

HAMILTON HEALTH CARE SYSTEM ORGANIZATIONAL POLICY

TITLE: Clinical Job Shadow

PAGE 1 of 12

EFFECTIVE DATE: October 2025

SUPERSEDES: January 2025

ORIGINAL DATE IMPLEMENTED: December 2013

ATTACHMENTS:

Job Shadow Information Sheet

Job Shadow Application

Job Shadow Acknowledgement and Release

Job Shadow Confidentiality and Non-Disclosure Statement

TB Symptom Review Form

Heart of Hamilton / Emergency Codes / Hazards Information Sheet

AUTHORED BY: Medical Education; Risk Management; Organizational Development

Purpose:

To establish standardized procedures and guidelines for individuals or groups requesting career exploration opportunities at Hamilton Health Care System, Inc. (“HHCS”), and to promote corporate citizenship while ensuring patient safety, infection prevention, quality of care, and patient confidentiality.

Policy:

1. **Clinical Job Shadowing (“JS”)** is a structured, planned **observation** of care and services provided to patients, families, and others in a healthcare setting. Job Shadowing is a form of “Experience;” however, there is **NO “hands on”/direct** provision of care or services. Job Shadowing experience may be subject to cancellation or change at the last minute, due to unforeseen circumstances. All requests for JS must be received at least 2 weeks prior to the requested date(s).
2. **Job Shadowing:** Job Shadow students must be at least 16 years old and be enrolled in an educational institution at the time of the experience, including but not limited to HOSA Program. The total shadowing experience is dependent on the needs of the student’s education and the availability of the department/institution. A time sheet is required as evidence that Job Shadowing has been completed. The form should be turned into the Coordinator upon completion of the experience.

Job Shadow students may be allowed in the Emergency Room, Surgery Centers (including Ambulatory Surgery Center), Medical Intensive Care, Surgical Intensive Care. Job Shadow students will not be allowed in the Women’s Center, including NICU, unless approved by department leadership. Job Shadow opportunities are contingent on safe operating procedures. If no limitations are present, job shadowing opportunities are available year around.
3. **All Job Shadowing requests shall be coordinated as follows:**
 - a. Medical Education requests will be coordinated by Graduate Medical Education.
 - b. All other clinical and non-clinical requests will be coordinated by Clinical Development.

4. For any participant to be considered for a JS Experience, the following requirements must be met and required documentation completed. The documentation should be submitted to the appropriate coordinating (Medical Education or Clinical Development) department no less than 2 weeks prior to the beginning of the planned experience. The participant requesting the shadowing experience accepts full responsibility to ensure all required or requested information is submitted within the specified time frame.
 - a. Confidentiality and Shadowing Agreement dated and signed by the participant and guardian if under the age of 18.
 - b. The CBLs related to HIPAA and Corporate Compliance and Ethics must be viewed in its entirety and completed with passing grades prior to the beginning of the scheduled experience. After viewing the required CBLs and completing the acknowledgement form, the documents will be saved in Paycom and/or the physical job shadow file.
 - i. All job shadow files will be maintained in the appropriate coordinating department (Graduate Medical Education or Clinical Development) for 6 years.
 - c. Submission of at least one of the following items for Job Shadowing applications is required:
 - i. Proof of enrollment in health occupations instructional program
 - ii. Proof of requirements of school, college, or university program application requirements as pertains to job shadowing hours needed.
 - iii. Proof of letter of good standing in current program
 - d. Proof of administration of two doses of measles, mumps and rubella (MMR) immunization (if born after January 1, 1957), and completion of the TB Symptom Review form.
 - e. If the applicant has a positive TB skin test result, then proof of follow up with the health department is required prior to the shadowing assignment.
 - f. For Job Shadowers scheduled for a Experience during the flu season, verification of receiving the flu vaccine must also be submitted prior to the Experience.
5. Upon receipt of all required documentation, the coordinating department will communicate with requested HHCS departments and attending physician, as applicable, to determine a willingness to participate in the program and availability of times and associates to assist with the Experience. The coordinating department serves as a liaison between the Experience participant, and the HHCS department(s)/physician for planning, questions, problem solving, and support.
6. The Coordinating Department retains forms for all required documentation for no more than 6 years, including:
 - a. Job Shadow application.
 - b. Job Shadow Acknowledgement and Release form.
 - c. Confidentiality and Non-Disclosure statement.
 - d. TB symptom review form and MMR records.
 - e. CBL Acknowledgement Form
 - f. Acknowledgement of Completion of Experience
 - c. Other forms as developed for the program.
 - g. Policies – a copy of the Cellular Phone and Camera Use, and the Dress Code Policies will be given and reviewed with the Job Shadower. A separate policy will be signed and kept on file.
7. A HHCS employee or affiliated physician is responsible for supervising each Experience. The following apply to each Experience:

