

Job Shadow Information Packet

Welcome!

We are pleased that you are interested in Job Shadowing at Providence St. Patrick Hospital. We strive to provide a positive experience for all of our Job Shadowers. We hope that your time with us will be enjoyable and educational.

In compliance with regulatory standards, we have prepared a packet of information for you to read including a number of documents that need to be completed and returned to The Learning Center.

Please **review** and **read** the following documents:

- Shadowing Program Policy
- Immunization Information
- Professional Appearance Guidelines

If you are agreeable to the terms for job shadowing, please **review**, **complete**, and **return** the following documents to the Learning Center to be eligible for job shadowing:

- Job Shadow Application
- Shadowing Agreement
- Confidentiality and Non-disclosure Statement
- Copy of COVID 19 Vaccination Card
- Copy of Measles, Mumps & Rubella (MMR) Immunization records
- Copy of Varicella (2 dates received or 1 titer) records
- Copy of Tetanus, Diphtheria, Pertussis (Tdap) immunization (1 date received within the last 10 years)
- Tuberculosis (TB) screening requirements:
 - Record of a negative TB skin test 30 days prior to doing a job shadow. If the test is positive, the student must complete a symptom questionnaire and submit a chest x-ray with medical provider documentation

OR

- One (1) Quantiferon Gold blood test with negative result

Participants must be at least 16 years of age and enrolled in high school or college courses, or an individual interested in a healthcare career. Once all the required items listed above have been submitted to The Learning Center, the Student Coordinator will contact the department manager in the area of interest indicated to approve the shadowing. The Student Coordinator will confirm date and time of the job shadow with the participant. **Response time for this process may vary depending on the department's availability and program demands.**

We hope that you enjoy your time at Providence St. Patrick Hospital.

Sincerely,
The Learning Center

Please Keep for Your Records

Shadowing Program Policy

POLICY: Shadow Program

The Shadowing Program is intended for those who have an interest in healthcare. Shadowing allows the participant to follow and observe a medical professional as they carry out their job responsibilities at Providence St. Patrick Hospital.

Time Limitations: Under the binding agreement, a participant may shadow a caregiver for up to a maximum of 8 hours per position, not to exceed one week of shadowing total. Exceptions are those in a professional college program that have required observation hours over a prolonged period of time. In this case, a school contract must be on record between the school and the hospital.

The following regulations apply:

- Providence St. Patrick Hospital reserves the right to a pre-screening process to determine eligibility to participate in shadowing program.
- Shadowing is a voluntary opportunity for which there will be no monetary compensation.
- Participants must be 16 years of age or older, enrolled in high school, technical school, home-schooling, college courses, or be an adult who has expressed interest in a career change to health care.
- Participants must review and complete the Providence St. Patrick Hospital Job Shadow Information packet, including:
 - Job Shadow Application
 - Confidentiality and Nondisclosure Statement
 - Shadowing Agreement
 - Provide a copy of COVID 10 Vaccination Card
 - Provide a copy of Measles, Mumps, Rubella immunization records (MMR), (2 dates received or 1 titer for each)
 - Provide a copy of Varicella vaccination or 1 titer
 - Provide a copy of Tetanus, Diphtheria, Pertussis – Tdap, (received within the last 10 years)
 - Provide a copy of current TB test
- Completed Job Shadow information needs to be turned into The Learning Center at 500 West Broadway between 8:00am -3:00pm, Monday through Thursday.
- On the day of shadowing, participants will need to obtain a badge from The Learning Center. This badge **MUST** be returned to The Learning Center at the end of day.

Documentation of Job Shadow Experience, a Student's Responsibility: The job shadow experience is not tracked by The Learning Center. If documentation is needed to validate experience for school purposes please retrieve a form from the school who is requesting the documentation, as Providence St. Patrick Hospital does not provide any type of validation forms. Please have the person whom you have the job shadow experience with sign off on the documentation.

IMMUNIZATION INFORMATION:**MEASLES, MUMPS, AND RUBELLA (MMR)**

As a job shadower, you must provide acceptable documentation of having received the series of immunizations for measles, mumps and rubella (MMR). A titer for each is acceptable.

VARICELLA

As a job shadower, you must provide acceptable documentation of having received two doses of the varicella vaccine. A titer is acceptable.

Tdap (TETANUS, DIPHTHERIA, PERTUSSIS)

As a job shadower you must provide documentation of having a one-time dose of Tdap and boosters every 10 years thereafter.

COVID 19 VACCINATION

Documentation of completed vaccination series or single dose of US Emergency Use Authorized COVID vaccine. Fully vaccinated means two weeks post final or single dose of COVID 19 vaccine

TUBERCULOSIS (TB) TESTING

As a job shadower, you must provide documentation of having an up to date Tuberculosis test.

