

JOB SHADOW ORIENTATION PACKET

PURPOSE: Job shadowing experiences are observational opportunities for individuals seeking career exploration, individuals in structured programs, or high school and college students who want to learn about careers in healthcare.

DEFINITION:

Job Shadow: Pertains to an individual who spends time observing healthcare only and will **not** participate in the care of any patients at Billings Clinic. These opportunities include, but are not limited to the following:

Short-Term/Single Experience Job Shadow: 1 day, no more than 4 hours with a single provider/professional in a calendar year.

Extended Job Shadow: No more than 5 hours per day and no more than 25 hours in a total calendar year. The job shadow should be completed within a 5-business day timeframe.

CONSIDERATIONS:

Age Minimum: To complete a Job Shadow at Billings Clinic you **must** be at least 16 years of age. A parent's signature is required for students under 18 years of age. While we do not limit participation in our job shadow program to specific grade levels in high school, we encourage schools to screen their students for interest in healthcare and maturity to handle the requirements of the job shadow experience.

Coordination: All job shadow experiences must be coordinated through the Office of Medical Education. This office will ensure the:

- Coordination of schedules so there are no overlaps.
- Communication with the observer and department.
- Required documentation is complete and retrievable.

Contact for Shadow Information and to return this completed packet:

Michaela Jones

Student Talent & Workforce Development Coordinator

MJones16@billingsclinic.org

DOCUMENTATION:

Application: A log with the participant's name, email address, telephone number, affiliation and the department responsible for the job shadow experience will be maintained in the Office of Medical Education.

Confidentiality: All participants will need to read *Patient Confidentiality (HIPAA)(attached)* and are required to sign a *Confidentiality Commitment (attached)*, which will be maintained in the Office of Medical Education.

Immunizations: All participants will provide *childhood immunization history (attached)* and complete a *Tuberculosis Questionnaire (attached)*.

Flu Shots: Required for all job shadows who will be on campus between September 15th and March 31st. Job shadows must fill out the *Flu Shot Questionnaire (attached)*

Participation Agreement: Participant must consent to the Job Shadow experience by signing the *Student Job Shadow Participation Agreement (*)*. If student is under 18 years of age, signature of parent or legal guardian is also required.

SUPERVISION:

Participants will be paired with a staff member and follow the staff member during the entire experience.

Participants will not be asked to function independently or be sent around the hospital unaccompanied by staff.

Discretion in allowing observation in patient situations that will be distressing to the patient and/or the job shadow participant.

Participants should never be asked or allowed to do any of the following:

- Transfer or transport patients.
- Any hands-on patient care.
- Handling blood, body fluids or any hazardous chemical.
- Stay alone with a patient for any reason.
- Be exposed to an unclothed or uncovered patient.
- Participants should be encouraged to ask questions, but patient confidentiality and privacy rights must be enforced at all times.
- Patients have the right to refuse to have a job shadow participant present.
- The patient will be asked and give permission for participant to be present. Staff will be responsible for informing patient, family and physician of participant presence and function.

DRESS CODE AND APPEARANCE

Job Shadow participants will adhere to Billings Clinic Professional Appearance Policy. (#ESEP-110). In general:

- All clothing must be proper fitting; clean, pressed and in good repair.
- If a skirt is worn, it must be no shorter than 2 inches above the knee.
- Pant length must be no shorter than mid-calf.
- For this experience, it is best to wear shoes that are closed toe (safety precaution).
- The following are not acceptable:
 - Jeans and/or pants with frayed bottoms
 - Tank tops, spaghetti strap tops, midriffs or shirts showing cleavage.
 - T-Shirts with logos
 - Flip-flops
- Personal hygiene will be maintained in a manner not offensive to fellow job shadow participants, employees, patients or visitors.
- Hair will be neat and clean and will not interfere with job tasks.
- Colognes, aftershaves, perfumes are discouraged due to the public's illnesses and allergies.
- Jewelry will not interfere with the job tasks. No more than two earrings per ear will be worn. No jewelry may be worn in any other parts of the body that may be seen by the public, i.e., eyebrows, tongues, or lips.
- Tattoos will be covered.

