

Job Shadowing/Observation Registration Information

Thank you for choosing Firelands Regional Medical Center to explore your interest in the medical field. We encourage your questions and hope your experience is positive and rewarding.

The Volunteer Services Department handles the registration and healthcare in-service education which you are required to complete. Please call 419-557-7460 for all details.

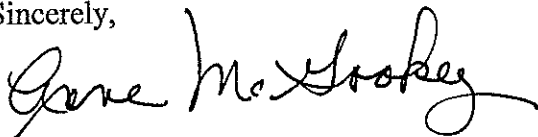
All arrangements for your job shadowing or observation to the department of interest are your responsibility. Volunteer Services will be glad to provide you with the contact information. Requests must be made at least two weeks in advance unless prior arrangements have been made.

Please read and complete the attached forms at your earliest convenience and set an appointment for the in-service education either prior to your shadow day or at the beginning of the scheduled day itself. You can bring the completed packet to the in-service.

Please dress appropriately. Business casual is preferred and no blue jeans, shorts or open-toed shoes are permitted. A temporary I. D. badge will be provided.

Again, thank you for choosing Firelands. If you have any other questions or concerns, please feel free to contact me.

Sincerely,



Anne H. McGookey, CDVS
Director, Volunteer Services

Attachments



JOB SHADOW APPLICATION
HIGH SCHOOL/ COLLEGE STUDENT/INTERN

Today's Date _____

Name: _____ Age: _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

If under the age of 18:

Name of Parent/Guardian/Emergency Contact: _____

Phone # of Above-named individual: _____

Parent/Guardian signature: _____

High School/College: _____ Grade Level: _____

If this is for a **required** career development program, please state its title and list the requirements (i.e. hours, date range, etc.)

What do you hope to learn or gain during this job shadow experience? List your objectives:

Please indicate your area (s) of interest for your experience:

Clinical

___ Dietetics/Nutrition

___ Nursing*

___ Medical Imaging (X-Ray, Ultrasound)

___ Pharmacy

___ Respiratory

___ Physical, Occupational, Speech Therapy

___ Laboratory

___ General Medical

*Students under 18 years and/or not enrolled in a specific nursing program are not permitted in Obstetrics.

Non-Clinical

___ Marketing (Includes PR; Development)

___ Plant Operations/Facilities Management

___ Health Information Management

___ Information Technology

___ Other _____

Indicate Dates of Interest/Availability:

1) _____ 2) _____ 3) _____

Confidentiality Agreement

As a student/intern or visitor of Firelands Regional Medical Center, I recognize the extreme importance of confidentiality with respect to information concerning patients, Firelands Regional Medical Center operations, and employees/Human Resources. I acknowledge that I will adhere to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I understand that violations of confidentiality may result in legal action pursuant to HIPAA and other applicable statutes and federal laws.

- All patient information (including personal, financial, and health information), as well as all information regarding Firelands Regional Medical Center operations and employees/human resources, is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of Firelands Regional Medical Center policy.
- This information is privileged and confidential regardless of format: electronic, written, overheard or observed.
- I understand that violations of confidentiality will result in disciplinary action up to and including termination of employment, contract, association, or appointment. Disciplinary action may also include the imposition of fines and other legal action pursuant to HIPAA and other applicable state and federal laws.
- I agree to report any violations of confidentiality that I become aware of to my preceptor, department director, member of Management, or anonymously report to the HIPAA Help Line.
- I have read and understand the HIPAA education and will adhere to Firelands' policies and procedures.

Ethics – Professionalism

I understand, like staff, I cannot initiate telephone calls, write notes, or arrange social interactions with patients. I will clearly define boundaries of staff-patient relationships during chance meetings in the community. Any preexisting relationship with patients is to be discussed with the Director of the Department. Violations of this policy are grounds for termination of my Shadow/Intern experience.

Hold Harmless Agreement & Waiver

The undersigned does hereby agree to release, indemnify, and hold harmless Firelands Regional Medical Center, its employees, agents and representatives from any and all damages of any nature whatsoever which the undersigned may suffer as a result of job shadowing or interning.

