

Instructions for Clinical Respiratory Observation Hours

It will be **your** responsibility to set up your clinical observation hours. If you do not have access to the following cooperating facilities you may contact **any** facility to determine if they are participating. It is acceptable to do observation at the facilities listed below or any other medical facility, however prior arrangements must be made with the Cardiopulmonary Director or Director of Education in that particular facility. **You must contact the facility at least ONE MONTH prior to the time you plan to complete your observation hours. The facility may require backgrounds checks and/or mandatory drug screens. You will be responsible for any costs that may be incurred due to these requirements.** Please try to do observation at a minimum of **two** different facilities. While you should observe in at least one hospital, you may choose to observe in a home care setting for your 2nd facility if arrangements can be made.

Paul B. Hall Regional Medical Center
Phone: (606) 789-3511
CONTACT: Carla Stapleton or Mike Lazar

Highlands Regional Medical Center
Phone: (606) 886-8511 or 789-6548
CONTACT: Melissa Vance

Pikeville Medical Center
Phone: (606) 218-3500
CONTACT: Michelle Morris or Dwight Buckley

1. If a particular facility is feeling “overwhelmed” by student observers, you may be directed to another facility!
2. A separate documented sheet must be filled out for each observation date.
3. Documented respiratory observation hours will receive the following points for admission purposes:

<u>Hours</u>	<u>Points</u>
1-4	2
5-8	4
9-12	6

4. All documented Clinical Observation Hours sheets must be submitted to the Admissions & Records Office on the Prestonsburg campus of Big Sandy Community & Technical College.

**Big Sandy Community & Technical College
Admissions & Records Office
Prestonsburg Campus
One Bert T. Combs Drive
Prestonsburg, KY 41653**

Documentation of Respiratory Clinical Observation

Student Name: _____

SSN: _____

Date	Time Arrived	Time Left	Hours of Observation	Facility	Supervisor's Signature

Use this space to describe the procedures you “experienced” during this observation.

Student Signature: _____ Date: _____

