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SYSTEM: Hospital Sisters Health System	MANUAL(S): Executive Manual
TITLE: Job Shadow Policy	ORIGINATING DEPARTMENT: Compliance
EFFECTIVE DATE: December 14, 2020	REVISION DATE(S): 08/13/21, 07/01/2021, 06/23/2021
SUPERSEDES: #RC-42, 5/14/18, 5/11/18, 12/11/17, 5/12/17, 11/14/14	
<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Physician Enterprise (HSHS Medical Group – Illinois, Prairie Cardiovascular Consultants). WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital – Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette, (9) HSHS Physician Enterprise (HSHS Medical Group – Wisconsin).</small>	

I. POLICY:

The Hospital Sisters Health System and its Local Systems and entities (“HSHS”) require pre-authorization of all persons, including family members, wishing to job shadow in the office, clinical or procedure areas of all ministries.

II. PURPOSE:

The Observer/Job Shadow Program exists to provide students, physicians, potential colleagues and other professionals the opportunity to observe the care and services provided at HSHS and to promote the patient’s right to privacy and to maintain the clinical environment while allowing job shadowing.

III. SCOPE:

This policy is applicable to all HSHS hospitals*, Physicians’ Organizations, and operating entities including their employees, agents and medical staff, as well as employed physicians of an HSHS Medical Group, HSHS Wisconsin Medical Group and Prairie Cardiovascular Consultants.

IV. DEFINITIONS:

V. GUIDELINES/PROCEDURES

A. Types of Observers: Observers Include the Following:

1. Students in grades 9-12 and over 13 years of age.
2. Post-High School professional students.
3. Physicians, nurses of other healthcare professionals not employed or on staff at HSHS.
4. Applicants for employment.

B. Observers Exclude the Following:

1. Members of the Medical Staff of HSHS.
2. Individuals on a pre-arranged tour of any of the facilities within HSHS.
3. Fellows or students who have been placed at HSHS as part of affiliation and program agreements established with their respective colleges or universities.



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- C. Guidelines for Length of Observation:
1. For students, grade 9-12 and over 13 years of age, the guideline for length of observation is less than or equal to one workday.
 2. For post-high school professional students and other healthcare professionals not on staff or employed at HSHS, the guideline for length of observation ranges from a few hours on a predetermined day, to as much as 40 hours over 6 months.
 3. These are guidelines. The Sponsor may extend an observer's time as needed, with approval from the Chief Medical Officer (CMO), medical practice Chief Human Resource Officer or designee.
 4. The overall length of the observer's observation request for the operating room must be:
 - a. Limited to one (1) work day
 - b. Scheduled Monday thru Friday
 - c. Set up during designated observation dates as noted on the Observer/Job Shadow Agreement Form. Any additional days/hours require approval from the Director of Surgical Services or their appointee.
- D. Observers Must:
1. Have a site sponsor.
 2. Complete and submit all required documents prior to beginning the observation.
 3. Be accompanied by their sponsor or sponsor's designee at all times.
 4. Obtain and wear an identification badge at all times during the observation.
 - a. **If observing a credentialed Colleagues:** Badges are obtained through Medical Staff Services or medical practice Human Resource Services Department.
 - b. **If observing a HSHS's Colleague:** Badges are obtained through the Human Resource Services Department/Security Desk
- E. Observers May Not
1. Conduct a physical exam or touch the patient in any manner.
 2. Take a patient history.
 3. Handle patient equipment.
 4. Make recommendations regarding specific patients, provide consultation or make decisions about patient care.
 5. Document in the Medical Record or research records.
 6. Take photos or video.
- F. Procedures:
1. The individual interested in observing contacts the department and/or interested sponsor a minimum of 3 weeks before the observational experience.
 2. The sponsor or observer obtains an application packet. The application process should be facilitated through the applicable facility contact listed below:
 - a. Observing a Physician or Credentialed Allied Health Provider – contact the Medical Staff Office at the hospital or Human Resource Services Department for Prairie Cardiovascular and HSHS Medical Group
 - b. Observing a Colleague – contact the Human Resource Service Department
 3. The individual seeking the observational experience works with the sponsor to complete the attached application packet.
 4. All required documents must be completed and received a minimum of 3 business days prior to the observational experience.



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5. HSHS active colleagues and employees of partner/affiliated clinics are not required to supply health information (immunization and TB status).
6. The individual seeking the observational experience will receive confirmation from the respective sponsor or sponsor's designee.

