



## OBSERVATION Documentation CHECKLIST

*Please complete all required documentation, **scan to ONE pdf file** and email, fax or mail to the Medical Radiography Program prior to any clinical rotation(s)*

### Required Documentation

- ☐ Complete the **VH Education Experience Request Form**—used to identify education needs, available preceptor(s) and track education hours of support (see attached)
- ☐ Go to VHS webpage URL [valleyhealthlink.com](http://valleyhealthlink.com) and click on “Education” then select the **Non-employee Orientation Module**
- ☐ Print out from the VH On-line Orientation the (1) Validation of Readiness (2) Notice of Reportable conditions, (3) Student/Faculty/Education Visitor Agreement, (4) Access and Confidentiality Agreement (HIPAA); (5) Orientation Checklist, (6) immunization requirements (K-12 or adult), and (7) “Congratulations” Orientation completion document. Affix signature and submit ONE Complete packet to the Medical Radiography Program
- ☐ Complete Immunizations as required & submit medical provider documentation of immunization history. **(Special Note: TB screening and Flu Vaccine are mandatory immunization requirements that most students have not yet obtained.)**
- ☐ Complete all documentation required on the **Validation of Readiness** (see attached) including ALL requested elements. Submit ONE Complete packet to the Medical Radiography Program

**Once a unit/program preceptor has been identified** and the date/time(s) confirmed, please remember the following:

- ☐ Wear “professional” dress or school uniform
- ☐ Wear your school photo identification or driver’s license and STUDENT badge buddy (orange color) available from the Medical Radiography Program. RETURN upon completion of rotation.
- ☐ Arrive promptly at scheduled time(s) and place(s)
- ☐ Adhere to HIPAA/patient confidentiality guidelines
- ☐ Provide your preceptor with any specific learning objectives. Some examples may include:
  - Observe diagnostic procedure
  - Explore the role of the healthcare professional in this setting
  - Determine personal interest in clinical unit/program/service
  - Others?
- ☐ Remain with your preceptor(s) throughout the experience and follow all instructions.
- ☐ Upon completion of your clinical education experience, complete the online evaluation of clinical education experience  
<https://www.surveymonkey.com/s/YQR9KNH>
- ☐ Provide feedback to your preceptor in person or via email about the experience

**\*Observation** also includes administrative experiences where NO direct patient care or any clinical involvement in patient care (e.g. laboratory, pharmacy, etc.) is rendered.

For more information, contact Jeremy Hott, BSRS RT(R), [jhott@valleyhealthlink.com](mailto:jhott@valleyhealthlink.com) 540-536-7935

*Observation Documentation Checklist\_1-2015*