- a. The participating Departments will notify the Coordinating Department of the designated associate responsible for scheduling and providing oversight for all Experiences.
 - b. The participating department has the ability to maintain their schedule of job shadow experiences. If there is an unplanned interruption in planned supervision, the department should attempt to accommodate the Job Shadower. If accommodation cannot be made, the Job Shadower will be informed, as well as the Coordinating Department for any potential alternatives.
 - c. The sponsoring supervisor/associate will be responsible for obtaining verbal patient consent, as necessary, for the Job Shadow observation.

8. Participants will receive a Job Shadow badge and must be returned to the Coordinating Department along with the Acknowledgement of Completion form upon Completion of the Experience.

9. Participants must conduct themselves in an orderly and appropriate manner at all times. The experience will end immediately if behavior is disruptive or inappropriate.

10. The use of cell phones, cameras, and recording devices of any kind by participants of the JS program will be prohibited in all areas of HHCS where patient care is being observed. **Refer to the HHCS policy entitled “Cellular Phone and Camera Use”.**

11. All JS participants must dress appropriately following the guidelines set forth in the HHCS Dress Code Organizational Policy – business or dress casual with comfortable, closed-toe shoes. **Refer to HHCS policy entitled “Dress Code Policy”.**

12. This policy does **not** pertain to the following:
 - a. Approved vendors that conduct business in the patient areas.
 - b. Students in clinical rotations, internships, or research projects, for which the organization and the educational institution have a contractual or clinical affiliate agreement.

Hamilton Health Care System Job Shadowing Information Sheet

Requests for Job Shadowing opportunities at Hamilton Health Care System, Inc., are considered and approved on a case-by-case basis. Every effort will be made to accommodate requests. However, because of the sensitive nature of health care, ensuring patient safety, infection prevention, quality of care, and patient privacy and confidentiality is our highest priority. Job Shadow Candidates must be **Sixteen (16)** years of age or older. Emergency Department, Surgery, Medical Intensive Care Unit and Surgical Intensive Care Units cannot accommodate students under the age of **Eighteen (18)**. There is NO shadowing in the Women's Center (Labor & Delivery, Mother/Baby, and NICU) due to these units being a safety sensitive area.

Job Shadow opportunities are arranged on a case-by-case basis and may be subject to cancellation or change at the last minute, due to unforeseen circumstances. At any time during the shadowing experience, the Coordinating Department retains the right to end the shadowing immediately without notice.

For any participant to be considered for a shadowing experience, the following requirements must be met and required documentation completed and submitted to the Coordinating Department in a timely manner, no less than 7 business days prior to the beginning of the planned shadowing experience. The participant requesting the shadowing experience accepts full responsibility to ensure all required or requested information is submitted within the specified time frame.

