

The Job Shadow Program is an observation only experience in a select department within Premier Health based on availability. Only one Job Shadow experience is allowed per calendar year. Exceptions are made for participants needing extended job shadowing for entry into a career or college program, or to meet requirements for a program of study. The maximum number of hours permitted in any career interest is 20 hours unless prior arrangements have been made with a professional.

Please review the documents and instructions. Note that the application process includes reviewing a separate document, “Premier Health: Job Shadow Orientation Brochure”.

Guidelines for Job Shadowing

- Participants must be at least 14 years old. Priority is given to Premier Health employees wanting to job shadow, those who need to obtain job shadowing for entry into a career or college program, and for those considering a high school career technical program.
- All participants are required to meet the following requirements for job shadowing:
 - Influenza vaccination for any job shadow experience occurring from October 1st through March 31st;
 - Proof of either a current T-SPOT, 2-Step TB test, Quantiferon **or** chest x-ray; and
 - Proof of MMR, Hepatitis B, Varicella, and Tdap immunization.
- Review and sign the Student Confidentiality Statement.
- The Waiver of Liability and Health Form is a legal document. Please read the waiver carefully. The waiver form releases the Hospital from liability if a participant is injured in any way. It is a promise not to sue the hospital for any injury and a promise to not allow your health insurer to sue the hospital for payments made on your behalf. Please fill out the entire application accurately and honestly.
- Applications will be processed on a first come, first served basis and must be submitted at least **8 weeks** prior to the date requested. Allow 1 -2 weeks to receive an email response to your request. If requests are unable to be granted, an alternative will be offered.

Job Shadow Behaviors

- Job shadowing is an observation only experience. Hands-on patient care is not permitted.
- Listen to and obey all instructions given to you by the Premier Health professional.
- Dress in business casual apparel and wear soft soled shoes.
- Place your cell phone in a discrete location and have it turned off.
- Taking photos is not permitted.
- No gum chewing. Food and water can't be brought to the job shadow.
- Patients have the right to decline having a student present during patient care. If the patient prefers privacy during patient care, wait outside of the patient's room for the professional to finish.
- Act interested. Be enthusiastic. Ask questions. Be respectful and courteous.
- You may be asked to leave if your behavior doesn't meet our expectations.

Application Process

Please read the following instructions carefully. If you have any questions, send them to jobshadowing@PremierHealth.com.

1. Review the Premier Health Job Shadow Orientation Brochure before completing the application.
2. On the application, place a checkmark next to the facility and career interest you are wanting to job shadow.
3. Include multiple dates that you are available. This will allow us flexibility in meeting your request. Occasionally there are times when we are unable to meet requests due to the high volume of applicants requesting the same career interest or staff availability. If your request can't be met on the date(s) requested, you will be offered another option.)
4. Supply all requested information including immunization and TB testing documentation. An incomplete application will delay your request from being approved. Premier Health employees are exempt from this requirement but must check the box "Immunizations records on file in Employee Health" on page 6 of the application.
5. Complete the Waiver of Liability and Health and Student Confidentiality Statement forms. (A parent or guardian must sign if the participant is under the age of 18.)
6. Check off the items on the Orientation Checklist to provide evidence of having read the **Premier Health Job Shadow Orientation Brochure**. If under 18 years of age a parent or guardian must sign.
7. Answer the questions on the Content Review.
8. Submit and email the application along with verification of immunization and TB testing to jobshadowing@PremierHealth.com at least **8 weeks** or more prior to the date requested.
9. You will receive an e-mail regarding the time and location of your shadow experience within 2 weeks.
10. If you must cancel your job shadow experience once it has been scheduled, contact the professional as soon as possible, and send an email to jobshadowing@PremierHealth.com.

All paperwork must be completed and submitted 8 weeks or more prior to the requested date. Failure to properly complete the forms, return required documentation on time, and have a parent's signature (if under 18 years of age), will result in a delay in processing or the rejection of your application.

Job Shadow Application

Note: Provide all requested information and include required verification of immunization and TB testing. Submit your application only when all requirements have been met.

High School Student College Student Premier Health Employee Professional

Today's Date: _____

Name: _____

Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (with area code): (____) _____ - _____

Email address: _____

Name of Parent/Guardian or Emergency Contact: _____

Parent/Guardian or Emergency Contact Phone Number: _____

Name of School/College Program: _____ Grade/Year: _____

Please indicate your preference for job shadowing. If your facility choice and date are unavailable, an alternative will be offered. Job shadow availability is filled on a “first come, first served” basis.

