

BS RT PROGRAM JOB SHADOW EXPERIENCE

The purpose of the clinical observation is to provide the student with a deeper understanding of the duties and responsibilities of a Respiratory Therapist. This is an observation-only experience and an opportunity to interact with a working respiratory therapist.

All students admitted to the Respiratory Care Program at Kettering College **must complete a mandatory 4-hour clinical observation of a Respiratory Therapist**. It is strongly encouraged for the applicants to complete the job shadow experience prior to beginning their professional respiratory courses.

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. John Hutsell, Coordinator for Respiratory Education (937) 298-3399 x55265, email john.hutsell@ketteringhealth.org.
- Miami Valley Hospital, Ms. Yolanda Munguia, Learning Institute (937) 499-8805, email ymunguia@premierhealth.com . Premier Health website for job shadowing: <https://www.premierhealth.com/healthcare-professionals/careers/residencies-fellowships-and-internships/job-shadowing>.

If you require any additional assistance in scheduling your clinical observation experience at another health care facility, feel free to contact Alisa French Program Chair by calling (937) 395-8601 x 55690 or e-mail alisa.french@kc.edu

Prior to your job shadow or clinical observation experience, health care facilities require documentation of immunizations (MMR, Hepatitis B, Tdap and Varicella) and a current TB test. The Influenza vaccination is required for fall shadow experiences. 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 Kettering College Respiratory Care Program Director.



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, 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