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FACILITY	Hospital Sisters Health System	MANUAL: Medical Staff Services
TITLE:	Job Shadow Policy for Observing a Physician or Allied Health Professional	ORIGINATING DEPARTMENT: Medical Staff Services
EFFECTIVE DATE:	October 5, 2023	REVISION DATE:
SUPERSEDES:	Local ministry policies adopted prior to the effective date of this policy	POLICY NUMBER:
<p>This policy is applicable to all HSHS affiliates. * 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 Medical Group, 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.</p>		

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. GUIDELINES/PROCEDURES:

A. Types of Observers: Observers Include the Following:

1. Students in grades 9-12 and over 13 years of age.
 - a. If shadowing a Prevea provider, you must be 18 years or older and enrolled or accepted into a health care-related post-secondary program
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. Individuals on a pre-arranged tour of any of the facilities within HSHS.
2. Fellows or students who have been placed at HSHS as part of affiliation and program agreements established with their respective colleges or universities.

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 Medical Staff Director or designee.
4. The overall length of the observer’s observation request for the operating room must be:
 - a. Limited to one (1) workday

b. Scheduled Monday thru Friday

c. Set up during designated observation dates as noted on the 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. Shadow Candidate Badges are obtained through Medical Staff Services and/or if candidate has school ID Badge may wear this.

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 Medical Staff Office.
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.
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 and/or sponsor's designee will orient the observer to department specific information necessary.



Job Shadow Agreement Form

Request to Shadow a Physician or Allied Health Professional

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 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
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.



HSHS has agreed to allow selected persons to shadow professionals. In consideration of HSHS allowing individuals the opportunity to job shadow at HSHS, the individual hereby agrees to the following:

Privacy/Confidentiality – The individual agrees any patient health information or knowledge acquired or received during the course of the job shadow at HSHS, including but not limited to patient care information and information contained in patient care records, shall be treated as confidential and shall not, unless required by law or otherwise permitted by HSHS, be disclosed, or used during or after termination of the individual’s placement at HSHS without HSHS's prior written consent.

Release/Indemnification – The individual agrees to and hereby does release, indemnify and hold harmless HSHS, its members, directors, officers, colleagues and representatives from any and all responsibility and obligation, and agrees not to hold HSHS liable for any or all injuries, losses, damages or expenses which may occur as a result of any act or omission of HSHS, its members, directors, officers, employees or representatives, or which may arise from the individual’s participation in the job shadow program at HSHS.

Illness – The Individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against HSHS, its directors, officers, colleagues and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of HSHS.

Medical Treatment – HSHS shall provide or refer outpatient treatment to individuals while in the facility for job shadow program placement in case of an accident or illness. However, in no circumstances shall HSHS bear the cost of the emergency outpatient treatment.

Ministry Policy – The individual agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by HSHS Code of Conduct, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Occupational Safety and Health Administration (OSHA) requirements.

Communicable Disease – The individual agrees to disclose if he/she has had contact with others who have Varicella, Severe Acute Respiratory Syndrome, or other communicable diseases that would threaten the safety of patients or staff.

I have completed all the required elements to participate in this experience. I meet the health requirements as outlined this agreement, and I have read the Job Shadow Policy; specifically, the limitations of the observers and the confidentiality requirements and agree to abide by the policy, and all terms of this agreement.

Observer signature

Date

HSHS Sponsor signature

Date

MEDICAL STAFF DIRECTOR OR DESIGNEE APPROVAL FOR OBSERVATIONAL EXPERIENCE:

Medical Staff Director/Designee signature

Date