Tuberculosis (TB) screening requirements:

- Record of a negative TB skin test 30 days prior to doing a job shadow. If the test is positive, the student must complete a symptom questionnaire and submit a chest x-ray with medical provider documentation

OR

- One (1) Quantiferon Gold blood test with negative result

PROFESSIONAL APPEARANCE GUIDELINES

Professional appearance is a visible and tangible representation of our promise to ***Know me, Care for me, Ease My Way***. Appearance can impact the level of confidence that our patients and their families have in us. A neat appearance and appropriate attire conveys a professional attitude of excellence that has become synonymous with Providence.

- The guidelines apply to Providence employed individuals* in the Providence Health & Services - Montana, including System employees residing in the Region or visiting the Region. System employees are required to comply with the dress code of the ministry where they reside or visit.
- Individual departments may have more specific guidelines for safety purposes.
- The Executive Team reserves the right to grant approval for deviation from the personal appearance guidelines.
- Deviation from the guidelines is acceptable for individuals responding on call to emergency situations as the care of our patients is the greatest priority.
- If an employee is in doubt as to the suitability of a specific garment or item of apparel, the employee is expected to ask his/her manager prior to wearing the item to work as to the appropriateness of the item.

The goal of the guidelines is to strike a reasonable balance between maintaining a professional environment and respecting an appropriate degree of latitude in individual choices of dress and appearance. Understanding that styles and trends change over time, or that individuals may choose to express themselves through their appearance, it is ultimately the responsibility of all leaders to enforce the guidelines and consult with Human Resources when necessary, to ensure compliance. When leaders must make decisions to determine whether dress and appearance is considered unacceptable, the intent under which these guidelines were developed shall be considered.

*These guidelines do not apply to our employed and non-employed physicians (M.D. and D.O.) of the medical staff.

Type	Acceptable	Unacceptable
Pants	<ul style="list-style-type: none"> • Business Casual • Pressed, clean slacks that come to mid-calf or longer • Non see-through heavy tights in professional colors. (Must be worn with long shirts or skirts/dresses that come to at least mid-thigh) 	<ul style="list-style-type: none"> • No denim pants of any type or color • Sweatpants • Shorts of any kind • Bib overalls • Spandex • Athletic or exercise pants • • Pants that are worn, torn, frayed or faded • Visibly skin-tight pants with a short blouse/shirt

Type	Acceptable	Unacceptable
Shirts, Blouses and Jackets	<ul style="list-style-type: none"> • Business casual collared or collarless shirts • Blouses • Golf or polo shirts • Sweaters • Turtlenecks • Sports jackets • Suit jackets • Denim jackets • Fleece vest/jacket (non-patient care staff only) • Logo wear - see LOGOWEAR section 	<ul style="list-style-type: none"> • Logo T-shirts • Sweatshirts • Midriff baring tops • Tank tops • Shirts that are sheer, revealing or low-cut • Shirts that are worn, torn, frayed or faded • Visibly skin-tight or backless tops
Dresses /skirts	<ul style="list-style-type: none"> • Dresses and skirts • Bare Legs • Leggings, tights, hosiery in professional colors with dresses/skirts at the appropriate length - at least mid- thigh 	<ul style="list-style-type: none"> • Miniskirts • Spaghetti-strap dresses • Visibly skin-tight skirts/dresses • Skirts/Dresses that are sheer, revealing or low cut • Fishnet stockings
Scrubs Patient Care/Clinical Staff (Scrubs determined appropriate by department) Hospital provided scrubs are not to be removed from campus	<ul style="list-style-type: none"> • Clean, pressed, solid colored scrub bottom (pant or skirt) with scrub top to match or compliment • Scrub jackets of complimentary color • Fleece vest or jacket (except in procedural areas) • Turtle necks or T-shirt (without logo) with finished collar under scrub top 	<ul style="list-style-type: none"> • Scrubs that are worn, torn, or frayed. • Fleece may not be worn in a procedural area
Footwear: Direct Patient Care (stipulated for safety)	<ul style="list-style-type: none"> • Clean and well-kept • Closed toes shoes • Tennis or walking shoes • Clogs (ex: Danskos or Birkenstocks) 	<ul style="list-style-type: none"> • Bare Feet • Slippers • “Flip-Flops” • Open-toed shoes