Confidentiality

All participants must read and sign the HIPPA Confidentiality Form.

Do not discuss a patient's illness with him/her or others.

Refer any criticisms of Billings Clinic or its staff members to the Volunteer Services office.

CONDUCT

Do not bring unassigned friends or family with you to shadowing sessions.

Wash hands frequently to protect both you and the patients.

Visitation of hospitalized friends or family should be arranged at a time other than your scheduled shadow session.

Remember to act in a quiet and dignified manner at all times. Be respectful and courteous.

Do not use profanity of any kind. Be careful of the use of slang. Cell phones must be turned off during job shadow session. Personal telephone calls should not be made while in a shadow session.

Smoking, alcohol, and/or substance abuse are not permitted in Billings Clinic facilities.

If you have a cold, elevated temperature or an infectious or contagious illness do not come to your session.

During your shadow experience, you should never be asked or allowed to do any of the following (including, but not limited to):

1. Transfer or transport patients
2. Any hands-on patient care
3. Handle blood, body fluids or any hazardous chemical
4. Stay alone with a patient for any reason
5. Be exposed to an unclothed or uncovered patient

Be cautious about entering a room when the door is closed. Knock before entering and do not go in at all if a doctor or nurse is working with a patient unless accompanied by your job shadow mentor. If a doctor enters while you are in a room, leave quietly and return later if necessary.

Stay at your assigned area unless asked by your mentor to go elsewhere.

PARKING

Because we are committed to our patients and provide patient parking, we ask that you park in employee parking lots which can be found west of N. 30th street. Most street parking is limited to two hours. It is monitored by the Billings Police Department, and they will give you a ticket.

JOB SHADOW PARTICIPATION AGREEMENT

Participant agrees to the following:

Job Shadow Activities: Participant will be responsible for transportation to Billings Clinic. Once there, Participant will report to the Human Resources Department at a predetermined location ~~at~~ within Billings Clinic. Participant will be invited to observe only those clinical activities specified by Billings Clinic. Participant agrees to wear appropriate attire, including an identification badge identifying him/her as a guest.

Fitness: Participant shall provide evidence that Participant is fit for participation for the observation activities, including, but not limited to the following: (i) documented evidence of a negative Mantoux test (P.P.D.) or a letter from a physician/employee health demonstrating a current physical with a negative chest x-ray. Must be within past 12 months; (ii) documented evidence and/or verbal verification of Rubella testing; and (iii) disclosure of any exposure to infectious/contagious diseases within the last 21 days. Exposure within 21 days will prohibit entrance into the operating room. Participant shall immediately notify Hospital should any illness or other health condition arise that may limit participation in the observation activities.

Compliance with Policies and Rules: Participant shall abide by all applicable rules, policies and instructions, whether verbal or written, while participating in job shadow activities. Participant shall review documents provided by Billings Clinic that will include information pertinent to the job shadow experience in which he/she will participate.

Release: Participant shall hold harmless Billings Clinic and any and all of their affiliates, subsidiaries, employees, agents and insurers from any and all liability of whatsoever nature and from injuries, sickness or other damages, physical as well as emotional, suffered by Participant during participation in the job shadow activities.

Limitation: Participant understands that by signing this Agreement, Participant is not guaranteed participation in any job shadow activities at Billings Clinic. Eligibility of participation shall be determined exclusively by Billings Clinic, in its sole discretion.

Withdrawal of Unsatisfactory Participant: Billings Clinic may immediately withdraw from the job shadow activities any Participant whose conduct, demeanor or cooperation is unsatisfactory to Billings Clinic, in Billings Clinic's sole discretion.

Assignment: This Agreement and/or rights, duties or obligations hereunder, may not be assigned by any party hereto.

