



Job Shadow Program

Requirements:

- Shadow experience is limited to those 16 years of age and older
- Shadowing experience must be for healthcare career exploration
- Job shadow time must not exceed 40 hours per individual (all time to occur within one week)
- Participant must submit the Job Shadow Request and Information Form at least **2 weeks prior** to requested date of job shadow
- Provide proof of **negative PPD** as evidence by:
 - Two-Step PPD- requires two separate TB skin tests, placed 7 days apart
OR
 - Blood test from within the last 12 months
- Participant must provide/attach proof of current Flu Vaccination (required September through March)
- Participant must review Piedmont Medical Center's job shadow orientation material, including Privacy and Security Videos, as well as sign a Confidentiality Agreement and Orientation Completion Summary.
- Participant must wear a Piedmont visitor badge at all times during their time in the building (pick up from main entrance)

Program Goals:

- Allow participants to observe the daily routines of health-care workers
- Support participants learning about health care career options
- Assist participants to identify career interests in healthcare
- Promote participant awareness of the academic, technical, and personal skills required of health-care professionals

Areas that may be considered for job shadow experience are:

- Dietitian
- Laboratory
- Medical Imaging
- Nursing
- Pharmacy
- Respiratory Therapy
- Therapies: physical, occupational, speech



Job Shadow Program

Dress Code

A professional appearance is expected for all job shadow participants. This means your clothing should be neat, tidy and clean. It is important to wear comfortable, non-slip shoes as your shadow may require you to be on your feet for extended period of time. Closed-toe shoes with socks or nylons are required in all hospital areas.

- NO jeans or sweatpants
- NO tank tops or bare midriffs
- NO exposed undergarments
- NO scrubs or lab coats
- NO sandals or flip flops
- NO dangling jewelry
- NO ball caps or hats
- Body piercing and tattoos should be covered

During your job shadow, you will not need a purse, cell phone, or backpack.

It is not advisable to bring large amounts of cash, books, journals, etc. Cell phone use is not permitted during your job shadow experience.

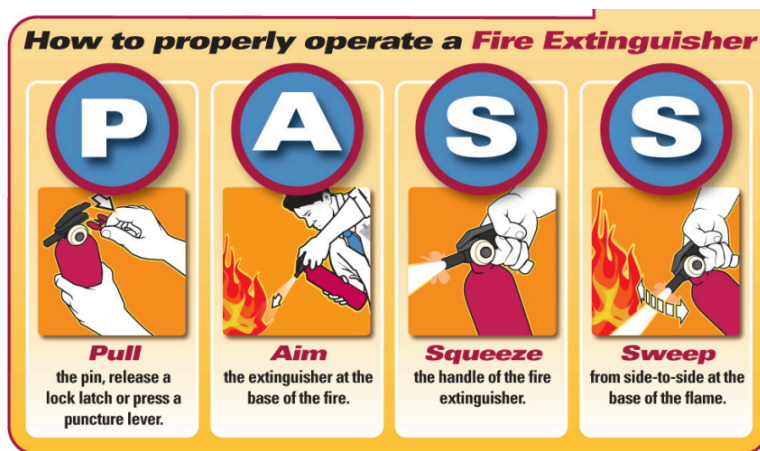
The hospital is not liable for any theft or damage to personal property while here for your job shadow.

Job Shadow Orientation

Safety

Fire Safety:

Piedmont Medical Center has a defined Fire Safety Plan. If you see a fire or smell smoke, please alert a staff member immediately. To have our in-house fire code (Code Fire) paged, you would dial 6666 and tell the operator the location of the fire. Please stay with your assigned staff member in the event of a fire. We have a fire response team dispatched to the location with the overhead page. You may need to assist your staff person in the event of a fire and will be directed by the staff member.



Electrical Safety:

All equipment used for patient care must be inspected and approved by the Engineering Department of Piedmont Medical Center if you notice a damaged cord, or any potential electrical issue, please report it to your staff contact as soon as possible.

Radiation Safety:

Shadow participants are not allowed in any Radiation Zones.

