

APPLICATION FOR JOB SHADOWING

For the safety and wellbeing of yourself (and our patients) please re-schedule your job shadowing experience if you have had any of the following symptoms within 24 hours of your scheduled job shadowing opportunity:

Cold
Headache
Nausea / Vomiting
Fever at or above 102 degrees Fahrenheit
Diarrhea

Jaundice
Pus from eyes (including Pink Eye / eye infection)
Cough that has persisted more than 2 weeks
Skin rash

Name _____
Address _____

Phone _____

School, organization or program you represent: _____

School, organization, or program contact name and phone number:

Please describe shadowing opportunity you are seeking.

Please describe your learning objectives and plans for applying the knowledge you may obtain.

Please provide the dates/times for which you are requesting to shadow.

Prior to submitting the application, you must review the attached Job Shadowing Guidelines and Confidentiality Agreement. Your signature is required prior to the start of the Job Shadowing assignment.

For HR Department Use

Job Shadowing Request: Approved ____ **Denied** ____ **Applicant Notified:** _____(Date)

Staff Member to be Shadowed: _____

Dates of Job Shadowing _____

Job Shadowing Orientation provided on: _____(Date)

Comments: _____

JOB SHADOWING GUIDELINES

Job shadowing can provide experiences that are as unique as every person who participates. Reaching any career goal takes a personal commitment. Every plan for tomorrow requires action today. Even if you have no idea what career is right for you it is possible to begin preparing for the world of work. Promise yourself you will try to gain the education, skills, and experience that you will need to be successful in the future.

The goal of job shadowing is to introduce you to the healthcare profession. If you are interested in healthcare as a career, we would like to give you the opportunity to job shadow a Sarah Bush Lincoln Health System employee for some "on-the-job" insight. A job shadow opportunity allows students to "try on" a career for a few hours before investing dollars and time in education.

Guidelines for Participants

We are happy to provide workplace experiences that allow students the opportunity to spend time observing the daily activities of a professional. However, we do expect the following from you in return.

- Participants must be age 16 or older.
- Participants must conduct themselves in a respectful manner.
- Participants must sign a confidentiality statement agreeing not to discuss patient, information outside SBLHS.

Attire

It is important that you present a favorable impression to our patients and other customers. Neat and professional appearance and personal cleanliness is required. Clothing must be clean, pressed, fit appropriately. Business casual attire is appropriate.

- **Do NOT wear:** denim jeans, tee shirts, cut-offs, low-cut tops, hooded sweatshirts, open toed shoes, tank tops, half shirts (any shirt showing a midriff), shorts, hats, or baseball caps. Jewelry should be kept to a minimum. Perfume or cologne should not be worn in patient care areas.

Sarah Bush Lincoln Health System reserves the right to refuse or send home anyone who does not uphold these standards.

PATIENT PRIVACY AND CONFIDENTIALITY

We are happy to have you here, and want your shadowing experience to be worthwhile and interesting. We want you to be prepared to handle all your experiences today in a professional manner, so you need to be familiar with our policies involving patients and their privacy.

HIPAA - What you need to know:

- HIPAA is a federal privacy law that the hospital staff follows in order to keep a patient's medical information confidential. It affects each and every staff member at the hospital as well as all volunteers and visitors.
- HIPAA stands for Health Insurance Portability and Accountability Act and it became law in August 1996.
- While you are here shadowing, these regulations apply to you, too.

What you need to understand...what exactly does this mean?

- This means the staff at the hospital has a legal duty to protect a patient's privacy.
- It is a patient's right to be treated confidentially in a hospital.
- It is also very important that a patient knows that their privacy is protected.
 - If a patient feels that they cannot trust us with their information, they may withhold important information for fear of it getting exposed.
 - If a patient withholds this information, a doctor will not have all the information he or she may need to correctly diagnose the patient
- **DO NOT discuss patient information with anyone.**

This is a policy that applies to everyone

- Everyone who works at the hospital knows the importance of the confidentiality of patients. Even the staff who do not regularly interact with patients understand that if they do obtain information for whatever reason, it is to be kept confidential.
- It is sometimes difficult to understand that you may learn information that you cannot even tell your mom, dad, or best friend about. But it is extremely important that you understand and comply with these policies in order to be a part of the Job Shadowing program.

CONFIDENTIALITY AGREEMENT

Sarah Bush Lincoln Health System must maintain, protect, and preserve the confidentiality of all information related to patients, physicians, and employees.

The experience you receive here is as privilege and a responsibility. As a person in the hospital we trust that you will abide by our confidentiality standards.

All information shared with you or observed by you must be treated confidentially. Therefore, all names and conditions of people must never be the subject of discussion with anyone who does not have a valid need to know the information and then, only in the correct clinical area. This confidentiality standard also applies to information about physicians, employees and financial data.

I commit to comply with the SBL confidentiality standards and understand that failure to comply with these policies may incur legal liability to me, and dismissal from the program.

PERMISSION TO OBSERVE AND ACKNOWLEDGMENT

I acknowledge that Sarah Bush Lincoln Health Center has granted me permission to observe certain aspects of health care at one or more of its facilities. I hereby acknowledge that in so observing, I am merely a bystander with no responsibilities for care-giving, and that my status at the facility is that of a non-participant in the delivery of health care services. I agree to be solely responsible for any adverse physical effects and/or possible need for medical intervention resulting from my observation experiences.

Signed: _____

Date: _____