



Carolinah HealthCare System

2015

Dear Shadow Applicant:

Thank you for your interest in the shadow program at Carolinas Rehabilitation. The shadow program will be a richly rewarding experience for you and I hope that you will find your observations to be valuable to your educational experience.

Please know that the shadow program is a **16 hour maximum, observation only program**. Space is limited and we will do our best to accommodate your request. Attached is your shadow guidelines and application. Please read in full, follow instructions and complete the necessary forms.

If you have any questions please call, 704-355-1384. E-mail your completed shadow application to crvolunteers@carolinahhealthcare.org or mail to:

Carolinah Rehabilitation
Attn: Volunteer Services
1100 Blythe Blvd.
Charlotte, NC 28203

Sincerely,

Angelica Srivoraphan

Business Development Coordinator

Volunteer Services Leader

Carolinah Rehabilitation | Carolinas HealthCare System

Shadow/Observation Guidelines

Date Revised: 4/3/2015

PURPOSE:

Carolinas Rehabilitation and Carolinas HealthCare System are committed to providing observational experiences of employee roles, allowing interested individuals an opportunity to further explore the potential and rewards of a healthcare career. Shadowing/observation will be limited to a maximum of 16 hours, which the amount of time will be at the discretion of the department.

GUIDELINES AND PROCEDURES:

- A. Volunteer Services will be the department responsible for providing paperwork, maintaining a copy of records of shadowing/observation experience.
- B. Shadowing/observation participants must be at least 16 years of age and complete an application that includes demographic, emergency, and other general information pertaining to the shadowing/observation experience. Shadowing/observation participants must complete all requested paperwork before starting shadowing/observation experience.
- C. Requests for job shadowing/observation should come through educational systems that our CHS Nursing Administration currently holds contractual agreements for shadow time. Requests outside of these contractual agreements can be approved at the discretion of the individual facility and if our rehabilitation is able to accommodate the hours.
- D. Departments may accept requests independently, but Volunteer Services will provide paperwork and assist department with determining if they can accommodate request.
- E. Each shadow/observation applicant is required to read the HIPAA and Privacy Education Module and complete the test, application and signs a confidentiality statement prior to observational experience. Participant and department should record all dates and hours of the experience on designated form. All completed paperwork must be returned to the department and Volunteer Services.
- F. Shadowing/observation will be limited to observation of the employee(s). Direct patient care or participation in the provision of services is not within the scope of job shadowing/observation.
- G. Patient consent must be obtained for observational experiences, if applicable.
- H. Participant agrees to adhere to infection control measures. Those participating in the shadowing/observation experience must be in good general health on scheduled day(s) of shadowing/observing and not have symptoms such as fever, diarrhea, or coughing. Hand washing is a requirement for entering patient rooms.

Revised 4/3/2015

- I. Those participating in the shadowing/observation experience may not enter patient rooms that are on Protective Isolation.
- J. Carolinas Rehabilitation/CHS teammates will provide direct supervision at all times.
- K. Shadow/observation applicants will adhere to the dress code policy appropriate for the area of observation. Please wear business casual i.e. button up or polo's, khakis or black slacks No sandals, heels, shorts, tight fitting clothing or denim allowed. We recommend tennis shoes/loafers. The toes and heels of shoes must be covered. This is an active environment so please make sure clothing will stay in place when moving around a therapy gym area.
- L. CHS employees may shadow a department on their own personal time without expectation of pay. Process is the same for employee. Employee must complete the require Shadow/Observation paperwork.
- M. Letters of Recommendation will not be provided due to the minimal shadowing hours available at the facility. We are able to provide verification of hours, if needed. **Please bring any forms you will need signed on the first day of your scheduled shadow time. We will be unable to complete any forms after your shadow time has ended.**

RESTRICTIONS:

- A. Volunteer Services will not place shadowing/observation participant in a restricted or Security sensitive area; such as the Neonatal Intensive Care Unit or Surgery (this list is not all inclusive). Requests for these areas must be made to the specific department by participant.
- B. Volunteer Services will not place the participant with a physician unless the physician makes the request or participant has prior approval from physician.