Type	Acceptable	Unacceptable
Footwear: Non-Patient Care	<ul style="list-style-type: none"> • Clean and well-kept • Loafers, dress shoes, or clogs • Dress boots • Heeled pumps • Tennis shoes or walking shoes • Open-toed shoes 	<ul style="list-style-type: none"> • Bare feet • Slippers • “Flip-Flops” • Sandals
Hospital Identification Badge	<ul style="list-style-type: none"> • Badge worn above waist • Name, picture and job title are visible 	<ul style="list-style-type: none"> • Defacement of badge (ex: stickers that cover name, picture or job title)
Jewelry: Patient Care	<ul style="list-style-type: none"> • Two rings • Earrings that do not dangle off the ear more than ½ inch • One nose stud up to 1/8 inch in size • Gauges can be no bigger than 1 inch and must be plugged by flesh colored plug 	<ul style="list-style-type: none"> • Nose stud larger than 1/8 inch • Nose rings • Any other visible piercing
Jewelry: Non-Patient Care	<ul style="list-style-type: none"> • One nose stud up to 1/8 inch in size • Earrings • Rings • Gauges can be no bigger than 1 inch and must be plugged by flesh colored plug 	<ul style="list-style-type: none"> • Nose stud larger than 1/8 inch • Nose rings • Any other visible piercing
Nails: Patient Care	<ul style="list-style-type: none"> • Well-maintained and a safe length 	<ul style="list-style-type: none"> • Chipped nail polish • Any type of artificial nail or gel nail • Nails longer than ¼ inch
Nails: Non-patient care	<ul style="list-style-type: none"> • Well-maintained and a safe length 	
Hair: Patient Care	<ul style="list-style-type: none"> • Appropriate for a professional setting • Well groomed and clean 	<ul style="list-style-type: none"> • Hair dying that is not a natural color • In the hospital setting, hair longer than shoulder

Type	Acceptable	Unacceptable
	<ul style="list-style-type: none"> • Mustache, sideburns and beard neatly trimmed • Hair color in shades considered natural for humans 	<p>length that is not pulled back</p> <ul style="list-style-type: none"> • In the clinic setting, hair longer than shoulder length that is not pulled back during invasive or procedural settings
Hair: Non-Patient Care	<ul style="list-style-type: none"> • Appropriate for a professional setting • Well groomed and clean, • Mustache, sideburns and beard neatly trimmed • Hair color in shades considered natural for humans 	<ul style="list-style-type: none"> • Hair dying that is not a natural color
Tattoos	<ul style="list-style-type: none"> • Covered tattoos are preferred 	<ul style="list-style-type: none"> • Visible tattoos perceived as offensive, hostile, or inappropriate as determined by the Director or Manager. • Visible neck or face tattoos
Fragrances	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Cologne, perfume or aftershave
Hats and/or head coverings	<ul style="list-style-type: none"> • Job required hats and/or head coverings • Hats and/or head coverings while undergoing chemo or other medical treatments • Hats and/or head coverings required for religious observations 	<ul style="list-style-type: none"> • All other hats other than what is listed as acceptable • Music headphones or other distracting headgear not to be worn in public areas
Personal Hygiene	<ul style="list-style-type: none"> • Clean and neat 	<ul style="list-style-type: none"> • Offensive body odor • Tobacco smoke odor
Logowear	<ul style="list-style-type: none"> • Providence logowear appropriate for the professional work environment 	<ul style="list-style-type: none"> • T shirt logowear • Sweatshirt logowear

Type	Acceptable	Unacceptable
	<ul style="list-style-type: none"> Team-up Montana jerseys during identified Team Up Montana Weeks only Non-Providence logowear having small logos and appropriate for the professional work environment 	

Identification Badges

The Hospital Observer badges must be worn above the waist. Identifying information must be visible at all times. The badge may not be altered or have anything affixed that would prohibit proper function. Your badge must be in your possession at all times for the purpose of time recording and identification in the case of an emergency and/or disaster.

Job Shadow Application

Name: _____

First Middle Last

Address: _____

Phone: _____

Home	Cell

Email: _____ Date of Birth: _____

School/Organization: _____

Area of Study at School or Organization: _____

Department(s) of Interest: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Available Times					

Emergency Contact: _____

Name	Relationship	Phone Number

What do you hope to gain from your job shadowing experience: _____

*****Office Use Only*****

Date Approved: _____ ☐ Application ☐ Confidentiality & Nondisclosure Statement
☐ TB Test(s) ☐ MMR ☐ Varicella ☐ Tdap ☐ COVID 19

Communication Log

Date	Communication

Shadow Log

Date	Department	Time	Employee

Shadowing Agreement

This Agreement reflects that Providence St. Patrick Hospital in response to interest in a job shadowing program at its facility, desires to assist high school, college students or an individual with an interest in healthcare to discover whether they want to pursue a future career in the health care profession. In consideration of this, the following are conditions and terms for shadowing at our facility:

Shadowing is defined as **to follow** and **observe** a medical professional as they carry out their job responsibilities at SPH.

