



## 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:**

Margaret Guerrero, MS, RRT

Program Director

203-596-8662

[mguerrera@nvcc.commnet.edu](mailto:mguerrera@nvcc.commnet.edu)

Susan Anderson, MS, RRT

Director of Clinical Education

203-596-2129

[sanderson@nvcc.commnet.edu](mailto:sanderson@nvcc.commnet.edu)

Submit completed form to E600 – (Ekstrom Hall) Respiratory Therapy Program or email to [mguerrera@nv.edu](mailto:mguerrera@nv.edu) or fax to 203 575 8146.

## Job Shadowing Guidelines

- Dress in business casual
  - NO jeans, yoga pants, sandals
  - Hair clean and neat
  - NO cologne or body odor
  - Scrubs may be worn if you have them
  
- Arrive on time – or 5 minutes early
  - 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
  - Do NOT ask about salary
  
- Maintain patient confidentiality
  - You will be asked to sign a “patient confidentiality agreement” prior to your shadow