Medical Dosimetry Program
Clinical Observation Information

All prospective students are required to complete a 40 hour observation in medical dosimetry. These observations should be arranged by the student. The observation must be completed prior to applying to the program. Observations must be completed in the United States.

First day of clinical observation
On the first day of the clinical observation, arrive to the department on time, go to the information desk and ask for the medical dosimetrist who will be responsible for the observation and evaluation. Be prepared to spend your time in the clinical area observing procedures, and talking with staff and physicians. Feel free to ask questions as opportunities arise. The observation is required specifically so that the student has a chance to see what medical dosimetrists do and decide if this is the correct career choice.

Dress/Appearance
As a guest in the radiation oncology department, you are expected to behave in a respectful and appropriate manner, especially in patient treatment areas. This is a professional environment and should be treated as such.

What you should wear:
Dress should be business casual, with comfortable shoes, and a white lab coat.

What you should NOT wear:
Jeans, dirty or multicolored tennis shoes, sandals, sweat suits, sweat pants, or short-cropped shirts showing the naval. Perfume or aftershave lotion may not be worn.

*The clinical site reserves the right to refuse a clinical appointment and to send home anyone not observing these regulations.

Clinical Observation Forms
The appropriate forms should be taken to the clinical observation site on the first day. Please give the forms to the clinical site evaluator.

Forms required for clinical observation:
(To be sent by clinical site evaluator*)
Clinical Observation Confidentiality Form – to be completed by student/evaluator
Clinical Observation Evaluation Form – to be completed by evaluator

*Clinical Evaluator must be either a Certified Medical Dosimetrist (CMD) or physicist.

(To be sent by the student)
Clinical Observation Student Summary Form – to be completed by student

If you have questions, contact the program director at nlenards@uwлась.edu
All patients/residents of all hospital Radiation Oncology Departments and/or Clinics are assured the right to privacy by law and policies of the University and the healthcare facility. All prospective students who are observing in the radiation oncology setting must respect this right and use discretion in all matters regarding the patient/healthcare setting.

Information regarding a patient’s diagnosis, treatments, plan of care or circumstances surrounding admission or discharge must be kept confidential.

I understand my responsibility and the need to comply with this Confidentiality policy/agreement. Any breach of this will affect my involvement and rights to continue as an observer in the __________________________________ department.

I understand that I am financially responsible for any liabilities __________________________________________ (site) might incur as a result of permitting me to observe in the above named department.

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<tr>
<th>Date:</th>
<th>Student Signature:</th>
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<tbody>
<tr>
<td>Date:</td>
<td>Clinical Evaluator Name (Printed):</td>
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<tr>
<td>Date:</td>
<td>Clinical Evaluator Signature:</td>
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*Clinical Evaluator must be either a Certified Medical Dosimetrist (CMD) or physicist.*

Mail this form (with the observation evaluation form) to:

UW-L Medical Dosimetry Program  
1725 State Street  
4033 HSC  
La Crosse, WI 54601
Prospective Medical Dosimetry Students are required to spend a minimum of 40 hours in a clinical setting of medical dosimetry. Please complete the following form at the conclusion of the observation.

Regarding the student’s performance during his/her observation time in medical dosimetry, please rate the following by circling the corresponding number.

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<thead>
<tr>
<th>Characteristics</th>
<th>Superior</th>
<th>4</th>
<th>Average</th>
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<td>Level of interest demonstrated</td>
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<td>Initiative</td>
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Comments:

Signature of Evaluator: ________________________________________________
Upon completion of the observation, a typed summary should be completed and submitted to the program. The summary is a requirement of the application process. (This summary can be mailed with your application packet)

The summary should include:

1. Your name, department observed, and the date.
2. The length of observation
3. The medical dosimetry procedures observed.
4. The types of cases seen.
5. Discuss the several duties which medical dosimetrists perform on a daily basis.
6. Explain the methods by which medical dosimetrists design plans and attempt to minimize radiation side effects for the patients.
7. Explain your personal reaction to this observation experience.
8. After observing the medical dosimetrists duties and radiation safety methods in the department, do you feel that you have the capabilities to perform those tasks on a routine basis?
9. What part of medical dosimetry is of least interest and of most interest to you?
10. Do you have a better idea of the profession after the observation? And, do you still wish to become a medical dosimetrist? Why or Why not?

Mail typed summary to:
UW-L Medical Dosimetry Program
1725 State Street
4033 HSC
La Crosse, WI 54601