

# JOB SHADOW ORIENTATION PACKET

## PURPOSE

Job shadowing experiences are observational opportunities for individuals seeking career exploration, individuals in structured programs, or high school and college students who want to learn about careers in healthcare.

## DEFINITION

**Job Shadow:** Pertains to an individual who spends time observing healthcare only and will **not** participate in the care of any patients at Billings Clinic. These opportunities include, but are not limited to the following:

**Short-Term Job Shadow:** 1 day, no more than 5 hours with a single provider/professional.

**Extended Job Shadow** (prior approval required): No more than 5 hours per day and no more than 25 hours with a single provider/professional in a calendar year.

## CONSIDERATIONS

**Age Minimum:** To complete a Job Shadow at Billings Clinic you **must** be at least 16 years of age. A parent's signature is required for students under 18 years of age. While we do not limit participation in our job shadow program to specific grade levels in high school, we encourage schools to screen their students for interest in healthcare and maturity to handle the requirements of the job shadow experience.

**Coordination:** All job shadow experiences must be coordinated through the Office of Medical Education. This office will ensure the:

- Coordination of schedules so there are no overlaps.
- Communication with the observer and department.
- Required documentation is complete and retrievable.

## DOCUMENTATION

**Application:** A log with the participant's name, email address, telephone number, affiliation and the department responsible for the job shadow experience will be maintained in the Office of Medical Education.

**Confidentiality:** All participants will need to read *Patient Privacy Rights and Confidentiality (HIPAA)* (attached) and are required to sign a *Confidentiality Commitment* (attached), which will be maintained in the Office of Medical Education.

**Immunizations:** All participants are asked to provide **childhood immunization history** on the *Required & Recommended Health Test & Immunizations* page (attached).

**Participation Agreement:** Participant must consent to the Job Shadow experience by signing the *Student Job Shadow Participation Agreement* (\*). If student is under 18 years of age, signature of parent or legal guardian is also required.

## **SUPERVISION**

Participants will be paired with a staff member and follow the staff member during the entire experience. Participants will not be asked to function independently or be sent around the hospital unaccompanied by staff. Discretion in allowing observation in patient situations that will be distressing to the patient and/or the job shadow participant.

Participants should never be asked or allowed to do any of the following:

- Transfer or transport patients.
- Any hands-on patient care.
- Handling blood, body fluids or any hazardous chemical.
- Stay alone with a patient for any reason.
- Be exposed to an unclothed or uncovered patient.
- Participants should be encouraged to ask questions, but patient confidentiality and privacy rights must be enforced at all times.
- Patients have the right to refuse to have a job shadow participant present.
- The patient will be asked and give permission for participant to be present. Staff will be responsible for informing patient, family and physician of participant presence and function.

## **DRESS CODE AND APPEARANCE**

Job Shadow participants will adhere to Billings Clinic Professional Appearance Policy. (#ESEP-110).

In general:

- All clothing must be proper fitting; clean, pressed and in good repair.
- If a skirt is worn, it must be no shorter than 2 inches above the knee.
- Pant length must be no shorter than mid-calf.
- Closed toe shoes (safety precaution).
- The following are not acceptable:
  - Jeans and/or pants with frayed bottoms
  - Tank tops, spaghetti strap tops, midriffs or shirts showing cleavage T-Shirts with logos
  - Flip-flops
- Personal hygiene will be maintained in a manner not offensive to fellow job shadow participants, employees, patients or visitors.
- Hair will be neat and clean.
- Colognes, aftershaves, perfumes are discouraged due to the public's illnesses and allergies.
- No more than two earrings per ear will be worn.
- No jewelry may be worn in any other parts of the body that may be seen by the public, i.e., eyebrows, tongues, or lips.
- Tattoos will be covered.

## **CONFIDENTIALITY**

- All participants must read and sign the HIPAA Confidentiality Form.
- Do not discuss a patient's illness with him/her or others.
- Refer any criticisms of Billings Clinic or its staff members to the Volunteer Services office.