Participant name (please print):

Signature of Participant:

COMPLETE THE FOLLOWING IF THE PARTICIPANT IS A MINOR:

Signature of Parent or Legal Guardian:

Patient Privacy Rights and Confidentiality

Objective:

Identify what Privacy and Information Security is and which staff are affected by it.
Identify what privacy and information security matters are involved in protecting confidentiality.
Identify decisions you may have to make to preserve patient confidentiality.

Our Responsibility:

As healthcare providers, we must be aware of the trust the patient has in us to protect their confidential information. We must be alert as to where that information is and how we can be sure ~~that~~ it remains confidential. Patients' rights to privacy are guaranteed by federal regulations and we are responsible for safeguarding their information.

Confidentiality

As healthcare providers we always try to protect the privacy and confidentiality of protected information. We must be aware of the conditions in which protected health information might be exposed and how to keep that from happening.

Protected Health Information

Includes any health information about a specific individual that is transmitted or maintained in any form or medium such as: Oral, Paper and Electronic We must not reveal any information from which someone's identity could be determined. Example: individual identification could be made with demographic information; past, present or predicted future condition; and/or provision for or payment for healthcare.

Privacy and Information Security

We must be particularly concerned about privacy and information security.
Privacy: maintaining confidentiality
Information Security: preventing unauthorized release of information

Privacy Rules

Billings Clinic is compliant with all required actions of the federal Privacy Rules. These include having:
Privacy Officer accountable for privacy and information security program who manages a reporting system for complaints and concerns

- Publicized "Notice of Privacy Practices"
- Patient Authorization (for use and disclosure other than treatment, payment and healthcare operations)
- Patient's Rights (guaranteed by federal regulations)
- Minimum Necessary Information (releasing or requesting the minimum necessary information to do your job)
- Agreements with Vendors (requiring business associate vendors to ensure that they handle patients' protected health information properly).
- Education and Training (provide education and training to all employees)
- Policies and Procedures (documented policies and procedures pertaining to federal requirements, as well as action taken to ensure enforcement with federal regulations)

Breaches can be divided into three levels:

1. Carelessness For example: employees discussing patient information in a public area, employee leaves a copy of patient medical information in a public area, employee leaves a computer unattended in an accessible area with a medical record unsecured.

2. Curiosity or Concern (no personal gain)

For example: an employee looks up birth dates, address of friends or relatives; an employee accesses and reviews a record of a patient out of concern or curiosity; an employee reviews a public personality's record or another employee's record.

3. Personal Gain or Malice

For example: an employee reviews a patient record to use in a personal relationship; an employee copies a mailing list for personal use or to be sold. Corrective action for all three levels of breaches can be any corrective action from mandatory repeat of training up to, and including, termination.

Primary Purpose of a privacy program is to:

- Provide individuals with better access to their health information
- Standardize this access among states
- Decrease healthcare fraud and abuse, and to protect the privacy of health information

By signing here, I agree that I have read and understand the information outlined above on Patient Privacy Rights and Confidentiality. I will practice Patient Privacy Rights and Confidentiality during my Job Shadow.

Signature:

Date:

CONFIDENTIALITY COMMITMENT

I recognize that assuring privacy and confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of Billings Clinic have the right to expect that confidential information of all kinds -- medical, personnel, business and financial (verbal, written or computerized) – will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed except in accordance with Billings Clinic policies and agreements.

I recognize that I am obligated to follow Billings Clinic policies that protect confidentiality, including, but not limited to, Billings Clinic's Code of Business Conduct, policies that address release of confidential health care information (IM-101) confidentiality (IM-102). These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended, and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, Billings Clinic will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that violation of Billings Clinic policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about Billings Clinic's policies and expectations regarding confidentiality, I will ask my supervisor or manager, a member of senior leadership, or the Corporate Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, manager, or the Corporate Compliance Officer, or in any manner identified in Billings Clinic's Code of Business Conduct.