- Completion of Job Shadow Application.
- Completion of required learning modules (CBLs) for HIPAA Corporate Compliance and Ethics, and any other required learning modules with documentation of understanding of each CBL.
- Completion of Confidentiality and Non-Disclosure Statement, Acknowledgement, and Release.
- Submission of at least one of the following criteria:
 - a. Proof of participation in an event or program sponsored or recognized by Hamilton Health Care System, Inc.
 - b. Requirement for entry into health occupation instructional program or as part of the application process. Proof is required of school, college, or university program requirements and letter showing applicant is currently being considered for enrollment in course of study requiring participation in shadowing experience.
- Proof of receiving two doses of measles, mumps and rubella (MMR) immunization (if born after January 1, 1957), and a proof of a completed TB Symptom Review form.

Upon receipt of your application, all required documentation, and approval of the clinical department(s), you will be contacted to schedule a time to Job Shadow.

Job Shadow candidates may not enter any clinical area until all documentation is complete and an identification badge is issued. The identification badge must be worn at all time during the shadowing experience. **The badge and time sheet must be returned to the Coordinating Department upon completion of experience.**

Hamilton Health Care System Job Shadow Request

Last Name: _____ First Name: _____

Please note this request is subject to availability. After review of your request, you will be contacted by the organization for confirmation or denial of request.

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

E-mail Address: _____

Age (Must be at least 16 years of age) _____

Please describe why you are requesting this Job Shadow experience:

Name of the specialty where you would like to Job Shadow: _____
(Options: Pre-medical student, APP, PT, OT, Speech, Dietetics, Management, Nursing, IT, Radiology, Laboratory, Pharmacy, Supply Chain, and Finance)

Preferred start date: _____

Total days/hours would you like to complete? _____

Is there anything in your background that you would like to disclose? (IE: former arrests, license revocation or suspension):

Job Shadow Acknowledgement and Release

I hereby request Hamilton Health Care System, Inc. to permit me to observe certain medical procedures or other patient care activities at Hamilton Medical Center or one of its affiliates (collectively, "Hamilton"). I agree to comply with all of Hamilton's policies and procedures regarding the activities of students and observers at Hamilton, including, but not limited to, policies regarding the confidentiality of patient information. I understand that I will be assigned a supervisor/associate and that I must comply with his or her directions at all times. I understand that I am not permitted to observe services outside the presence of the supervisor/associate and am not permitted to participate directly in patient care (**NO hands-on contact with patients**). I understand that I am not permitted to review patient medical records and may only observe patients who have consented to observation. I understand that my failure to comply with these requirements may result in my immediate removal from the program.

I understand that Job Shadow with Home Health and Hospice will require travel and entering personal homes.

I understand that I will not be paid for my participation in the job shadow experience, and I have no expectation of compensation. Job shadowing is intended to be an educational experience for the participant, and the undersigned will not be asked to perform any work as part of the job shadow experience. The Job Shadowing experience does not displace paid employees. I have no expectation or entitlement to employment with Hamilton Health Care System, Inc. or any of its affiliates.

In consideration for Hamilton allowing me to participate in the Job Shadow program, I hereby expressly release Hamilton Health Care System, Inc., its Affiliates, directors and officers, agents and employees from any and all claims, damages, responsibilities and liabilities which may arise, directly or indirectly, from or in connection with my job shadow and observation activities at Hamilton. I further agree to indemnify and hold harmless Hamilton Health Care System, Inc., its Affiliates, directors and officers, its agents and employees from and against any and all claims, liabilities, and damages arising directly or indirectly out of or in connection with my observation of medical procedures or patient care activities at Hamilton Health Care System, Inc.

Job Shadow Candidate Signature

Department Representative

Job Shadow Candidate's Name (printed)

Date

Parent/Guardian Name (If Job Shadower is under 18 years old)

Parent/Guardian Signature (If Job Shadower is under 18 years old)

Date

HAMILTON HEALTH CARE SYSTEM (“HHCS”)
CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I, _____ (*Print Student First, MI, Last name*) _____, a _____ (*Program of study*)
_____ student at _____ (*Name of Education Institution*) _____, acknowledge that I have
completed training on the HIPAA privacy regulations issued under the Health Insurance Portability and
Accountability Act of 1996 (also known as the “HIPAA Privacy Rule”).