## **CONDUCT**

- Do not bring unassigned friends or family with you to shadowing sessions. Wash hands frequently to protect both you and the patients.
- Visitation of hospitalized friends or family should be arranged at a time other than your scheduled shadow session.
- Remember to act in a quiet and dignified manner at all times. Be respectful and courteous.
- Do not use profanity of any kind. Be careful of the use of slang.
- Cell phones must be turned off during job shadow session. Personal telephone calls should not be made while in a shadow session.
- Smoking, alcohol, and/or substance abuse are not permitted in Billings Clinic facilities.
- If you have a cold, elevated temperature or an infectious or contagious illness do not come to your session.
- Be cautious about entering a room when the door is closed. Knock before entering and do not go in at all if a doctor or nurse is working with a patient unless accompanied by your job shadow mentor. If a doctor enters while you are in a room, leave quietly and return later if necessary.
- Stay at your assigned area unless asked by your mentor to go elsewhere.

## **PARKING**

Because we are committed to our patients and provide patient parking, we ask that you park in employee parking lots which can be found west of N. 30<sup>th</sup> street. Most street parking is limited to two hours. It is monitored by the Billings Police Department, and they will give you a ticket.

### **Contact for Shadow Information and to return this completed packet:**

**Michaela Jones**

Student Talent & Workforce Development Coordinator

MJones16@billingsclinic.org

## JOB SHADOW PARTICIPATION AGREEMENT

Participant agrees to the following:

**Job Shadow Activities:** Participant will be responsible for transportation to Billings Clinic. Once there, Participant will report to the Human Resources Department at a predetermined location at within Billings Clinic. Participant will be invited to observe only those clinical activities specified by Billings Clinic. Participant agrees to wear appropriate attire, including an identification badge identifying him/her as a guest.

**Fitness:** Participant shall provide evidence that Participant is fit for participation for the observation activities, including, but not limited to the following: (i) documented evidence of a negative Mantoux test (P.P.D.) or a letter from a physician/employee health demonstrating a current physical with a negative chest x-ray. Must be within past 12 months; and (ii) disclosure of any exposure to infectious/contagious diseases within the last 21 days. Exposure within 21 days will prohibit entrance into the operating room. Participant shall immediately notify Hospital should any illness or other health condition arise that may limit participation in the observation activities.

**Compliance with Policies and Rules:** Participant shall abide by all applicable rules, policies and instructions, whether verbal or written, while participating in job shadow activities. Participant shall review documents provided by Billings Clinic that will include information pertinent to the job shadow experience in which he/she will participate.

**Release:** Participant shall hold harmless Billings Clinic and any and all of their affiliates, subsidiaries, employees, agents and insurers from any and all liability of whatsoever nature and from injuries, sickness or other damages, physical as well as emotional, suffered by Participant during participation in the job shadow activities.

**Limitation:** Participant understands that by signing this Agreement, Participant is not guaranteed participation in any job shadow activities at Billings Clinic. Eligibility of participation shall be determined exclusively by Billings Clinic, in its sole discretion.

**Withdrawal of Unsatisfactory Participant:** Billings Clinic may immediately withdraw from the job shadow activities any Participant whose conduct, demeanor or cooperation is unsatisfactory to Billings Clinic, in Billings Clinic's sole discretion.

**Assignment:** This Agreement and/or rights, duties or obligations hereunder, may not be assigned by any party hereto.

Participant name (please print):
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Participant Signature:	Date:
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COMPLETE THE FOLLOWING IF THE PARTICIPANT IS A MINOR:

Signature of Parent or Legal Guardian:
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## Patient Privacy Rights and Confidentiality

### Our Responsibility:

As health care providers, we must be aware of the trust the patient has in us to protect their confidential information. We must be alert as to where that information is and how we can be sure it remains confidential. Patients' rights to privacy are guaranteed by federal and state regulations and we are responsible for safeguarding their information.

### Confidentiality

As healthcare providers we always try to protect the privacy and confidentiality of protected information. We must stay aware of where and how protected health information might be exposed and how to prevent a breach of disclosing the information inappropriately.

### Protected Health Information

Includes any health information about a specific individual that is transmitted or maintained in any form or medium such as: Oral, Paper and Electronic. We must not reveal any information from which someone's identity could be determined. Example: Individuals identification could be made with demographic information; Past present or predictive future conditions; And or provision for, or payment of healthcare.

### Privacy and Information Security

We must be particularly concerned about privacy and information security.

- Privacy: maintaining confidentiality
- Information security: preventing unauthorized release of information.