Signature:

Date:

Standard Practices of Infection Control

Objective:

- Define Standard Precautions
- Proper hand hygiene

Bloodborne Pathogens

Bloodborne Pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.

Diseases from Bloodborne Pathogens include:

- Hepatitis B (HBV),
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

Reducing Your Risk

Consistent use of Infection Control practices such as Standard Practices and Hand Hygiene throughout your workday will minimize the risk of getting an infectious disease from a patient.

Standard Precautions

Standard Precautions refers to the practice of assuming that the blood/body fluids of all patients are infectious, regardless of diagnosis, and the use of barrier precautions when coming in contact with blood or body fluids.

“Barrier precautions” includes the use of gloves, or a combination of gloves with gowns, and mask/goggles to prevent exposure to body fluids. These items are also referred to as Personal Protective Equipment or PPE and are widely available to employees / volunteers. Such items include gloves, eye/face protection and gowns or aprons. All PPE should be used only once then discarded in the appropriate waste container. It is extremely important to use PPE and work practice controls such as hand hygiene to protect yourself from bloodborne pathogens.

Hand Hygiene

There are two options for the practice of hand hygiene:

1. Washing with soap and water. This is preferred if you have visible soiling on your hands, before you eat and after using the restroom
2. Disinfecting hands with a waterless hand antiseptic.

Use hand hygiene before and after patient contact, after contact with a source of microorganisms (i.e., body fluids and substances, mucous membranes, broken skin, inanimate objects that are likely to be contaminated and after removing gloves.) Current recommendations from the Centers of Disease Control (CDC) stress the importance of consistent hand hygiene in the prevention of disease transmission.

By signing here, I agree that I have read and understand the information outlined above on Standard Practices of Infection Control. I will practice Standard Practices of Infection Control during my Job Shadow.

Signature:

Date:

REQUIRED & RECOMMENDED HEALTH IMMUNIZATIONS

The following health test is required:

- **A negative TST test (Tuberculosis Skin Test or Mantoux):** Observers must have a negative 2 step TST test in their medical history with annual negative TST checkups. Observers with a positive TST test must have a negative chest x-ray test within the 12 months prior to the observation visit. Can provide blood test within 30 days of start.

The following health immunizations are required of all Observers who are visiting patient care areas.

- **MMR (measles, mumps and rubella):** 2 vaccinations are required. Or a positive history of the disease is sufficient if born prior to 1957.
- **Varicella (chickenpox):** 2 vaccinations are required or a positive history of the disease.

The following health immunizations are recommended of all Observers who are visiting patient care areas.

- **Hepatitis B Vaccination Series:** A 3 shot Hepatitis B vaccination series is required for Observers who may have contact with blood or bodily fluids.
- **Annual Flu Shots (influenza):** Annual flu shot if job shadow is occurring between September 15 – March 31st.
- **COVID 19 Vaccination**
- **Pertussis (t-dap) Vaccination:** One-time vaccination after age of 19.

If the Observer does not have one of the following immunizations, the observer must complete the vaccination informed consent/declination form and submit with their application.

Hepatitis B Vaccination	Yes		
Annual Flu Shot (influenza): Job Shadow between Oct – Mar 31	Yes	No	Yes
			N/A

Observers in need of vaccinations must obtain them from their private physician. Billings Clinic does not provide vaccinations to Observers.

INFECTIOUS DISEASE CHECKLIST

Within the past 3 weeks have you had or been exposed to:	YES	NO
Chicken Pox / Shingles		
Measles / Rubella / Mumps / German Measles		
Whooping Cough / Pertussis		
Other known infectious disease exposure such as SARS.		

Do you currently have any of the following:	YES	NO
Cold / Coughing / Sore Throat / Strep throat / Fever		
Rash or any abnormal itching body and/or scalp, skin sores		
Pink eye		
Herpes Simplex / Cold Sores		
Other active possible infectious conditions?		
Have you ever had a positive TB or Mantoux Test?		
• Have you had a cough for more than 3 weeks?		
• Are you coughing up blood?		
• Do you have the night sweats?		