Facility Requested:

- | | |
|--|--|
| <input type="checkbox"/> Atrium Medical Center | <input type="checkbox"/> Premier Health System Support |
| <input type="checkbox"/> Upper Valley Medical Center | <input type="checkbox"/> Miami Valley Hospital North |
| <input type="checkbox"/> Miami Valley Hospital | <input type="checkbox"/> Miami Valley Hospital South |
| <input type="checkbox"/> Other (indicate location) _____ | |

Career interest you want to shadow:**Clinical**

- | | |
|---|---|
| <input type="checkbox"/> Dietetics/Nutrition | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physical or Occupational Therapy |
| <input type="checkbox"/> Patient Care Technician | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Medical Imaging | <input type="checkbox"/> Surgical Tech |
| <input type="checkbox"/> Physician's Assistant* | |
| <input type="checkbox"/> Physician* (Applicant must obtain the physician's permission to shadow job prior to completing the paperwork.) Physician's name and contact information: _____ | |

**College students, employees, and professionals only.*

(continued on next page)

Non-Clinical

- | | | |
|---|---|---|
| <input type="checkbox"/> Hospital Administration* | <input type="checkbox"/> Human Resources* | <input type="checkbox"/> Plant Operations/Facilities Mgt. |
| <input type="checkbox"/> Marketing/Communication | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Sourcing/Materials Mgt. |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Other _____ | |

**College students, employees, and professionals only.*

Dates & Time Available for Job Shadow

1. _____
2. _____
3. _____
4. _____

Total number of hours requested: 2 hours 4 hours 6 hours 8 hours

**One 2 – 8 hour job shadow will be scheduled per calendar year per applicant.*

Career/Technical or College Program students requiring multiple hours to meet application requirements for entry into career or college program may request up to 20 hours of shadowing.

Total number of hours requested: _____ (20 hours max.)

Send all questions to jobshadowing@PremierHealth.com.

JOB SHADOW WAIVER OF LIABILITY AND HEALTH FORM**PART ONE: WAIVER OF LIABILITY** _____

For and in consideration of the participation of _____ (name of participant) in the Premier Health Job Shadow Program, I, for myself, my heirs, executors, administrators, successors and assigns; do hereby release, acquit and forever discharge Premier Health, its agents, employees, and all other persons who might be liable from any and all causes of action, claims and demands of whatsoever nature and kind whether known or unknown arising from my participation in said Program. Further, I, for my heirs, successors, administrators, executors and assigns do hereby covenant not to bring any action against Premier Health, its agents, employees, and all other persons, providing services in the Program and agree to indemnify and hold harmless the same in the event any such action is hereafter brought, or claim is hereafter made.

It is further understood and agreed that I, for my heirs, successors, administrators, and assigns, do hereby agree to indemnify and hold Premier Health, its agents, employees, and all other persons, providing services in the Program with respect to any potential subrogation claims by any and all third party payors with respect to payments made to the Hospital or any other health care or medical providers for health care with respect to any injuries sustained in the course of my participation in the Program.

This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. I further state that I have carefully read the foregoing release and know the contents hereof, and I sign my name as a free and voluntary act. I, the undersigned student, do hereby acknowledge that I have read and understand the following statements.

I agree to abide by and be bound by the following statements in return for Premier Health allowing me to participate in the Premier Health Job Shadow Program.

1. I will conduct my shadowing activities at Premier Health only under the supervision of a Premier Health employee.
2. I will comply with all Premier Health rules and regulations, Premier Health policies and procedures, Premier Health's Behavior Standards and the Rules of Conduct outlined in this application.
3. I understand that Premier Health retains the right to remove any student at any time.
4. I acknowledge that I am not an employee of Premier Health during the Program.
5. I understand that I am responsible for the cost of any medical care that I receive from Premier Health for any reason.
6. I acknowledge my responsibility and liability regarding the confidential nature of all information that I have access to at Premier Health by virtue of my participation in this Program.
7. I understand that I may not participate in the Job Shadow Program until I have read the Orientation Brochure that includes, but is not limited to, confidentiality, fire safety, infection control, and area specific requirements.

Participation in the Program is prohibited unless this Waiver is signed by the Student (and Parent/Guardian if participant is under the age of 18).

Participant's Signature/Date_____
Witness_____
Parent/Guardian Signature/Date
(If Participant is under age 18)_____
Witness

HEALTH REQUIREMENTS

If you are a Premier Health employee, please check this box. You are not required to complete this page. "Immunization records on file with Employee Health."

List the Dates and Results of each test as well as providing a copy of your immunization and TB testing. This extra verification is required of all job shadow applicants. Failure to do so will result in a delay in the processing of your application.

Annual Influenza Vaccination*

*Only required if job shadow experience falls between October 1st and March 31st.

Date of Vaccination**: _____ Proof of Exemption if Applicable: _____

TB Skin Test

A T-Spot is preferred but a recent two-step TB Test, Quantiferon or chest x-ray will be accepted. Note that the two-step TB test requires two separate skin injections. Allow up to 2 weeks for the test to be completed.

T-Spot, Quantiferon or Chest x-ray

Date of Test: _____

Results: _____

or

Two-Step TB Testing (Tuberculin Skin Testing/PPD) (Chest x-ray if history of +PPD)

Date of Test #1: _____

Results: _____

Date of Test #2: _____

Results: _____

MMR

Documentation of 2 MMR Vaccines or Rubella and Rubeola Titer (Documenting Immunity).

