****

**BANGOR UNIVERSITY**

**MEDICAL IMAGING CLINICAL VISIT FORM**

**FOR PROSPECTIVE STUDENTS**

**Name of visitor:……………………………………………………………………….**

**Hospital visited and location (town/city):……………………………………………**

**Date/s:………………………………………………**

**Examinations seen or areas of clinical experience:**

**For each section, please tick the box below the statement which most closely matches the prospective student’s behaviour or response.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interest In Patients And Procedures** | Very interested; asked pertinent questions | Interested and observant | Quite interested | Interested at times | Seemed disinterested, bored |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interaction With Staff**  | Confident, initiated interaction and interacted appropriately | Confident and responded to invited interaction appropriately  | Quietly confident, responded to invited interaction | Reserved but responded to invited interaction | Reserved; hesitant response to invited interaction |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Verbal Interaction with patients** | Confident, initiated interaction and interacted appropriately | Responded appropriately if approached by the patient | Hesitant in response to patient | Reluctant to interact |
|  |  |  |  |
| **Physical contact with patients** | No opportunity for this | Accepted physical contact | Reluctant or refused physical contact |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Response to unpleasant medical situations** | Did not encounter these | Unaffected | Somewhat affected but not discouraged | Obviously found the experience unpleasant |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Willingness to assist after initial guidance** | No opportunity to become involved | Willing, became involved at times  | Hesitant at first but became involved eventually | Unwilling to become involved |
|  |  |  |  |

Please enter any other comments which you feel relevant or which may support or clarify any of the selections made above:

Please comment on your perception of the candidate’s potential suitability as a student radiographer on a BSc (Hons) radiography course, especially relating comments to clinical practice:

**Signature of supervisor: .**

**Please print name of supervisor: .**

**Date: .**

**Instructions for clinical visits and report:**

Please note that all candidates must supply a satisfactorily completed hospital (x-ray department) visit form before a course place can be offered. Forms should be submitted before interview date but students who receive their appointment letter close to this date may require more time. If this is the case, radiography staff must be made aware of the situation to ensure that the application is still considered to be pending.

Candidates should provide supervising radiographers with this form. The supervisor may return the form directly to the university department (given below) or to the candidate, who must also return it to the same address:

Jayne Phillips

School of Health Sciences: Radiography

Bangor University

Archimedes Centre

Wrexham Technology Park

Croesnewydd Rd

Wrexham

LL13 7YP

Please see the link below for the University’s Data Protection Guidance and Privacy Notices.

<https://www.bangor.ac.uk/governance-and-compliance/dataprotection/index.php.en>