If you answer "YES" to any of the above questions or do not meet the immunization requirements listed above, then you must obtain specific approval before the observation experience may begin and your participation may be declined for the benefit of our patients. Observers should work with the Billings Clinic Office of Medical Education to obtain clearance, if possible, through the Infection Control Dept. or through Employee Health Services. Patient safety has the highest priority and observers who may pose a risk of infectious disease exposure cannot be allowed to have patient contact without specific Clinic approval. Thank you for your consideration of our patients.

Signature:	Date:
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VACCINATION Informed Consent/Declination

Billings Clinic Employee and Other Staff

All employees working on any of Billings Clinic campuses are required to complete this form .

Full Name: _____ **Age** _____ **Birthdate:** _____
Department: _____ **Employee #:** _____

Other Staff working at Billings Clinic

Traveling Medical Staff Yes No

Company name: _____

Licensed Independent Practitioner: Yes No

Company Name: _____

Student/Intern Yes No

School Name: _____

Contracted Staff (i.e., Sodexo, Spherion, etc.) Yes No

Company Name: _____

I received the vaccine elsewhere. Date & Location Received: _____.

STRONGLY RECOMMENDED DOCUMENTATION:

Influenza vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MMR vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Varicella vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sars- COV-2 vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLINATION – I have been given the opportunity to be vaccinated with MMR, Varicella, Influenza, Hepatitis Band/or Sars-COV-2 vaccinations and realize my refusal may put myself, my family, patients and fellow workers at risk should I contract the any of the related diseases for which they offer protection. I am declining based on the following:

- I am declining to share my immunization status and realize that I will be considered non-immune.
- I am declining with a medical exemption.
- I am declining with a religious exemption.
- I am declining the vaccine based on personal choice.
- OTHER: _____

Signature: _____ **Date:** _____

I recognize that assuring privacy and confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of Billings Clinic have the right to expect that confidential information of all kinds -- medical, personnel, business and financial (verbal, written or computerized) – will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed except in accordance with Billings Clinic policies and agreements.

I recognize that I am obligated to follow Billings Clinic policies that protect confidentiality, including, but not limited to, Billings Clinic’s Code of Business Conduct, policies that address release of confidential health care information (IM-101) confidentiality (IM-102). These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended, and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, Billings Clinic will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that violation of Billings Clinic policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about Billings Clinic’s policies and expectations regarding confidentiality, I will ask my supervisor or manager, a member of senior leadership, or the Corporate Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, manager, or the Corporate Compliance Officer, or in any manner identified in Billings Clinic’s Code of Business Conduct.

Signature:

Date:

OBSERVATION REQUIREMENTS AND ACKNOWLEDGMENT:

Billings Clinics Job Shadow Policy (Policy #-104) outlines a job shadow as:

Job Shadow: Pertains to an individual that is observing a Billings Clinic Employee. They will not have access to any records and will not participate in any hands-on patient care, this experience is strictly observation.

Job Shadow Participants are not allowed to, and should never be asked to do any of the following:

- Any hands-on patient care
- Transfer or transport patients
- Stay alone with a patient for any reason

By signing here, I agree that I have read and understand the information outlined above and I will adhere to the outlined observations requirements.

Signature:	Date:
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I have read and agree to follow the guidelines of the Job Shadow program at Billings Clinic.

Job Shadowing Checklist

Please use the following checklist to ensure you have completed all the requirements necessary before you participate in your job shadow experience. The items with an asterisk () represent required documentation that must be returned to Medical Education prior to Job Shadowing.*

I have read and understand and signed the following:

- Signed Job Shadow Participation Agreement (Participant and Parent if under 18)
- Patient Privacy Rights and Confidentiality
- Confidentiality Commitment
- Standard Practices of Infection Control

I have read, completed and signed Required and Recommended Health Immunizations

Signature:

Date:

Parent Signature if Job Shadow is under 18:

Date: