

New Course Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Radiologic Sciences/School of Medicine 2. Academic Subject Code RADI

3. Course Number RADI-R480 (must be cleared with University Enrollment Services) 4. Instructor Linda Cox

5. Course Title Medical Imaging Technology Clinical Observation

Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Summer 2010

7. Credit Hours: Fixed at _____ or Variable from 1 to 2

8. Is this course to be graded S-F (only)? Yes _____ No

9. Is variable title approval being requested? Yes No

10. Course description (not to exceed 50 words) for Bulletin publication: _____

Course is designed to introduce students to clinical education sites. Students rotate through a variety of sites comparing and contrasting .patient populations and exam types to help them recognize and select long term clinical assignments.

11. Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from 8 to 16

13. Estimated enrollment: 22 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: Once per year Will this course be required for majors? yes

15. Justification for new course: The course is currently S/F and shares course number with other types of seminar courses.. The new course will be graded.

16. Are the necessary reading materials currently available in the appropriate library? yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: Laura S. [Signature] Date 11/19/09
Department Chairman/Division Director

Approved by: [Signature] Date 12/10/09
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

Indiana University
Department of Radiology/Radiologic Sciences Programs
School of Medicine
R480 Medical Imaging Technology Clinical Observation

Instructor: Linda A. Cox M.S., R.T. (R) (MR) (CT)

Phone Numbers: Work 274-5188
Home 484-0592 (no calls after 9:00 p.m. please)
Pager 541-7865
Email: lcx1@iupui.edu

Class Time: Mondays and Wednesdays 8:00 a.m- 12:00 p.m.

Credit Hours: 1 credit

The purpose of this course is to introduce students to the various clinical sites in their major. Students rotate through each area and learn about the patient populations, work environment and type of exams and routine protocols for each site. Based on their observations, students will be asked to pick the clinical sites where you would like to rotate.

Course Objectives:

By completion of this course, the student will:

- Have an understanding of the various clinical education opportunities available to them
- Appreciate the wide array of clinical exams that are performed within their major
- Compare and contrast the different clinical sites to help them choose the best clinical site for their area of study
- Recognize the importance of protocols and procedure manuals

Course Requirements:

1. Clinical Documentation

For each clinical visit document the following information in your notebook:

- Arrival Time
- Departure Time
- Room Number of the Department
- Name of all Technologists who were working that day
- Name of Supervising Technologist
- List all cases observed (no patient ID used/e.g. 57 yo female Pelvic Ultrasound with Fibroids)
- Ask to see their procedure manual (most places should have one but some places don't call them that, you are looking for protocols)
- Any new or different types of procedures being done
- Signature of Contact Person/Supervising Technologist

2. Exam Discussion

For each clinical visit, describe an exam that you observed.

Include the following information:

- Name of the exam
- Description of exam
- Most common reason for performing exam
- Exam protocol
- Provide an image that relates to exam (image must come from Internet, no original images can be used) Please make sure you list the website site and other pertinent information about the image

To pass this course the student must:

- Attend all 11 clinical observations (if student misses an observation, it must be rescheduled on the student's own time)
- Complete the Exam Discussion Assignment for each clinical observation
- Turn in clinical notebook on the day of the Cross Sectional Anatomy final

Grading:

Clinical Observations 3 points x 11 observations	33 points
Exam Discussions 6 points x 11 discussions	<u>66 points</u>
	100 points

Grading Scale:

100	A+
99-96	A
95-93	A-
92-90	B+
89-87	B
86-84	B-
83-81	C+
80	C

A Grade below 80% will result in course failure.

