

# UPMC Job Shadowing Packet

The UPMC Job Shadowing packet is comprised of 5 documents that follow this cover page:

- Job Shadow Request (1 page)
- Job Shadow Questionnaire (1 page)
- Confidentiality Agreement (1 page)
- Orientation Guide (1 page)
- Job Shadow Agreement (3 pages)

## Job Shadow Request

### Shadow Information

Candidate's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Requester Information

Are you a current student? (Please circle) Yes or No

Where are you currently attending school? \_\_\_\_\_

What is your student status? (i.e. freshman, sophomore, junior, senior) \_\_\_\_\_

What are your preferred dates and time for shadow experience?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

What type of position would you like to shadow?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

What do you hope to gain from this experience?

OFFICE USE ONLY	Time: _____
Assigned Date: _____	Assigned Department: _____
Employee: _____	Employee Title: _____

## Job Shadow Questionnaire

**For Signs and Symptoms of Potential Communicable Diseases**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If under 18 years of age, please have parent or guardian fill out the chart below.

Please complete each question below:	Yes	No	Unsure
1. Do you have a persistent cough? (i.e. a cough lasting longer than three weeks)			
2. Do you have night sweats?			
3. Have you had significant weight loss (10 lbs.) in the last three weeks?			
4. Have you had unexplained fever in the last three weeks?			
5. Do you have a lack of appetite?			
6. Are you coughing up bloody sputum?			
7. Have you had contact with someone that has Tuberculosis?			
8. Have you had a positive Mantoux Tuberculosis skin test in the past?			
9. Do you have diarrhea?			
10. Do you have a skin rash?			
11. Do you have any eye drainage?			
12. Have you had chicken pox?			
13. Have you had measles?			
14. Have you had German measles (rubella)?			
15. Have you had mumps?			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, please have a parent or guardian fill out the following information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## UPMC Altoona Job Shadow Confidentiality Agreement

Visitor Name: \_\_\_\_\_ Visit Date: \_\_\_\_\_

Visit Location and Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I will be taking a tour and/or be provided with a demonstration at UPMC Altoona. I understand that through the course of this tour or demonstration, I may come into contact with patient information. I understand that this information is confidential information for which UPMC Altoona is obligated under both federal and state law to keep confidential. I further understand that if I encounter patient information through the course of my tour or demonstration, it is solely for the purpose of demonstrating concepts or principles, and not for the purpose of disclosing the patient's information, condition, diagnosis, or treatment.

I agree that I will otherwise not attempt to view any patient information. I also agree that I will not copy or otherwise remove any patient information from the facility. Additionally, I agree that I will not disclose any patient information that I may come into contact with.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## UPMC Altoona Job Shadow Program Orientation Guide

### General Information

- You will be required to sign a confidentiality statement.
- A name tag/identification badge must be worn or in your possession at all times.
- You will be instructed where to park.
- Dress code is business casual. **No:** open toed shoes, jeans, sweatpants, yoga pants, logoed t-shirts you may be sent home if you are inappropriately dressed.
- Smoking is prohibited in UPMC owned or leased facilities, buildings, passageways, and parking garages.
- Cell phones must be turned off during the shadow program and can only be used in designated areas.
- Photo taking is not permitted at any time.
- You will be accompanied by a staff member at all times.
- The Job Shadow Program is observation only. You are not permitted to assist in any way
- Patient's consent is required for observations. Patients have a right to decline. If this occurs, you will be asked to step out of the area.
- Patient safety comes first. Your shadow host will determine which activities are appropriate for observation.
- If you have an active infection on the day that you are scheduled for a job shadow, such as a cold, flu, conjunctivitis, or chicken pox, please reschedule.

**If you have any concerns or issues while you are in our hospital or other UPMC facility, please discuss them with your department host.**



## **UPMC Job Shadow Agreement**

\_\_\_\_\_ is scheduled to participate in a Job Shadow experience at UPMC Altoona.

