

Diagnostic Medical Sonography Observation Evaluation
Application Deadline: May 15, 2018

Name of Student _____ Date of Birth _____

Name of Observation Site _____

Date of Observation at this Site: _____ Department (circle) GENERAL OB VASC ECHO

OBSERVATION EVALUATION FORMS must be completed by EACH FACILITY / DEPARTMENT.

Please evaluate the applicant's performance during their observation at your site.

4= Excellent 3= Good 2= Somewhat Unsatisfactory 1= Poor

Professionalism	COMMENTS	
The applicant dressed appropriately for observation (COTC recommends professional attire, such as dress slacks /business casual. No t-shirts, revealing clothes, tennis shoes, jeans, shorts, or sweat pants. No sandals, flip flops, or open toe shoes.)	4 3 2 1	
The applicant was appropriately groomed and demonstrated good hygiene & cleanliness	4 3 2 1	
The applicant arrived on time	4 3 2 1	
The applicant did not use cell phone during observation	4 3 2 1	
The applicant did not eat or drink in the clinical environment without permission	4 3 2 1	
The applicant arrived to the department prepared: Clinical Observation Paperwork & Documents	4 3 2 1	
The applicant notified the staff or asked permission prior to leaving the assigned area	4 3 2 1	
Communication		
The applicant communicated with staff appropriately (eye contact, tone of voice, content)	4 3 2 1	
The applicant communicated with patients appropriately (eye contact, tone of voice, content)	4 3 2 1	
The applicant utilized appropriate volume and demonstrated sufficient vocalization skills to be understood	4 3 2 1	
The applicant followed instructions when given and was respectful	4 3 2 1	
The applicant refrained from discussing or sharing sensitive or overly-personal information and maintained appropriate, mature conversation	4 3 2 1	
The applicant utilized language appropriate for the healthcare environment (i.e. no profanity/ inappropriate slang)	4 3 2 1	
Demeanor & Interest		
The applicant demonstrated interest in the field of sonography	4 3 2 1	
The applicant exhibited friendliness and maintained a positive attitude	4 3 2 1	
The applicant demonstrated interest in the sonographic examinations that were observed and asked appropriate questions	4 3 2 1	
The applicant's body language communicated interest and eagerness to learn	4 3 2 1	
The applicant demonstrated a willingness to help or clean-up when indicated	4 3 2 1	
The applicant thanked the facility/staff and demonstrated appreciation for the experience	4 3 2 1	
---Continued on page 2---		

Applicant's Name (Page 2) _____

Overall Performance Summary

Based on your observation of the applicant's behavior and performance, what is your overall rating of this applicant?

4 3 2 1

Do you have any reservations about the ability/attitude or interpersonal skills of the prospective student based on what you have seen during observation hours? If yes, please explain and/or give comments:

Signature of person completing evaluation _____

Name and title of person completing form (Print) _____

Date _____ Contact # or Email address _____

Please return directly to Central Ohio Technical College. **Do not return this form to the prospective student.**

Return the Evaluation & Site Forms to:

FAX

**COTC Gateway: APPLICATIONS
1-740-755-7820**

or

SCAN/EMAIL:

mshoen@cotc.edu

or

Mail:

**ATTN: COTC Student Records
1179 University Drive
Newark, OH. 43055**

Diagnostic Medical Sonography Program Observation Hours Instructions

If applying to BOTH the Cardiovascular and the General Diagnostic Medical Sonography programs, you must complete a total of 16 observation hours:

8 Cardiovascular DMS hours (4 hours in Cardiac/Echo & 4 hours in Vascular)

8 General DMS hours (no more than 4 hours in OB/GYN)

=16 Total Observation Hours

DO EARLY – sites may begin turning students away beginning Sept. through April due to high demand

Under the supervision of a Registered Sonographer in any:

- Major inner-city hospital
- Small rural hospital
- Sonography site or Sonography outpatient facility (i.e. hospital, outpatient clinic or mobile unit).
- *Must be Sonography site, for example not Nuclear Medicine, Pediatrician, Primary Care doctor, Podiatrist, etc.*
- *Observation hours CANNOT be completed at a 3D/4D entertainment OB ultrasound facility*

How to contact the DMS site - COTC GATEWAY Academic advisors have no contact names or phone numbers:

1. Call the supervisor of the Diagnostic Medical Sonography Department or Cardiovascular Sonography Department or ask to speak with the Student Coordinator: Identify yourself by name. Explain you are an applicant for the DMS program at COTC.
2. Request an appointment to observe for either 4 or 8 hours increments in the department(s).
3. **If you are applying for the General track, you can complete all 8 hours in the general department or you can complete 4 hours in General and 4 hours in OB. You cannot complete more than 4 hours in OB.**
4. **If you are applying for the Cardiovascular track, you must complete 4 hours in ECHO and 4 hours in VASC.**

At the Site

1. Wear appropriate professional attire, such as dress slacks, dress, etc. Do not wear t-shirts, revealing clothes, tennis shoes, blue jeans, shorts, or sweat pants.
2. Conduct yourself professionally and courteously.
3. Ask the Sonographer to verify your attendance by signing this Observation Hours form & complete the observation evaluation form.

OBSERVATION EVALUATION FORMS must be completed by EACH FACILITY / DEPARTMENT.

For example, if you complete 8 hours in the General Sonography department and then you complete 4 hours in Vascular and 4 hours in CARDIAC, COTC must receive 3 separate Observation Evaluation Forms.

Application Deadline for Observation Hours and Evaluation documentation is May 15, 2018



DIAGNOSTIC MEDICAL SONOGRAPHY TECHNOLOGY:
Health Sciences

Newark • Coshocton • Knox • Pataskala

General Diagnostic Medical Sonography Observation Hours

Applicant's Name: _____ Date of Birth _____

4 Hours General DMS Observation: _____ Date of Visit: _____

Sonographer's Name: _____ Signature: _____

Facility: _____ Contact #/Email _____

4 Hours of General or OB/GYN DMS Observation: _____ Date of Visit: _____

Sonographer's Name: _____ Signature: _____

Facility: _____ Contact #/Email _____

Cardiovascular Diagnostic Medical Sonography Observation Hours

4 Hours Cardiac/Echo or Cardiovascular DMS Observation _____ Date of visit: _____

Sonographer's Name: _____ Signature: _____

Facility: _____ Contact #/Email _____

4 Hours Vascular or Cardiovascular DMS Observation _____ Date of Visit: _____

Sonographer's Name: _____ Signature: _____

Facility: _____ Contact #/Email _____