- I understand that all patient information, including but not limited to diagnosis, treatment, billing and financial data, is confidential.
- I agree to keep patient information confidential.
- I agree to comply with all HHCS HIPAA Privacy Policies and Procedures including those regulations implemented by the HIPAA Privacy Rule.
- I understand that if I violate patient confidentiality by using or disclosing patient information without authorization, I may be subject to legal action.
- I understand that if I have any questions or concerns about the HIPAA Privacy Rule and/or the proper use or disclosure of patient information, I should ask my Facility Preceptor, Supervisor, Director of the Department of which my training occurs, the HHCS Privacy Officer, or the HHCS Compliance Officer.
- I understand and agree that the HHCS HIPAA Privacy Policies and regulations will apply to any patient information that I have/had access to and knowledge of even after I terminate my relationship with Hamilton Health Care System and its Affiliates.

Name of School _____

Dates of Training _____

Name of Facility Preceptor/Supervisor _____

Signature of Student

Date

Printed Name of Student

HAMILTON HEALTH CARE SYSTEM
Associate Health

ANNUAL TB SYMPTOM REVIEW

Please PRINT name: _____ DOB: _____

ADDRESS: _____

Department: _____ SS# _____

Do you now, or have you had in the past year, any of these symptoms or conditions:

(Please circle the correct response to the following questions)

- | | | |
|--|-----|----|
| 1. Have you had a positive TB Skin Test? | Yes | No |
| 2. Have you ever taken "INH" medication? | Yes | No |
| 3. Do you have any of the following? | | |
| a. Unexplained and/or persistent fever? | Yes | No |
| b. Unexplained weight loss? | Yes | No |
| c. Unexplained loss of appetite | Yes | No |
| d. Persistent cough | Yes | No |
| e. Hemoptysis (bloody cough) | Yes | No |
| f. Fatigue | Yes | No |
| g. Night sweats | Yes | No |

Signature: _____ Date: _____

Please return completed form! Your screening is not complete until form is received and documented on your personal application.

Health Review:

According to above questions - no sign of active TB at this time. _____

(if positive) Documentation of no active disease

CXR requested _____ Results when completed _____

Signature of Assessment person: _____

Hamilton Health Care System Core Principles



PURPOSE: *We serve with compassion*

- **Serve** – applying your skills to cater to the needs of others.
- **Compassion** – Looking through guest eyes and responding with empathy.

PRIDE VALUES: *We demonstrate specific standards of behavior.*

- **Professionalism** – Demonstrating the highest levels of skill.
- **Respect** – Valuing each and every person.
 - I am friendly
 - I listen carefully.
 - I explain what I am doing.
 - I cater to the needs of others.
- **Integrity** – Being honest, consistent and ethical.
 - Honest – I am truthful and straightforward.
 - Consistent – I maintain uniformity of behavior.
 - Ethical – I follow the expected rules of conduct.
- **Diligence** – Continuously improving effectiveness.
- **Excellence** – Exceeding guest, staff, and leader expectations.
 - I find ways to excite and delight each guest.
 - I am a partner and supporter of my fellow teammates.
 - I reach across silos to build relationships within HHCS.
 - I support leadership.

PRIORITIES: *We prioritize tasks according to their level of urgency.*

- **Safety** – Protecting everyone from needless danger and injury.
- **Courtesy** – Being welcoming, respectful and kind to everyone.

- Welcoming – Receiving and accepting others with pleasure.
 - Respectful – Showing politeness and deference.
 - Kind – Being considerate and helpful.
- **Show** – Aligning the environment to communicate compassion and competence.
- Compassion – Seeing the experience through guest eyes and arranging environmental elements to relieve anxiety and stress.
 - Competence – Maintaining an environment free from imperfections and distractions.
 - Efficiency – Completing tasks with minimal waste, expense and effort.

Process: We maintain standards while refining how work gets done.

CODES

Dial ext. 1000 to initiate an emergency response (use 911 in outlying building)

Fire Safety

The person discovering a fire should remember

RACE:

“Code Red”

R- Rescue

A- Alarm

C- Confine

E- Extinguish

- Causes of fires including smoking in unauthorized areas, electrical malfunctions, and equipment misuse.
- Common locations for fires are kitchens, laundries, and areas with high oxygen content.
- Facilities should have a fire plan that includes response, role, and training.

Code Triage (Disaster) – Any event that threatens the safety or delivery of care and triggers and **Incident Command**. Ex: Mass casualties, communications, power outage, evacuation, or severe event.

Stand-by – Prepare for potential event.

High Alert – Prepare for potential events

Activate – An actual event has occurred.

Stand Down – The incident resolving, begin to return to normal positions

Code Green – Resume normal operation

Code Gray Bravo (Bomb Threat) – If you received a bomb threat, ask when bomb will go off, where it is located. **If you find a suspicious item—DO NOT TOUCH.** Dial ext. 1000 to report location.

Code Blue – Cardiac Arrest and /or Respiratory Arrest

Code Yellow – Major trauma in the Emergency Department

Code Gray Security – Violent or agitated person

Code Orange – Hazardous materials decontamination

Code Pink – Infant or pediatric abduction

Code Silver – Active Shooter

Code Green – All is clear, emergency code has ended.

To report non-emergency security incidents or concerns, call Public Safety at Ext. 6082

Infection Prevention:

➤ **Hand washing-Soap and Water**

- Should be done before and after all patient care. Entry and exit of each room.
- Always wet hands before applying soap. Never apply soap product to dry skin
- Use only one pump of soap
- Wash hands for 20 seconds.
- Rinse thoroughly for 20 seconds. Rinse the back of hands well.
- Dry thoroughly and gently

➤ **Hand Washing-Waterless Hand Sanitizer**

- Can be used in place of soap and water when visible dirt is not present.
- Use sufficient amount to wet all surfaces of the hands. Should take 10-15 seconds to rub in.
- Effective-Kills 99% of all bacteria on the hands.
- Moisturizes hands—won't dry skin
- Quick-Located near the entrance of all patient care rooms

➤ **Management of Blood & Body Fluid Exposures:**

- Provide basic first aid. Wash the area
- Notify your supervisor
- Complete Occurrence Form
- Report of exposures should be done immediately after the exposure

Hazardous Communication:

- Hazardous chemicals come in the form of a liquid, solid, or gas.
- Examples of physical hazards are chemicals that can blow up or catch on fire, or gas cylinders that can rupture.
- Health hazards can give people illnesses such as headaches, mental retardation, and can cause allergic reactions and/or damage to the skin, eyes, and lungs.
- Examples of common hazardous chemicals are cleaning products, healthcare laboratory chemicals, chemicals used to process x-ray films, and chemicals to treat medical conditions.

Exposure:

- Exposure can occur by breathing hazardous chemicals.
- Chemicals may be absorbed through the skin, eyes, nose, or mouth by touching them or by getting splashed.
- Chemical ingestion can occur if a person smokes, eats, or drinks while handling chemicals.

- Chemicals can be injected when an object cuts and penetrates the skin.
- Receive proper training and wear proper personal protective equipment.

MSDS: Material Safety Data Sheet:

- MSDS's contain a list of physical and health hazards, spill procedures and control measures, Personal Protective
 - Equipment and special precautions to use with the chemical.
- MSDS's are developed by the manufacturer of the chemical or product.
- Workplaces using hazardous chemicals are required to have a list of what hazardous chemicals they work with and know where MSDS's are stored.
- Hazardous chemicals must have a warning label containing the name, hazard warnings, and name and address of the manufacture.