Respiratory Therapy Work Shadow Form

Applicant Name

Hospital

To ensure the candidate has an adequate exposure to the field of respiratory care, a work shadow experience is required as part of the application process. **You will be observing patient care so it is essential that you act and dress professionally.** You will be asked to sign a patient confidentiality agreement before beginning your work shadow experience. The observation should last approximately four hours and include most of the following. Please check all that apply:

- [ ] Patient Assessment
- [ ] NIPPV (Bipap)
- [ ] Aerosol Drug Delivery
- [ ] Ventilator Management
- [ ] Bronchial Hygiene Therapy
- [ ] Emergency Respiratory Care
- [ ] Airway Management
- [ ] Arterial Blood Gas Sampling

**Other** ____________________________________________________________

Date of observation __________________________

Signature of therapist shadowed ________________________________

Signature of applicant ________________________________

**NVCC Contact Persons:**
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Submit completed form to E600 – (Ekstrom Hall) Respiratory Therapy Program or email to mguerrera@nv.edu or fax to 203 575 8146.
Job Shadowing Guidelines

• Dress in **business** casual
  o NO jeans, yoga pants, sandals
  o Hair clean and neat
  o NO cologne or body odor
  o Scrubs may be worn if you have them

• Arrive on time – or 5 minutes early
  o Call if you cannot make your appointment or if you are going
    to be late – hospital will decide if they will reschedule

• Communicate professionally with all staff
  o Do NOT ask about salary

• Maintain patient confidentiality
  o You will be asked to sign a “patient confidentiality
    agreement” prior to your shadow