PROCESS:

- A. Job Shadowing forms will be provided by Volunteer Services. Volunteer Services will send to department or to participant directly, depending on request of department.
- B. Forms include schedule and hours participant shadowing/observing, who will be supervising the shadowing/observing participant and departmental approval signature. Departmental managers should be aware of and approve shadow/observation participants.
- C. Department is responsible for providing the shadowing/observing participant an identification name tag. A temporary label nametag for shadow/observation participant to wear while in department is appropriate.

SHADOW/OBSERVATION PARTICIPANT AGREEMENT:

As a Shadow/Observation applicant, I have read and understand the guidelines listed in this document. I further understand that my experience is to shadow/observe an employee, with no direct patient care or providing any service. I agree to all infection control measures, to be of good health on my scheduled day(s), and to maintain the privacy and confidences of patients that I may encounter.

I agree to read and complete all information required of me prior to this experience and return it to my assigned department or Volunteer Services.

Shadowing/Observation Participant Name

(Please print)

Shadowing/Observation Participant Signature:

Date _____

Job Shadowing Dress Code Standard

Failure to follow the dress code standards could result in denial of the job shadowing experience or dismissal on your scheduled shadow days.

Carolinas Rehabilitation has the same expectations of job shadowing candidates as employees regarding our dress code. Our philosophy is that candidates should be neat, clean, sanitary and pleasing in appearance to present a positive image to our patients and visitors. Unprofessional appearance may be associated with poor patient care. Our goal is to exceed our patients' expectations.

Job shadowing candidates must meet the following dress code standards:

- Pants must be full length to the tops of shoes so that ankles are not visible when standing.
- Blouses/shirts should be constructed so that the top of the shoulder is covered. No halter tops, tank tops, strapless tops, spaghetti straps, or bare-shouldered tops of any type will be allowed. Midribs should not be exposed.
- The following attire is **not** appropriate and should **not** be worn.
 - Jeans (any color)
 - Denim
 - Athletic clothing
 - Gauchos
 - Shorts
 - Capri pants or crop pants
 - Tank tops
 - Flip flop shoes
- Permanent or temporary body art (tattoos) must be hidden or covered by clothing.
- No visible body piercing jewelry (nose, lip, tongue, eyebrow, etc.) with the exception of earrings will be allowed. Only two earrings are allowed per ear. For safety reasons, no dangling earrings or excessive jewelry should be worn around patients or in hazardous work areas.
- Body odor that is offensive to others cannot be tolerated. This may include heavily scented colognes, perfumes or after shave lotions.
- Fingernails should be clean and neatly trimmed.
- Candidates must wear their name badges at all times while job shadowing (A shadow nametag will be provided). Name badges should be worn with the front facing outward and above the waistline so it is readily visible to others.

Application to Job Shadow

Job Shadowing Requirements: Candidate must be a student (age ≥ 16) who is currently participating in a classroom or clinical program with the desire to pursue appropriate education in preparation to obtain employment in a specific healthcare career. Their school guidance counselor or program instructor must sponsor the candidate. The candidate must have a 2.5 GPA, current immunization documentation for school and no disciplines in their school file.

Name _____ Telephone _____

Address (Street, City, State, Zip) _____

Email _____

School _____ Grade _____

Emergency Contact _____ Telephone _____

Position Requested to Shadow _____

Facility Requested to Shadow _____

Reason Requesting Shadow Opportunity _____

Applicant Signature _____ Date _____

Parent/Guardian Signature _____
(If applicant is 16 – 17 years of age)

To be completed by school sponsor **HIGH SCHOOL STUDENTS ONLY

School Sponsor _____ Telephone _____

GPA _____ Immunizations current – YES ___ NO ___ Disciplines in file - YES ___ NO ___

The applicant meets the job shadowing requirements listed above and is recommended.