Smoking & Tobacco Use Policy

Smoking, vaping and/or use of tobacco or nicotine products will not be allowed on the Firelands Regional Medical Center campus (including: in buildings or in vehicles owned and operated by Firelands Regional Medical Center). This includes the odor of smoke on one's person. This also includes all satellite buildings and the property associated with those satellites. All tobacco products, including chewing tobacco and snuff are included in the policy. Violation of this policy may result in termination of internship experience.

Expected Conduct

Attitude: Make it positive, treat other with respect and dignity; be professional.
Commitment: Do your very best, set goals and educate yourself.
Enthusiasm: Smile and show your enthusiasm.

Personal Appearance & Dress Code

As a student you are expected to follow the dress code: Only small non-offensive tattoos can be visible; extensive body art must be covered; body piercing or unnatural hair color. Items **not allowed** under dress code: denim jeans, shorts, sleeveless blouses, sandals, or any attire that shows undergarments. Jewelry and perfume scents should be kept to a minimum. Recommended attire: business casual (Example: khaki pants, a nice shirt or blouse, and clean and comfortable closed-toe shoes). Individual departments may require and will provide scrubs as appropriate. Students not dressed according to policy will not be allowed to continue with the experience.

Student/Intern Agreement- Read this statement carefully before signing

I have read, acknowledge, and agree to abide by the following:

- All preceding answers in this packet are true to the best of my knowledge and I understand this will become a part of my record.
- Any incorrect, incomplete, false, or misleading statement or information by me herein will be considered possible cause for my dismissal from my student/intern experience.
- I have read and understand the preceding policies. I am aware that if I violate a Firelands Health System rule or regulation my experience may be terminated immediately.
- I will remember that the department may choose to make special accommodations for my experience. Therefore, if something happens and I am not available during the time that I have been scheduled, then I **MUST** notify the department. Rescheduling arrangements may be discussed at this time or later.
- I will keep all Protected Health Information as well as all information regarding Firelands Health System operations and employees/human resources confidential.
- I will hold harmless Firelands Health System and its representatives from any damages obtained during student placement.
- I will not use tobacco products or smoke on any campus of the Firelands Health System campus.
- I will remember ACE and treat everyone that I encounter with respect and dignity.

Signature _____ Printed Name _____ Date _____

TB SYMPTOM SURVEY

VOLUNTEER/JOB SHADOW/INTERN PROGRAMS

NAME (please print) _____ DATE _____

I. EXCEPTIONS TO TB SKIN TEST (check appropriate circle)

- Pregnant
- Known Positive PPD converter
 - Treated with TB Medication
 - Not Treated with TB Medication
- Allergic to PPD
- Nursing (Breastfeeding)
- Job Shadow/Intern Program
- Volunteer / Annual Review

II. SYMPTOM SURVEY (check at least one)

- Prolonged Cough (over 3 weeks duration)
- Fever Chills
- Night Sweats
- Fatigue Easily
- Loss of appetite
- Weight Loss
- Bloody Sputum
- No Symptoms Experienced

JOB SHADOW EXPERIENCE

To enhance your understanding for a successful shadow and observation experience, please read the following criteria:

- This will be an observation experience, no hands-on work is allowed
- Act as if this is a job interview
- Arrive 10 minutes early
- Dress appropriately. (Those in blue jeans or athletic wear will be sent home).
- Leave your cell phone at home or in the car
- Introduce yourself with a smile and firm handshake
- Act interested. Be enthusiastic. Ask questions. Be respectful and courteous.
- No gum chewing. Food and water cannot be brought to the job shadow.
- The patient has the right to decline a student's presence during care.
- Thank your professional at the end of the experience.

To get the most from your job shadow experience, be an active spectator. When appropriate, feel free to ask questions – you are here to learn. Consider the following when interacting with staff in order learn the maximum you can.

- What kind of education and skills are needed for this job?
- Do you need a license for this job? If so, what does it take to earn one?
- What is the typical wage for this position?
- How and why did you get started in this career?
- Is this a typical day or is it sometimes very different?
- How many hours do you work and what is a typical schedule?
- What do you like the best and least about this job?
- Is there any particular advice you can offer me?