

UNIVERSITY OF WISCONSIN-LA CROSSE
RADIATION THERAPY
Observation in a Radiation Oncology Department
Student Expectations

- It is recommended students observe the entire process of treatment delivery and planning.
- Questions are encouraged. Students should limit questions to outside the treatment room.
- It is recommended that students introduce themselves to all patients and staff members.
- Professionalism should be maintained throughout the observation period, specifically when interacting with staff and patients.
- Students are encouraged to take initiative and seek learning opportunities.
- Students are responsible for documenting observation hours, as well as activities observed. In addition, they are responsible for providing the institution with necessary evaluation forms.
- **Confidentiality** of patient information must be maintained, ethically and by law. No patient situations or names are to be discussed outside of the department or with anyone not involved with the care of the patient. Please inform the student regarding our hospitals policy and procedure regarding HIPAA.
- **General dress code requirements.** It is important for the student to look professional when in visiting the radiation oncology department. They should not wear jeans, shorts, capris or athletic wear. Shirts should not be revealing and should not have plunging necklines or be shorter than the waistband of pants (no skin should show between shirt and pants). Do not allow visible body piercings other than the ears. Shoes should be clean and have a closed toe. Socks or hosiery should be worn. Some departments may offer a lab coat for visiting students to wear. Students who do not follow dress code requirements may be sent home to change.

UNIVERSITY OF WISCONSIN – LA CROSSE

College of Science and Allied Health-Radiation Therapy Program

4034 Health Science Center

1725 State St.

La Crosse, WI 54601

CLINICAL OBSERVATION FORM- ACTIVITIES AND DOCUMENTATION OF HOURS

Name: _____

Radiation Therapy Department/Site observed: _____

Dates and Times of observation: (list below)

Activities observed: (Check off the following and have radiation oncology staff sign to verify)

Activity _____ Signature _____

Consultation with Rad, Oncologist _____

Follow-up patient visit _____

Weekly management visit / on treatment visit _____

Simulation (Conventional or CT) _____

Treatment planning _____

Treatment delivery _____

Observation of brachytherapy or special procedures _____

Communication with patients _____

Immobilization device fabrication _____

Blocking device fabrication _____

Discussed side effect mgmt with staff _____

Attended a tumor conference or chart rounds (if possible) _____

List treatment sites observed (ex. lung or pelvis) and treatment machines observed:

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I waive my right to inspect this document: (circle) Yes No

Signature of Applicant

CLINICAL OBSERVATION EVALUATION FORM

Student's Name: _____ Observation Site: _____

Student: Please have the supervising radiation therapist who worked with you the most, complete and submit this form directly to the Radiation Therapy Program at the above address.

Radiation therapist: Regarding the student's performance during his/her observation time in your department, please rate the following:

	Met	Partially Met	Unmet
Exhibited level of interest in radiation therapy profession			
Questions asked			
Maturity			
Use of time			
Communications with staff			
Communications with patients			
This applicant displays a high aptitude for the radiation therapy profession.			

Any additional comments you would like to share:

Thanks for your help! Please sign on the line below