Sponsor Signature _____ Date _____

To be completed by Carolinas Rehabilitation

Orientation completed Application ___ Privacy Module ___ Confidentiality Statement ___ Safety _____

Department _____ Scheduled shadow date _____

Preceptor _____ Phone _____

Application to Job Shadow

Name _____

Please answer the following questions:

Have you ever been previously employed by another CHS facility?

_____ Yes _____ No

If yes,

When _____ Where _____

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license suspended, disorderly conduct, credit card fraud, embezzlement, etc.

_____ Yes _____ No

If yes, please explain.

Have you ever been discharged or forced to resign from employment?

_____ Yes _____ No

If yes, please explain.

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?

_____ Yes _____ No

If yes, please explain.

Applicant Signature _____

Date _____

Shadowing/Observation Confidentiality and HIPAA Agreement

During your shadowing/observation experience at Carolinas Rehabilitation or affiliated clinics or departments, you may come into contact with patient information in the form of electronic, written, and/or oral means. All Patient information must be considered highly confidential.

During your shadowing/observation experience, you will consider all information that you hear or see, either directly or indirectly, concerning a patient, patient family member, doctor, or other health care professional as confidential. You will not seek information from any of the above in regard to the patient.

You will not seek information regarding personnel employed by the hospital unless this information is normally communicated as a part of your shadowing/observation experience and is in accordance with hospital policy.

As a shadowing/observation participant at Carolinas Rehabilitation or its' affiliated clinics/programs, I understand that:

- I must read the HIPAA Privacy and Security Education Module and complete and pass the written test.
- I may be exposed to confidential patient information in the form of written, oral, or electronic means.
- I may not disclose any information about a patient to anyone.
- Federal law provides for civil and criminal penalties for disclosure of confidential patient information through HIPAA.
- I may not reveal to anyone the name or identity of any patient.
- I may not repeat to anyone any statements or communications made by or about any patient.
- I may not reveal to anyone any information that I learn about the patient as a result of discussions with others providing care to any patient.
- I may not write or publish any articles, stories, papers or other written materials containing the names of any patient or information from which the names or identities of any patient can be discerned. If a paper is written about my shadowing/observation experience, I agree that I will submit it to supervising department for approval.
- I must not ask for any specific information about a patient's health or illness.
- I will not suggest nor offer opinions or diagnosis or methods of treatment to patients or family members.
- I will not take or post photos, write information on any social networking site regarding my shadowing/observation experience.
- By signing this agreement, I assume responsibility for confidentiality of the patients, doctors, nurses and employees of Carolinas Healthcare System.

Participant's Signature: _____

Date: _____

Documentation of Shadow/Observation Time

(Please bring this sheet to your first scheduled shadow time. Participant to complete and return to Volunteer Services at end of experience.)

Participant's Name: _____

Facility Name _____

Department _____

Schedule Shadowing/Observation

Date _____ Time _____ Supervisor Signature _____

Today was the shadow, Punctual Engaged in their learning Courteous

Date _____ Time _____ Supervisor Signature _____

Today was the shadow, Punctual Engaged in their learning Courteous

Date _____ Time _____ Supervisor Signature _____

Today was the shadow, Punctual Engaged in their learning Courteous

Date _____ Time _____ Supervisor Signature _____

Today was the shadow, Punctual Engaged in their learning Courteous

Date _____ Time _____ Supervisor Signature _____

Today was the shadow, Punctual Engaged in their learning Courteous

Total Hours shadowed: _____

Date completed: _____

Participant: Please make sure we have all signed documents and HIPAA test. Please return this document once you have completed your Shadow/Observation experience. This enables us to document your time with us.

If you need a copy of this documentation for your records, please request.

Thank you for choosing Carolinas Rehabilitation for your shadow/observation experience.