### Privacy Rules

Billings clinic is compliant with all required actions of the federal and state privacy rules these include having:

- Privacy officer accountable for privacy and information security program who manages a reporting system for complaints and concerns.
- Publicize Notice of Privacy Practices
- Patient authorization (for use and disclosure other than treatment payment and healthcare operations)
- Patient rights (guaranteed by federal regulations)
- Minimum Necessary Information (releasing or requesting the minimum necessary information to do your job)
- Agreements with vendors (requiring business associate agreements with vendors to ensure that they handle patients protect health information properly)
- Education and training (provide education and training to all employees)
- Policies and Procedures (documented policies and procedures pertaining to federal regular requirements, as well as action taken to ensure enforcement with federal regulations)

**Breaches** can be divided into 3 levels:

#### 1. Carelessness

For example, employees discussing patient information in a public area, employee leaving a copy of patient information in a public area, employee leaving a computer unattended in an accessible area with medical record unsecured.

#### 2. Curiosity or concerned for no personal gain.

For example, an employee looks up birth dates or addresses of friends or relatives, an employee accesses and reviews a record of a patient out of concern or curiosity, an employee reviews a public personality's record or another employee's record.

#### 3. Personal gain or malice

For example, an employee reviews a patient record to use in a personal relationship; An employee copies a mailing list for personal use or to be sold.

Corrective action for all three levels of breaches can lead to corrective action up to and including termination.

By signing here, I agree that I have read and understand the information outlined above on patient privacy rights and confidentiality. I will practice patient privacy rights and confidentiality during my job shadow or other clinical experience.

Participant Signature:

Date:

## CONFIDENTIALITY COMMITMENT

I recognize that assuring privacy and confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of Billings Clinic have the right to expect that confidential information of all kinds -- medical, personnel, business and financial (verbal, written or computerized) – will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed except in accordance with Billings Clinic policies and agreements.

I recognize that I am obligated to follow Billings Clinic policies that protect confidentiality, including, but not limited to, Billings Clinic’s Code of Business Conduct, policies that address release of confidential health care information (IM-101) confidentiality (IM-102). These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended, and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, Billings Clinic will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that violation of Billings Clinic policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about Billings Clinic’s policies and expectations regarding confidentiality, I will ask my supervisor or manager, a member of senior leadership, or the Corporate Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, manager, or the Corporate Compliance Officer, or in any manner identified in Billings Clinic’s Code of Business Conduct.

Participant Signature:	Date:
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## **Standard Practices of Infection Control**

### **Objective:**

- Define Standard Precautions
- Proper hand hygiene

### **Bloodborne Pathogens**

Bloodborne Pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.

Diseases from Bloodborne Pathogens include:

- Hepatitis B (HBV),
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

### **Reducing Your Risk**

Consistent use of Infection Control practices such as Standard Practices and Hand Hygiene throughout your day will minimize the risk of getting an infectious disease from a patient.

### **Standard Precautions**

Standard Precautions refers to the practice of assuming that the blood/body fluids of all patients are infectious, regardless of diagnosis, and the use of barrier precautions when coming in contact with blood or body fluids. “Barrier precautions” includes the use of gloves, or a combination of gloves with gowns, and mask/goggles to prevent exposure to body fluids. These items are also referred to as Personal Protective Equipment or PPE and are widely available to employees / volunteers. Such items include gloves, eye/face protection and gowns or aprons. All PPE should be used only once then discarded in the appropriate waste container. It is extremely important to use PPE and work practice controls such as hand hygiene to protect yourself from bloodborne pathogens.

### **Hand Hygiene**

There are two options for the practice of hand hygiene:

1. Washing with soap and water. This is preferred if you have visible soiling on your hands, before you eat and after using the restroom
2. Disinfecting hands with a waterless hand antiseptic.

Use hand hygiene before and after patient contact, after contact with a source of microorganisms (i.e., body fluids and substances, mucous membranes, broken skin, inanimate objects that are likely to be contaminated and after removing gloves.) Current recommendations from the Centers of Disease Control (CDC) stress the importance of consistent hand hygiene in the prevention of disease transmission.

**By signing here, I agree that I have read and understand the information outlined above on Standard Practices of Infection Control. I will practice Standard Practices of Infection Control during my Job Shadow.**

Participant Signature:

Date:

## REQUIRED HEALTH TEST & RECOMMENDED IMMUNIZATIONS

TB testing is required by one of the following:

1. If no prior TB tests, a Two-step screening is needed within 12 months of shadow start date. OR
2. IGRA Blood Test within 12 months of shadow start date (Quantiferon or T-Spot) OR
3. If prior (+) TB test, documentation of clear chest X-ray within past 12 months and an annual TB screening questionnaire

**I have received a TB test within the last 12 months and can provide the results if requested.**

The following immunizations are strongly recommended. You do not have to provide your vaccination or immunization status regarding the following list. We ask you to volunteer your status for MMR and Varicella. If you do not have MMR and/or Varicella vaccinations or choose not to disclose your vaccination or immunization status with respect to MMR and Varicella, you will be considered unvaccinated or nonimmune to those communicable diseases for purposes of assessing possible reasonable accommodations.