I understand that Job Shadow is an observation experience only; and that no work is to be performed. At the start of my Job Shadow, I will be assigned to an employee who will lead me through a department in the hospital. They will discuss a typical workday, explore different aspects of working in the health care setting, and identify the skills that are needed in the working world. While on the hospital premises, I will abide by all the policies, rules, and regulations of UPMC and follow the direction of the employee to whom I am assigned.

### ***LIABILITY RELEASE***

I release UPMC Altoona, its employees, and volunteer staff from any claim or liability arising from my participation in the Job Shadow program. I understand that I must provide my own transportation to/from the hospital.

### ***PHOTO RELEASE***

I understand that there is a possibility that job shadow students may be photographed during their experience to help promote the program. I grant permission to be photographed for this purpose.

### ***AUTHORIZATION FOR MEDICAL TREATMENT***

I hereby authorize UPMC Altoona to provide emergency or urgent medical treatment as deemed advisable by any physician or surgeon on the professional staff of UPMC. UPMC Altoona will not be responsible for the costs of such medical treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, and that UPMC Altoona will rely on this authorization only in the event of an emergency or urgent situation. In the case of a minor student, every effort will be made to contact the parent/guardian listed prior to treatment, and the consent will be only used at a time when the parent/guardian consent may not be available.

## ***UPMC Job Shadow Agreement***

### ***CUSTOMER SERVICE, INCLUSION AND RESPECT***

UPMC has a mission of ensuring that inclusion is at the core of what we do every day. Inclusion begins with a core belief that everyone deserves dignity and respect. It is the policy of UPMC to promote an environment free from verbal or physical violence and harassment in the workplace or anywhere on the hospital campus, and to provide access to public safety and immediate assistance in the event of an incident involving potential harm to patients, visitors, volunteers, employees, and medical staff.

Culture Awareness – Understanding and respecting patients’ cultural values, beliefs, and practices are important. A patient’s ethnic or religious affiliation may affect how they view health care.

### ***CONFIDENTIALITY OF PATIENT INFORMATION***

Patients have the right that their information will be kept confidential. As such, UPMC considers that all patient information is confidential. Additionally, both federal and state law requires UPMC to keep patient information confidential (including mental health, HIV, and drug and alcohol related treatment information).

Patient information includes such things as:

- The patient’s name and other general information about the patient
- The patient’s diagnosis and other medical conditions that the patient may have
- Treatments, tests, and medications that the patient receives
- Information in the patient’s medical record, contained in UPMC’s computer systems or other information that might be posted in the patient’s room

As a part of the Job Shadow program, I understand that I will be in a facility where patients are being treated. Additionally, as a part of the Job Shadow program, I may take tours and/or be provided with demonstrations, I may come into contact with patient information. I understand that UPMC is obligated under both federal and state law to keep patient information confidential. I further understand that if I encounter patient information through the course of the Job Shadow program, tours, or demonstrations, it is solely for the purpose of demonstrating concepts or principles, and not for the purpose of disclosing the patient’s information, condition, diagnosis, or treatment.

**UPMC Job Shadow Agreement**

I agree that I will not attempt to view any patient information. I also agree that I will not copy or otherwise remove any patient information from the facility. Additionally, I agree that I will not disclose to others any patient information that I come into contact with.

**Removal from the Job Shadow Program**

I understand that UPMC Altoona may remove me from the Job Shadow program for any reason. This includes, but is not limited to:

- My failure to abide by the terms of this agreement or UPMC policies
- My failure to act in a responsible and mature manner
- My failure to dress appropriately
- If UPMC Altoona believes that it is in my best interest, or the best interests of its patient or staff

By signing below, **I AGREE** to the terms of this agreement.

Signature of Job Shadow participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**Age**

I verify that I am 15 years of age and older.

Signature of Parent/Guardian (required for high school students 17 years of age or younger):

\_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Emergency Telephone Number(s): \_\_\_\_\_