Kent State Ashtabula Radiologic Technology Job Shadowing Instructions

Contact the Allied Health Programs Administrative Clerk Theresa Hootman at thootma1@kent.edu for any questions/concerns.

Please follow these directions:

1. **Schedule your job shadowing in advance of the February 1st application deadline.**

   It is recommended to schedule your job shadowing during fall and spring semesters when current radiology students may also be at the clinical site.

2. **Contact information of clinical sites affiliated with KSU Ashtabula. State you are requesting to complete job shadowing in the x-ray department.**

   You may need to leave a message – make sure you record your name and phone number slowly and clearly.

   **Contact information for clinical sites:**
   - Ashtabula County Medical Center (Hospital): Brock Ostavitz: 440-997-6686
   - Ashtabula County Medical Center (Plaza): Jessica Baldwin: 440-997-6686
   - UH Lake Health West: Bryan Pankuch: 440-953-6080
   - UH Conneaut: Jenna Saksa: JRsaask@kent.edu
   - UH Geauga: Kaitlyn Lucarelli: 440-285-6386
   - UH Geneva: Jenna Saksa: JRsaask@kent.edu
   - Western Reserve Hospital: Jeff Edgell: 330-971-7372

2. **Print and bring Shadowing Documentation form:** Take the documentation form with you to have the assigned radiologic technologist at the clinical site document your job shadowing experience. Print and bring 1 Evaluation form: take the evaluation form to the clinical site and submit it to the radiologic technologist assigned to you. Upon completion, the technologist will fax the form to us. Please read the evaluation form to view characteristics to be evaluated on. These are reviewed when selecting students.

3. **Dress code:** When attending a hospital to complete the job shadowing or observation, applicants must dress appropriately. Professional attire includes dress pants with a short or long sleeve shirt and appropriate shoes (white athletic shoes with minimal colors are acceptable). Applicants must not wear T-shirts, sleeveless, halter or low-cut tops; jeans or shorts; sandals or open-toed shoes. No nose rings or facial piercings. Two earrings per ear are acceptable but must not be hoop or dangling styles. No large jewelry of any kind is permitted. All tattoos must be covered. No extreme hair colors. No perfume or colognes or scented lotions. Nail color must be neutral. Applicants who dress in an unprofessional manner will not be permitted to complete the job shadowing experience. No cell phone usage is permitted during the observation.

4. **Code of Conduct:** As a visitor it is expected that the applicant will respect the employees’ efforts to always conduct themselves as courteous professionals. Although the student experience is observation only, the job shadowing program is intended to be an interactive learning process with the opportunity for student-professional-patient interactions. Students must keep all information confidential to ensure patient privacy.

5. **HIPAA:** all information must be kept confidential to ensure patient privacy by following HIPAA policies.

6. **Cell Phone/Smart Watch use:** these devices must be silenced and stowed away during shadowing.

7. **Infection Control:** Infection Control is always important to an applicant’s well-being and the patient. Hand washing is an important method to prevent infection for the applicant and the patient so wash hands frequently.

8. **Flu shots** are required for the current flu season (October to March).

9. **Breakfast:** It is recommended that applicants eat breakfast prior to shadowing to prevent light-headedness.
Kent State Ashtabula Radiologic Technology Shadowing Documentation Form

Applicant’s Name: ____________________________________ Date: __________
(Print Last Name, First Name)

Applicant’s Signature: ____________________________________________________

Shadowing Documentation Form: take this documentation form to the healthcare facility and have the assigned radiologic technologist sign it to document your job shadowing experience.

4 hours of job shadowing by the application deadline: February 1
(Any additional 4 hours of shadowing, student will receive 2 extra points in the application process.)

<table>
<thead>
<tr>
<th>Name of Healthcare Facility Location: City/State</th>
<th>Date of Shadowing</th>
<th>Hours Completed</th>
<th>Printed Name of Radiologic Technologist</th>
<th>Signature of Radiologic Technologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLE: ACMC Ashtabula, Ohio</td>
<td>1/5/2023</td>
<td>4</td>
<td>Jane Smith</td>
<td>Jane Smith, R.T.</td>
</tr>
</tbody>
</table>

Keep a copy for your records and submit to Theresa Hootman for verification/proof of shadowing experience by February 1st.

Theresa Hootman, Allied Health Programs Administrative Clerk
Fax: 440-964-4355
Email: thootma1@kent.edu
Kent State University – Ashtabula Campus  
Associate of Applied Science Degree in Radiologic Technology  
Job Shadowing Evaluation Form: Four Hours

**Part I – For the Applicant:** Print this form for each job shadowing experience. Be sure to print your name and phone number below, read and sign the waiver statement if applicable, and write the name of the healthcare facility attended. Submit this form to the radiologic technologist observing you.

Applicant’s Name: ___________________________________ Cell Phone Number ________________  
(Print Last Name, First Name)  
Applicant’s Email:__________________________________

**Waiver:** I waive the right to review this completed form in order to afford an unbiased evaluation.

Applicant Signature: __________________________________________ Date _______________

Name of Healthcare Facility: __________________________________________

**Part II – For the Radiologic Technologist:** Please complete the following evaluation of the applicant. The form will be reviewed and kept confidential by the admissions committee. **Deadline to submit is February 1st.**

Please circle the characteristic that best evaluates the applicant during this shadowing:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
</tr>
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<tbody>
<tr>
<td>Punctuality</td>
<td>Applicant arrived on time</td>
<td>Applicant was 5 minutes late</td>
<td>Applicant was late 10 or more minutes</td>
</tr>
<tr>
<td>Professional Appearance</td>
<td>Appearance was appropriate &amp; professional</td>
<td>Appearance was somewhat appropriate and professional</td>
<td>Appearance was inappropriate and unprofessional</td>
</tr>
<tr>
<td>Interest in radiology procedures</td>
<td>Applicant showed a great deal of interest in the procedures performed</td>
<td>Applicant was somewhat interested in the procedures performed</td>
<td>Applicant demonstrated little interest in the procedures performed</td>
</tr>
<tr>
<td>Interaction and Concern for the Patient</td>
<td>Applicant interacted well and showed genuine concern for the patient</td>
<td>Applicant had some interaction and showed some concern for the patient</td>
<td>Applicant had limited interaction and showed little concern for the patient</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Applicant was well spoken with very good communication skills</td>
<td>Applicant had average speaking and communication skills</td>
<td>Applicant had limited speaking and communication skills</td>
</tr>
<tr>
<td>Professional Conduct</td>
<td>Professional conduct and behavior were very good.</td>
<td>Professional conduct and behavior were acceptable</td>
<td>Professional conduct and behavior were inappropriate</td>
</tr>
<tr>
<td>Overall Impression</td>
<td>Applicant made a very good impression Good Candidate</td>
<td>Applicant made a good impression Average Candidate</td>
<td>Applicant made a poor impression Poor candidate</td>
</tr>
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Comments:___________________________________________________________________________________  
__________________________________________________________________________________________  
__________________________________________________________________________________________  
__________________________________________________________________________________________

Printed Name of Evaluating Technologist: ___________________________________________  
Technologist Signature: ___________________________________________ Date _______________

Technologists: Please email thootma1@kent.edu or fax 440.964.4355 this form to Theresa Hootman
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