RESPIRATORY THERAPY PROGRAM
UNIVERSITY OF MISSOURI
OBSERVATION INFORMATION FORM

A minimum of EIGHT HOURS of observation must be completed and documented prior to applying to the Respiratory Therapy Program. This will consist of shadowing a registered respiratory therapist working with patients. The observations cannot be done within a department or program in which the candidate is employed; nor can the observed therapist be a relative. Observations must be at two different facilities. The requirement for the RT 1000 class is only 4 hours.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Student #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facility
Name  City  State

Date of Observation  # of Hours Observed

Please check below the type of patient/setting/procedure you observed. If your observation was of a different nature, please describe it in the comment section below.

<table>
<thead>
<tr>
<th>Type of Patient:</th>
<th>Adult</th>
<th>Child/Adolescent</th>
<th>Neonatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures Observed:</td>
<td>CPR</td>
<td>Pulmonary Functions</td>
<td>Arterial Blood Gases/Arterial Line</td>
</tr>
<tr>
<td></td>
<td>Airway Mgmt</td>
<td>Pediatric Experience</td>
<td>Adult Ventilator Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neonatal Experience</td>
<td>Routine Therapeutic Procedures</td>
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</tbody>
</table>

Summary of Observation Experience:

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RRT: Please rank the following on a scale of 1 to 5, with 5 being the highest.

1. _____ The student was present and on time.
2. _____ The student dressed in appropriate attire with ID badge.
3. _____ The student was courteous and respectful toward the staff and patients.
4. _____ The student showed an interest in the treatment/procedures being observed.
5. _____ The student asked appropriate questions during the observation.

Printed Name of RRT Observed: ____________________________________________

Signature of RRT Observed: ____________________________________________

Student Signature: ____________________________________________