

Observation

At this time there are only two hospitals in the Jackson metro area that allow applicants to shadow respiratory therapists. Each hospital requires some form of orientation before you will be allowed to shadow. When you speak to the hospital RT representative to schedule your day, ask them what you must wear during observation (scrubs? lab jacket?). Be sure to wear comfortable, clean shoes (athletics shoes are appropriate, in conservative colors). If you are not from this area, you can check with local hospital respiratory therapy departments to see if they are willing to provide this service, but make sure that your experience will include intensive care with multiple patients on mechanical ventilation. If you have questions about the observation process, please call HCC RCT Chairperson, Therese Winschel at 601-376-4827 or email her at tewinschel@hindsgcc.edu. Otherwise you will arrange your observation through the hospital contacts below.

Be sure to take both observation forms with you when you attend the observation. You will have your therapist sign to validate your observation. The hospital will keep one copy and give you the other. Make a copy of yours for your records and then mail the original to:

***Admissions – Respiratory Care Technology
Nursing / Allied Health Center
1750 Chadwick Drive
Jackson, MS 39204***

**County Health Departments are typically the most inexpensive places to get your TB skin test (\$25 upon recent inquiry). When you get the skin test, you will be required to return to that facility 2 or 3 days later to have it “read”, so keep that in mind when you consider when to get the skin test to ensure they are open for business on the day it can be read. TB skin tests are an annual requirement of HCC Health Related Programs, so be sure to keep a copy for school records as well. Note: The CDC recommends a two-step TB skin test initially for all healthcare providers*

**Observers are NOT allowed to use their cell phones during their scheduled observations.
Failure to comply with this policy will result in student being asked to leave the clinical site.**

To arrange observation at Mississippi Baptist Health System:
<p>a. Call MBHS Education Resource Center at 601-968-1712 to get instruction on completing online orientation and clearance for observation in the Respiratory Care Department.</p> <p>b. Once you have completed all requirements, you will be authorized to schedule your observation. Once you receive this authorization, contact Joseph Tillman at 601-973-1642 or Amanda McGruder at 601-973-1627. You will need a picture ID (Hinds ID or Driver’s License when you report for your scheduled observation).</p>

**HINDS COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
HOSPITAL OBSERVATION FORM - MBMC**

As part of the admission process for the Respiratory Care Program at Hinds Community College, each student is required to complete an **eight-hour observation** in a hospital Respiratory Care department. This form is to be returned to the Admissions Clerk, HCC-N/AHC 1750 Chadwick Drive, Jackson, MS 39204.

The prospective student should arrange the observation with a hospital of their choice. During this observation, the student should see all (or as many as possible) of the following procedures/equipment and department routine/protocols:

1. Department policy manual
2. Obtain understanding of the shifts and work schedule requirements
3. Oxygen Therapy
4. Bulk Oxygen System
5. Small Volume Nebulizer treatment
6. Incentive Spirometry treatment
7. Hyperinflation and Bronchial Hygiene Therapies
8. Arterial Blood Gas sampling
9. Suctioning procedure
10. Ventilator patient
11. Patient chart – the components included
12. Charting procedure – information which is included
13. Equipment – supply room, cleaning procedures

Confidentiality statement and liability release. I have studied the HIPAA training material provided. I understand and agree that all hospital and patient information in any form that I may become aware of, must remain confidential according to the hospital and patient's legal and ethical rights. I understand that inappropriate disclosure of patient data may result in large fines and imprisonment. I further understand that all patient information must be protected from discussion in public places such as elevators, hallways, cafeterias or anywhere else, the public could overhear a professional discussion. I also release this hospital or medical center from any liability that may be incurred during my observation.

Student Signature

Student ID number

Date

Print Student Name Here

Date of Observation

Name of Hospital or Medical Center

The student named above completed the outlined observation requirements and has signed the confidentiality agreement and liability release.

Signature of Department Director or Supervisor: _____

Student copy. To be submitted to HCC- N/AHC Admission clerk

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Hospital copy - To be filed according to institution policy

To arrange observation at University of Mississippi Health System (Batson, Wiser, and the Adult Hospitals)

Students, who select UMMC for their observation experience should follow the links below to start the online ENEPAR (Electronic Non-Employee Personnel Action Request process. ***Note: this process may take up to two weeks before you can schedule your observation experience.***

- 1) Complete online Compliance Training at the following link:

<https://exapps.umc.edu/compliance/secure/login.action>

Note: Save the Compliance Training Certificate to your computer as you will need to attach the certificate to the:

- 2) Non-Employee Personnel Action Request Form found at the following link:

<https://exapps.umc.edu/enepar/application> (UMMC Sponsor Name: Levonne Wiley; UMMC Sponsor E-mail: lwiley@umc.edu)

- 3) Click on the following link: <https://www.umc.edu/NEPAR/Non-Employee-Health-Portal.html>

And complete the Non-Employee Health Portal form to include documentation of the following:

(Note: A Certificate of Immunization Form 121 will have documentation of all immunizations and can be uploaded under each heading)

- 2 doses of live MMR (measles, mumps, and rubella) vaccine or positive measles, mumps and rubella titers
- 2 doses of Varicella vaccine or positive varicella antibody titer
- Tetanus/Diphtheria/Pertussis vaccine (last dose within 10 years)
- 3-dose series of Hepatitis B vaccine or positive hepatitis B surface antibody titer - The hepatitis B vaccine is **not** required for educational observers, when there is no possibility of exposure to blood or bloody bodily fluids.
- Annual Influenza vaccine during flu season (between September and March)
- Tuberculosis (TB) Screening: **A baseline two-step TB skin test or a TB blood test must be performed 0-30 days prior to the UMMC observation date.** Persons who are prior-BCG recipients should complete the TB blood test instead of the TB skin test. If either test is positive, a chest x-ray is required. Submit the chest x-ray report.