Participants must be at least 16 years of age and enrolled in high school or college courses or an adult who has expressed great interest in a health care career. All requirements of paperwork, TB results and immunization records must be completed and submitted to the Student Coordinator in the Learning Center. Unit/department managers will approve the shadowing and the Student Coordinator will confirm date and time of the job shadow with the shadowee. Response time for this process may vary depending on the department's availability and program demands.

As a participant in the shadowing program, I understand and agree:

1. I will not touch the patients. If I am allowed to observe a patient having a procedure, I understand the director or manager is to obtain the patient's consent first.
2. I will not touch medical equipment.
3. I do not have medical record or chart access and will not have computer access.
4. I will not assist in feeding but may help deliver food.
5. I will not approach physicians about personal illness or medications.
6. I will dress professionally as outlined in the attached dress code.
7. I understand that I need to provide proof of current immunizations records, MMR, Varicella, Tdap and TB skin tests or chest x-ray within the past year. If a TB test has not been previously completed, I understand I will obtain this before being able to shadow.
8. I will not perform my own personal care in the clinical setting (i.e. applying lip gloss, handling contact lenses, eating or drinking, brushing hair, etc.)
9. I will not be permitted in areas of contamination such as isolation rooms, soiled linen areas, lab, and autopsy room.

Shadowing Agreement (Continued)

10. I cannot participate in the program on days that I am ill. These include but are not limited to: fever, diarrhea, productive cough, rash, or open wound.
11. I understand that I will be required to sign a Confidentiality and Nondisclosure wherein I agree to keep all patient information confidential.
12. I understand that Providence St. Patrick Hospital shall have the right to immediately terminate my participation in the program if it is determined at the manger or supervisor's discretion that I am not acting in the best interest of the patient or facility. In addition, the director or manager holds the right to terminate shadowing at any point if deemed necessary.

Upon arrival to Providence St. Patrick Hospital, I will obtain a Job Shadowing badge from The Learning Center and return it upon departure each day of shadowing. As a shadow participant, I understand my visit is limited to an eight hour shift per position not to exceed one week total of observing a team member of Providence St. Patrick Hospital.

I will abide by the policies of Providence St. Patrick Hospital and will sign the attached statements. My electronic or written signature below certifies my understanding of the information above.

Signature: _____

Name: _____

Address: _____

Telephone: _____

Emergency Contact and Phone Number _____

Parental Consent if student is less than 18 years of age

Parent Signature: _____

I hereby grant permission for my child to participate in the Providence St. Patrick Hospital's Job Shadow Program. I further release the Hospital from any legal or other responsibilities for any injuries, act, or incidents involving my child's participation in the job shadow program.

Please return signed Shadowing Agreement to the Learning Center

Confidentiality and Nondisclosure Statement

Name: _____ Position: _____

☐ Caregiver (employee) ☐ Contractor ☐ Temporary ☐ Student ☐ Intern ☐ Physician/Resident

I understand that in my involvement with Providence Health & Services and its affiliated organizations (collectively referred to as “Providence”). I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to Providence. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded in any form or medium. Confidential data/information also includes caregiver information that a caregiver does not wish to share. However, nothing in this policy restricts a caregiver’s or, if applicable, other individual’s, right to disclose wages, hours, and working conditions in accordance with Federal and State Laws. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to Providence in accordance with Providence policies and procedures.

I will hold confidential, data/information I see or hear in strict confidence and will not disclose or use it except as authorized by Providence, for Providence’s benefit.

I will only access confidential data/information that I need to do my job and will only provide such data or information to those who need it.

I understand that unless it is a part of my job function, I cannot remove any confidential data/information from Providence without authorization from my supervisor and that I must return any such confidential data/information at the end of my employment, engagement or relationship with Providence. I understand that confidential data/information must be stored securely at all times as defined in Providence policy.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and Providence policies and protocols regarding the confidentiality and security of confidential data/information.

I understand that email is not a secure, confidential method of communication. I will never send Providence confidential data/confidential information to a personal email account or store it on my personally owned computer or mobile device. And when sending messages that include confidential data/confidential patient information to a non-providence.org email address as part of my job functions, I must type “provsecure” in the subject line to encrypt the contents of the email. I understand that texting and other messaging are not secure methods to transmit confidential data/information and agree not to use these types of communication methods to transmit such information.

I understand that Providence electronic communication technologies (Internet and email) are intended for job-related activities: however, limited personal use is permitted. Personal use is determined as incidental and occasional use of electronic communications technologies for personal activities that

should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by Providence management. Providence management also reserves the right to monitor email and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by Providence, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, Providence may institute disciplinary action up to and including termination of my employment, engagement or relationship with Providence.

Signature: _____ Date: _____

Note: The signature field above requires a handwritten signature. After the form is populated, please print and sign manually as needed. The use of electronic signatures is currently under review by Information Security and may replace manual signatures in the near future