

KETTERING COLLEGE
Department of Respiratory Care
RESPIRATORY CARE
JOB SHADOW EXPERIENCE

The purpose of the clinical observation is to provide the students with a deeper understanding of the duties and responsibilities of a Respiratory Therapist.

All students admitted to the Respiratory Care Program at Kettering College of Medical Arts **must complete a mandatory 4-hour clinical observation of a Respiratory Therapist**. It is strongly encouraged (although not required), for applicants to complete the job shadow experience prior to the interview process. However, **documentation of completing the job shadow experience must be received prior to registration and enrollment in Respiratory Care (RESB) classes.**

This job shadow may be completed at **any health care facility of your choosing that employs Respiratory Therapists**. For your convenience here is a list of contact information at area hospitals that will help you to schedule your clinical observation experience:

- Kettering Medical Center, Mr. Greg Rittenhouse, Coordinator for Respiratory Education (937) 298-3399 x55266.
- Miami Valley Hospital, Ms. Sarah Casolari, Department of Respiratory Care (937) 208-6174.

If you require any additional assistance in scheduling your clinical observation experience at another health care facility, feel free to contact Ms. Nancy Colletti, Program Chair by calling (937) 295-8601 x55644 or e-mail nancy.colletti@kc.edu.

Prior to your clinical observation experience, health care facilities require documentation of immunizations (measles, mumps, and rubella) and the TB skin test (PPD). You may obtain copies of your immunization records and TB skin test from your private medical doctor, or your school nurse's office.

To verify the job shadow experience, students must complete the form on the reverse side, and submit it to the Respiratory Care Program Chair here at KC.

Kettering College
Department of Respiratory Care
DOCUMENTATION of
JOB SHADOW EXPERIENCE

Part I: To be completed by the student (please print clearly)

Student Name: _____
Student Address: _____
Hospital Affiliate: _____
Hospital Address: _____
Respiratory Therapist Observed: _____

In which of the following hospital areas did you observe Respiratory Therapists at work?
(√ all that apply)

_____ Emergency Room	_____ Intensive Care Unit	_____ Neonatal/Pediatrics
_____ Medical/Surgery Unit	_____ Pulmonary Function Lab	_____ Polysomnography Lab
_____ Hyperbaric Oxygen Unit	_____ Rehabilitation Unit	_____ Other _____

I certify I have completed the Respiratory Care job shadow experience as per the admissions requirements for the Kettering College of Medical Arts, Department of Respiratory Care.

_____ Date _____ Student Signature

Part II: To be completed by the Respiratory Therapist

Date (of job shadow experience): _____ Time: _____

How many hours did the student spend observing with you? _____

Was the student interested and engaged in the observation experience? Yes No

Did you discuss your education and professional experiences with the student? Yes No

Did the student communicate effectively with you and other members of the health care team? Yes No

I certify that the above named student did complete the required 4-hours of clinical observation with a Licensed Respiratory Therapist at the above health care institution.

Respiratory Therapist Signature

Return completed form to: Nancy Colletti, RRT, RCP, Department of Respiratory Care, Kettering College of Medical Arts, 3737 Southern Blvd., Kettering, OH 45429