County Health Departments are typically the most inexpensive places to get your TB skin test (\$25 upon recent inquiry). When you get the skin test, you will be required to return to that facility 2 or 3 days later to have it "read", so keep that in mind when you consider when to get the skin test to ensure they are open for business on the day it can be read. TB skin tests are an annual requirement of HCC Health Related Programs, so be sure to keep a copy for school records as well. **Note: The CDC recommends a two-step TB skin test initially for all healthcare providers.*

Once the Office of Academic Affiliations has approved your request, Levonne Wiley will contact you by e-mail to schedule your observation day. If you have any questions regarding this process, please contact Ms. Wiley at 601-984-2092.



Educational Observer Authorization

First Name	Middle Initial	Last Name	Preferred Name
Address		City	State Zip
Date of Birth	Last Four Digits of SSN	Email	Primary Phone Number

Start Date: _____ End Date: _____ Hours of Observation: _____

I agree to adhere to all University of Mississippi Medical Center (UMMC) policies and procedures while functioning as an educational observer. I understand and agree that I am observing for educational purposes only and that I cannot engage in research, participate in direct or indirect patient care activities, or document in any record. I understand and agree that all patient information will be treated as confidential, may not be released without appropriate authorization, and may not be included in any report. I understand and agree that I am required to display a UMMC ID badge for the duration of the observation. I understand and agree that I will accompany my UMMC sponsor/co-sponsor (or designee) at all times while on UMMC's campus.

Educational Observer Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____

*Required for individuals less than 18 years old

Sponsor/Co-Sponsor Responsibility

As the UMMC sponsor/co-sponsor of this educational observer, I understand and agree that I am responsible for the immediate supervision of this educational observer at all times while he/she is on UMMC's campus. I understand and agree that I am responsible for the educational observer's compliance with applicable UMMC policies and procedures and that I must ensure that the educational observer completes all UMMC onboarding requirements and procedures prior to any observation experience. I understand and agree that submission of this form constitutes my acceptance of the 'Sponsor's Duties and Responsibilities' which I have reviewed online at <http://www.umm.edu/NEPAR>. I understand and agree that I must ensure that the educational observer wears a UMMC ID badge at all times and that the badge is returned immediately upon conclusion of the observation experience.

I understand that all patients have the right to refuse the presence of educational observers. I understand and agree that the educational observer role is for educational purposes only and that the educational observer cannot engage in research, participate in direct or indirect patient care activities, or document in any record while in the role of an educational observer.

Sponsor/Co-Sponsor Printed Name: _____ UMMC ID: _____

Sponsor/Co-Sponsor Signature: _____ Date: _____

UMMC Department/Division: _____



Educational Observer Attestation

The University of Mississippi Medical Center (UMMC) is committed to excellence and leadership in patient care, education and research. As an educational observer, I understand that I play a vital role in the success of the UMMC mission and that I will be held accountable for compliance with applicable state and federal law and UMMC policies and procedures.

I understand that UMMC protects and safeguards all patient health information. I have completed and understand the UMMC compliance training required for my observation/shadowing.

I understand my responsibility to safeguard confidentiality of any proprietary or confidential information (including protected health information) about UMMC operations, workforce members, subjects, and/or patients ("sensitive information") to which I may have access. All of this information, in whatever form transmitted or received (e.g., verbal, written, fax, photographic, electronic), must be treated by me in a confidential and secure fashion.

I agree to treat all UMMC personnel and patients with respect, courtesy, and dignity and will conduct myself in a professional and cooperative manner. I understand and acknowledge that a patient has the right to refuse my presence.

I understand that if I do not comply with UMMC policies and procedures and/or applicable law, I may be subject to immediate corrective action. I understand that noncompliance with federal and/or state law may result in criminal and civil penalties against UMMC and/or me personally.

I acknowledge the potential risk for injury while shadowing/observing in an academic medical center, including but not limited to, various instruments, devices, equipment, furnishings, pharmaceuticals, chemicals, needle stick, blood and body fluids, exposure to potentially infectious or lethal materials, fire, explosion, slip and fall, crush injury, electric shock, and machinery malfunction. I agree that my presence at UMMC is at my own risk, and I agree not to hold UMMC or any staff member liable for any injury I may sustain during, or as a consequence of, my presence at UMMC.

I hereby attest to the following: I do not currently use any illegal drug. I have no history of felony convictions or client abuse or neglect. I am currently in good health, and I am up-to-date on all required vaccinations. I have obtained a TB screening according to UMMC policy. I have obtained the influenza vaccination according to UMMC policy (if observation occurring during influenza season).

By signing below, I certify that I have completed the requirements stated herein and agree to all terms.

Educational Observer Printed Name: _____

Educational Observer Signature: _____ **Date:** _____

***Parent/Guardian Signature:** _____ **Date:** _____

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Sponsor/Co-Sponsor Signature: _____ **UMMC ID:** _____ **Date:** _____

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