

ST. LUKE'S COLLEGE
IMAGING SCIENCES DEPARTMENT
JOB SHADOWING INSTRUCTIONS AND REQUIREMENTS

Thank you for your interest in the Imaging Sciences Department at St. Luke's College.

Purpose: The Imaging Sciences Department encourages job shadow opportunities to obtain the following objectives:

- Gain an inside view at the profession of Imaging Sciences (Radiography).
- Meet currently employed registered Radiologic Technologists.
- Experience a clinic/hospital setting.
- Expand knowledge of imaging procedures.

Definition:

- This is an “**OBSERVATION**” only opportunity. This means you may NOT assist in patient care. Job shadowing may NOT disrupt patient care.

Tips Setting up a Job Shadow:

- Identify a hospital or clinic geographically near you as your job shadowing site. You may be required to follow guidelines by your host hospital/clinic, including immunization requirements.
- Call the medical imaging department, the education or volunteer services office.
- Explain you are looking for a minimum of 4-hour job shadow in a diagnostic imaging department.
- Print out the [Job Shadowing Completion Form](#) and bring with you to your shadow. (You will need to obtain a signature from the Radiologic Technologist who you shadow).
- Attend the shadowing experience with a list of questions you would like answered. See potential question prompts located on the [Job Shadowing Completion Form](#).

Confidentiality Statement:

- As a job shadower, you may hear or see a patient(s) protected health information (i.e. name, location in the facility, examinations completed, reason for the visit or hospitalization).
- All patient protected health information (i.e. verbal, written, imaged, etc.) relating to the care of a patient(s) MUST be kept confidential during the shadow experience as well as after completion of the experience.

- Cell phone/computer pictures, video or audio recordings are NOT allowed during the shadow experience.
- It is important that the job shadower recognizes that any protected health information cannot be shared with anyone.
- This information is protected under a federal law named “HIPAA” (Health Insurance Portability and Accountability Act).

Shadower Dress Code:

- Since the job shadow is in a patient care area, professionalism is required. Thus, appropriate professional attire is expected. *First impression is a lasting impression.*
- **Business Casual clothing is required (khakis, dress pants, nice top, or polo).**
- **Shoes must cover your entire foot. Tennis shoes may be worn if they are clean and in good condition.**
- The following are NOT allowed: t-shirts, cropped/tank tops, shirts or tops with unprofessional images or writing, sweatshirts, jeans, sweatpants, exercise leggings, exposed undergarments or clothing with holes in them. Footwear which are NOT allowed are shoes with open toes or open backs such as clogs, flip flops, sandals, and crocks.
- Use of strongly scented hygiene products are discouraged. Bodily odors or strong fragrances can be unpleasant to patients who are ill or may trigger severe allergic reactions.
- **If the dress code is not followed the job shadower WILL be asked to leave.**
- You may be required to follow current masking guidelines for team members.

Job Shadower Responsibility:

- Arrive to the Job Shadow Experience on time and expect to stay the whole scheduled Job Shadow Experience.
- Cell phones and/or computers should NOT be visible or be used during the shadow experience. You are there to experience the flow and care of patients.
- Professional conduct and observance are required at all times.

If you are feeling sick or ill, please do NOT go to the Job Shadow Experience. Contact the facility and reschedule for a later date.

Post Shadowing:

Following your shadowing experience, complete the [Job Shadowing Completion Form](#) and email to brittni.vandermolen@stlukescollege.edu

ST. LUKE'S COLLEGE

DEPARTMENT OF IMAGING SCIENCES

JOB SHADOWING COMPLETION FORM

STUDENT INFORMATION

- **Student Name:** _____
 - **Student Address:** _____
 - **Student Phone Number:** _____
 - **Date of Shadow Experience:** _____
 - **Start Time:** _____ **End Time:** _____
 - **Total Length of Shadow (in hours):** _____
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LOCATION & SUPERVISION

- **Facility/Location Name:** _____
 - **Name of Radiologic Technologist Shadowed:** _____
 - **Technologist's Signature:** _____
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POTENTIAL QUESTION PROMPTS

- What are the main duties and responsibilities of a radiographer?
 - What are the physical demands of a radiographer?
 - What is the most rewarding part of the job?
 - What is the most difficult part of the job?
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SHADOW EXPERIENCE QUESTIONS (Please answer the following in complete sentences.)

1. **What types of imaging procedures did you observe during your shadowing experience?**
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2. **What role did the radiologic technologist play in patient care and imaging?**

3. What safety protocols or equipment did you notice being used during imaging?

STUDENT REFLECTION (Use at least 5–7 sentences to reflect.)

- What did you see, learn, or find most interesting about your job shadowing experience?
- Were there any aspects of the job or environment that surprised or challenged you?
- How did this experience impact your interest in the field of radiology or healthcare in general?
- How do teamwork and communication play roles in patient care?

Reflection:

By signing below, I certify that I understand that providing false information on this form will result in nullification of the shadow experience requirement for application to the Imaging Sciences Program. I understand the site and radiologic technologist may be contacted to verify the information on this form.

STUDENT SIGNATURE: _____ **DATE:** _____

As the job shadow is finalized, please email the completed Job Shadow form to Professor VanderMolen at the following email address. brittni.vandermolen@stlukescollege.edu