The sponsor or sponsor's designee will orient the observer to the items on the **Orientation Checklist**, plus any department specific information necessary.

Originator: _____ *Mark A. Novak*
Compliance **Officer**

Accountable Leader: _____ *Mark A. Novak*
Compliance **Officer**

Administrative Approval: _____ *Diamond Boatwright*
President & CEO



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Observer / Job Shadow Agreement Form

SECTION I: Request to Observe a Physician or a Credentialed Allied Health Professional (AHP)

Observer Request:

Name: _____ Phone Number: _____ - _____ - _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School/Organization: _____

Observation Date(s): From ___/___/_____ To ___/___/_____

HEALTH REQUIREMENTS: Documentation of the following to be kept on file with Medical Staff Services:

1. **Proof of immunity to Rubella, Rubeola and Mumps, regardless of age (Hospitals)**
 - Documented history of 2 MMR's OR Documentation of positive Rubella, Rubeola, and Mumps titre
2. **TB Test or proof of TB skin test done within the last 12 months with negative results may be allowed.**
 - If TB skin test positive, documented report of a negative chest x ray must be on file. In addition, TB symptom survey must be on file and updated annually.
3. **Proof of immunity to Varicella**
 - Documented history of 2 Varicella vaccines OR Positive Varicella titre OR Documented history (from a healthcare provider) of chicken pox or shingles
4. **Proof of influenza vaccination for the current influenza season for any observer who is in a HSHS' facility for at least 1 day of their observational period between October 1 and March 31.**
 - Documented history of annual influenza vaccines

Sponsor: _____ Sponsor Phone Number: _____ - _____ - _____

Sponsor Email: _____

Name of Ministry - Observational Site: _____

Department/Unit/Practice where observation will occur: _____

Reason for observation: _____

Reminder: Sponsor is responsible for notifying applicable Leader prior to conducting job shadow experience.



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SECTION I: Request to Job Shadow a HSHS Colleague

Observer Request:

Name: _____ Phone Number: _____ - _____ - _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School/Organization: _____

Observation Date(s): From ____/____/____ To ____/____/____

HEALTH REQUIREMENTS: Documentation of the following to be kept on file with Human Resource Services Department:

1. **Proof of immunity to Rubella, Rubeola and Mumps, regardless of age**
 - Documented history of 2 MMR's OR Documentation of positive Rubella, Rubeola, and Mumps titre
2. **Proof of TB skin test done within the last 12 months with negative results**
 - If TB skin test positive, documented report of a negative chest x ray must be on file. In addition, TB symptom survey must be on file and updated annually.
3. **Proof of immunity to Varicella**
 - Documented history of 2 Varicella vaccines OR Positive Varicella titre OR Documented history (from a healthcare provider) of chicken pox or shingles
4. **Proof of influenza vaccination for the current influenza season for any observer who is in a HSHS's facility for at least 1 day of their observational period between October 1 and March 31.**
 - Documented history of annual influenza vaccines

Sponsor: _____ Sponsor Phone Number: _____ - _____ - _____

Sponsor Email: _____

Name of Ministry - Observational Site: _____

Department/Unit/Practice where observation will occur: _____

Reason for observation: _____

Reminder: Sponsor is responsible for notifying applicable Leader prior to conducting job shadow experience.



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HSHS Orientation Checklist

Directions:

- Complete checklist below
- Return signed checklist prior to commencing observation.

Note: Supplemental orientation materials that cover any or all of the checklist items may be used to support completion of the checklist. If you are uncertain about orientation material availability, ask your Ministry contact, or visit Introduction to Organization and Roles and Rules of Conduct.

1. Mission of Ministry
2. Role of student/observer, goals/objectives of the observation and any behavioral expectations (examples: attendance, dress code, approach to confidentiality, etc.)
3. Privacy/Confidentiality – Patient Health Information

Safety Procedures:

1. Emergency numbers
2. Safety Conditions
3. External disaster response

Infection Control

1. Standard Precautions
2. Hand-Hygiene

Security

1. Parking
2. ID Badge (Return at the end of observation)

Signature indicates "Orientation Checklist" has been covered by HSHS and Observer reports his/her understanding of material.

Observer's Signature: _____ Date: ____/____/____

Oriantator's Signature: _____ Date: ____/____/____