, inappropriate, fearful, overly involved, etc.				Pleasant, appropriate

2.2 Attitude toward staff

1	2	3	4	5
Inappropriate, sullen, disrespectful, cavalier				Cooperative, respectful.

2.3 Communication Skills

1	2	3	4	5
Ineffective, poor verbal skills, unclear, poor listener				Effective, clear, concise

2.4 Affect/Emotional Response

1	2	3	4	5
Labile/immature negative, inappropriate				Mature, empathetic

**WORK BEHAVIOR**

3.1 Motivation

1	2	3	4	5
Unmotivated/disinterested				Good motivation/desire to learn

3.2 Personal Appearance

1	2	3	4	5
Sloppy, too casual, overly dressed, too revealing, etc.				Complies with dress code of site

3.3 Patient/Client Confidentiality

1	2	3	4	5
Problems maintaining confidentiality				Understands and respects patient confidentiality, no problems

**Please check the procedures/examinations that applicant was able to observe:**

<input type="checkbox"/> CXR	<input type="checkbox"/> Barium Enema/Gastro Enema	<input type="checkbox"/> CT Scan
<input type="checkbox"/> Upper Extremity	<input type="checkbox"/> Upper GI Series/Esophagram	<input type="checkbox"/> MRI Scan
<input type="checkbox"/> Lower Extremity	<input type="checkbox"/> Small Bowel Series	<input type="checkbox"/> US
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Myelography/Lumbar Puncture	<input type="checkbox"/> Vas Lab
<input type="checkbox"/> Trauma exams	<input type="checkbox"/> Arthrography	<input type="checkbox"/> Cath Lab
<input type="checkbox"/> C/T/L Spines	<input type="checkbox"/> Sinus Tract/Fistulagram	<input type="checkbox"/> NM
<input type="checkbox"/> Skull/Facial/Sinuses	<input type="checkbox"/> HSG/Loop-o-gram	
<input type="checkbox"/> Portable Exams	<input type="checkbox"/> Other _____	

**Comments and/or concerns regarding this applicant:**

**\* Please return completed form to:**

**Baptist Health College Little Rock  
School of Radiography  
11900 Colonel Glenn Road  
Little Rock, AR 72210**

**Baptist Health College Little Rock  
School of Radiography**

**Radiography Applicant Check-list**

Applicant Name \_\_\_\_\_

Date of Observation \_\_\_\_\_

Please **do not** allow the student to observe unless they have provided the following documentation.

Please complete the following:

- \_\_\_\_\_ Completed online application form on file at BHCLR.
  - \_\_\_\_\_ Provide proof of flu vaccination from within current season.
  - \_\_\_\_\_ Complete required "Observation Training Packet":
  - \_\_\_\_\_ Applicant must provide a copy of the Observation Evaluation Form to the Radiology Department the day of observation.
- provide a stamped/addressed envelope if observation is performed somewhere other than BHMC-NLR.

\*\* The BHCLR-School of Radiography does not need this check-list returned, please keep for your own department records.

Revised: 11/19 SB/SH