YES	NO	Immunization
		<b>MMR (measles, mumps and rubella):</b> 2 vaccinations (or positive lab titers)
		<b>Varicella (chickenpox):</b> 2 vaccinations (or positive lab titers)
		<b>Pertussis (t-dap) Vaccination:</b> Students who will be in the NICU or Pediatrics are asked to attest to the one-time vaccination after the age of 18.

\* \* \* No information is required or requested for Covid & Influenza & Hep B but they are strongly recommended. \* \* \*

**Annual Flu Shots (influenza):** Annual flu shot if job shadow is occurring between October 1 – March 31<sup>st</sup>.

**COVID 19 Vaccination:** Annual shot received October 1– March 31<sup>st</sup>.

**Hepatitis B Vaccination:** A 3 shot series (or positive lab titers) for Observers who may have contact with blood or bodily fluids.

**Job Shadows who do not have vaccinations and would like to receive them must obtain them from your own provider. Billings Clinic does not provide vaccinations for purposes of job shadowing.**

### INFECTIOUS DISEASE CHECKLIST

Within the past 3 weeks have you had or been exposed to:	YES	NO
Chicken Pox/ Shingles		
Measles/Rubella/Mumps/German Measles		
Whooping Cough/ Pertussis		
Other infectious disease exposure such as SARS (Covid-19)		
Do you currently have any of the following:	YES	NO
Cold / Coughing / Sore Throat / Strep throat / Fever		
Rash or any abnormal itching body and/or scalp, skin sores		
Pink eye		
Herpes Simplex / Cold Sores		
Other active possible infectious conditions?		
Have you ever had a positive TB or Mantoux Test?		
· Have you had a cough for more than 3 weeks?		
· Are you coughing up blood?		
· Do you have the night sweats?		

If you answer "YES" to any of the above questions in the Infectious Disease Checklist, then you must obtain specific approval from Billings Clinic before the observation experience may begin. Your participation may be declined for the safety of our patients.

Signature:	Date:
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## OBSERVATION REQUIREMENTS AND ACKNOWLEDGMENT

**Billings Clinics Job Shadow Policy (Policy #-104) outlines a job shadow as:**

**Job Shadow:** Pertains to an individual that is observing a Billings Clinic Employee. They will not have access to any records and will not participate in any hands-on patient care, this experience is strictly observation.

Job Shadow Participants are not allowed to, and should never be asked to do any of the following:

- Any hands-on patient care
- Transfer or transport patients
- Stay alone with a patient for any reason

**By signing here, I agree that I have read and understand the information outlined above and I will adhere to the outlined observations requirements.**

Signature

Date:

I have read and agree to follow the guidelines of the Job Shadow program at Billings Clinic.

**Job Shadowing Checklist**

*Please use the following checklist to ensure you have completed all the requirements necessary before you participate in your job shadow experience. The items with an asterisk (\*) represent required documentation that must be returned to Medical Education prior to Job Shadowing.*

- I have read and understand and signed the following:
  - Signed Job Shadow Participation Agreement (Participant and Parent if under 18)
  - Patient Privacy Rights and Confidentiality
  - Confidentiality Commitment
  - Standard Practices of Infection Control

- I have read, completed and signed Required and Recommended Health Immunizations

<b>Signature:</b>	<b>Date:</b>
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Parent Signature if Job Shadow is under 18

<b>Signature:</b>	<b>Date:</b>
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**CONSENT TO PHOTOGRAPH/VIDEOTAPE**

**I hereby authorize Billings Clinic to photograph or videotape me, and agree that Billings Clinic, may use the negative, prints or tape prepared there from for such publicity purposes as they may desire. This shall include publication in printed materials and/or any Billings Clinic advertising.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if a minor): \_\_\_\_\_ Date: \_\_\_\_\_

**I DO NOT authorize Billings Clinic to photograph or videotape me.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if a minor): \_\_\_\_\_ Date: \_\_\_\_\_