Date of Vaccine #1: _____

Date of Vaccine #2: _____

Hepatitis B

Date of 1st: _____

Date of 2nd: _____

Date of 3rd: _____

Varicella

Date of 1st: _____

Date of 2nd: _____

Tdap

Date of Test: _____

.....
 My signature below confirms that the above information is true, and that to the best of my knowledge I am free of communicable diseases at the time of my observation/job shadow experience at Premier Health. Participation in the Program is prohibited unless this Waiver is signed by the Student (and Parent/Guardian if participant is under the age of 18).

 Participant's Signature/Date

 Parent/Guardian Signature/Date
 (If Participant is under age 18)

ORIENTATION CHECKLIST

Review the information in the Orientation Brochure provided to you. When complete, initial each of the boxes below. Doing so indicates that you read and understood the information presented.

ITEM OF REVIEW:	PARTICIPANT INITIALS:	PARENT/GUARDIAN INITIALS (IF APPLICABLE):
Participant Responsibilities		
Premier Health Mission, Vision, & Values		
Patient Experience		
Cell Phone Usage		
Patient Rights		
Emergency Numbers, Safety Codes, & Your Role		
Infection Control – Hand Washing & Isolation		
Infection Control – Biohazard Waste & Hazardous Spills		
Infection Control – Protection Yourself & Exposure Info		
Confidentiality/HIPAA Info (Information in form attached)		
<p>I agree that I have reviewed the information in the Orientation Brochure as indicated above by my initials. I know that if anything comes up that was not covered within, I can go to my preceptor, the manager of the department I am in, or to a member of the Learning Institute with any questions/concerns.</p> <p>Participant Signature: _____ Initials: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Initials: _____ Date: _____ (if participant is under the age of 18)</p>		

JOB SHADOW ORIENTATION BROCHURE CONTENT REVIEW (Answer each question.)

1. Premier Health's Core Values include:
 - a. Respect, Interest, Compassion, Excellence.
 - b. Responsibility, Interest, Compassion, Excellence.
 - c. Respect, Integrity, Compassion, Excellence.
 - d. Responsibility, Integrity, Compassion, Excellence.
2. Premier Health's Patient Experience expectations:
 - a. Safety.
 - b. Quality.
 - c. Service.
 - d. All of the above.
3. Any patient information must be kept confidential.
 - a. True
 - b. False
4. Two important factors in response to a code or emergency at any Premier facility are what code is being announced and location of the code.
 - a. True
 - b. False
5. I have reviewed and understand all of the content in the Premier Health Orientation Brochure. I will adhere to the guidelines provided.
 - a. Yes, I will.
 - b. No, I will not

STUDENT CONFIDENTIALITY STATEMENT

Security and confidentiality are matters of concern for all persons who have access to Premier Health data and protected health information. Each person accessing Premier Health data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. Therefore, all persons who are authorized to access data and resources through all of the Premier Health information systems, access protected health information in any form (electronic, written, verbal), or through personal observation must read and comply with the confidentiality and security policies of Premier Health.

As a condition to receiving access to the information system(s), I agree to comply with the following terms:

- _____ I will not access or request data on patients for whom I have no business or job related reason. In addition, I will not access any other confidential information, including financial or protected health information, whether written or electronic.
- _____ I understand that the information access through the Premier Health system(s), medical records, or any other method of recording patient information contains sensitive and confidential protected patient health information, business, financial and employee information that should only be disclosed to those authorized to receive it.
- _____ I will respect the confidentiality of any protected health information, whether on computer, written, or oral, or reports printed from the Premier Health system(s); and I will handle, store, or dispose of these records in accordance with HIPAA regulations.
- _____ I will not intentionally damage, corrupt, or inappropriately delete or destroy any data, protected health information, or computer programs.
- _____ I will comply with all policies and procedures and other rules of Premier Health relating to confidentiality of information and login codes to the best of my ability.
- _____ I will not serve as an Attorney in Fact or as Power of Attorney of healthcare for a patient and/or client of Premier Health unless the patient and/or client are related to me by blood, marriage, or adoption.

It is the legal, moral, and ethical duty of Premier Health, its employees, students, and those who job shadow to assure a patient's privacy and hold in strictest confidence any and all information concerning the patient and his/her family. No employee shall actively seek to obtain any information regarding patients' illness beyond that which is necessary to carry out assigned tasks.

I understand that my use of the Premier Health computer system(s) will be regularly monitored to ensure compliance with the agreement. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, up to and including termination of contact or any other remedy available to Premier Health.

Name of Participant (typed or printed)	Signature of Participant	Date

Name of Parent/Guardian (if participant is under 18)	Signature of Parent Guardian	Date

Questions for a Successful Experience:

To get the most from your shadow experience, be prepared to be an active spectator. Take this list of questions and a clipboard along with you. When it is appropriate, ask questions and write down the professional's responses. Take time to write down your thoughts and impressions too. This is a worksheet for you and does not need to be turned in.

- What kind of education and skills are needed for this job?
- Do you need a license for this job? If so, what does it take to get a license?
- What is the typical wage for this job?
- How and why did you get started in this job?
- Is this a typical day or is it sometimes different?
- How many hours do you work a week?
- Does your job require you do work nights, weekends or holidays?
- What do you like the best and least about this job?
- Is continuing education required for this job?
- Does your professional have any advice for you?