Environmental Safety:

Please observe any safety warning signs (wet floor, Do Not Enter, etc.). Shadow participants do not enter any patient care area when a Precaution sign is on the door, including isolation precautions. Shadow participants do not gown or enter any infection precaution areas.

Infection Control:

Shadow participants will not be exposed to any known infection precaution type of situation. **Please remember to wash your hands frequently while in the hospital.** The shadow experience is a

hands-off, observation experience only. If you feel you have been exposed to blood, body fluid, or any other infection situation, please report this to your staff contact immediately.



Code Descriptions and Colors (updated 2/1/18)

Emergency Alerts



Facility Alert- Fire	Fire
Facility Alert- Hazardous Spill	Hazardous material spill
Facility Alert- Tornado Watch/Warning	Tornado Watch/Warning
Facility Alert- Utility Outage	Utility outage (ex:water, air, phone)
Security Alert- Infant Abduction	Infant abduction
Security Alert- Code Elopement	Missing patient
Security Alert- Disruptive Situation	Disruptive, assaultive person
Security Alert- Armed Subject	Armed assailant
Security Alert- Suspicious Package	Bomb threat
Medical Alert- RRT	Person in distress
Medical Alert- Code Blue	Medical emergency- cardiac and/or respiratory arrest
Medical Alert- Code Stroke	Stroke
Medical Alert- Code STEMI	ST elevated myocardial infarction
Medical Alert- Hypothermic Procedure	Induced Hypothermia Patient

Patient Identification Bracelet Triangles:

Red: Allergies

Yellow: Falls Risk

Pink: Limited Limb Use

Blue: Pressure Area Noted (Skin)

Purple: Limited Resuscitation



Privacy and Security

Please view the following videos for information on healthcare ethics, compliance and privacy

[The HIPAA Omnibus Rule - video link](#)

[Treatment, Payment, & Health Care Operations - video link](#)



Job Shadowing Request & Information Form

This section is to be completed by the individual requesting Job Shadowing

Name: (please print) _____ Date: _____

Phone: _____ Email: _____

Date of Birth (minimum age limit is 16): _____ Current School: _____

Emergency Contact:

Name: _____ Relationship: _____ Number: _____

The individual I will job shadow is: _____

Your Signature _____ Date _____

Signature of parent/legal guardian if under 18 _____ Date _____

I will Job Shadow on the following date and time:

Date: _____ Times: _____ Care Area: _____

This section to be completed by PMC Education Department

- Provide proof of **negative PPD** as evidence by:
 - Two-Step PPD- requires two separate TB skin tests, placed 7 days apart
OR
 - Blood test from within the last 12 months
- Proof of current Flu Vaccine (September through March)
- Signed Job Shadowing Request & Information Form
- Signed Confidentiality Agreement
- Signed Completion Summary Attestation Form

All requirements completed: ☐ YES

☐ NO

CONFIDENTIALITY AGREEMENT

Welcome to Piedmont Medical Center. As part of your orientation to the facilities policies and procedures, please carefully read the following about confidentiality.

While at Piedmont Medical Center, you may come in contact with written information about patients, such as medical records; laboratory tests results, x-rays and the like. In addition, you may hear people talking about patients and their conditions. This information is confidential, and it must not be disclosed except to those people who are authorized to know by hospital policy or procedure. You may learn about a patient during the shadow experience at Piedmont Medical Center, including the simple fact that a person is a patient at the hospital. This information is protected health information (PHI) and is required to be kept confidential under the laws of the United States. You may not discuss this information with family or friends even if the information is about them. Patients expect the facility to keep medical information confidential and you are expected to abide by the facility's policies and procedures.

Other information, such as proprietary data about the facility's operations, incident reports, material designated as "Peer Review" by the Medical Staff, information concerning lawsuits in which the facility is involved, and other similar information should also be treated as confidential and not disclosed to others.

Please read the following and sign below indicating your understanding and agreement to follow these instructions:

I agree that I will hold PHI and proprietary data in the strictest confidence and will NOT:

- Reveal to anyone the name or identity of a patient.
- Repeat to anyone any statements or communications made by or about the patient.
- Perform any direct or indirect patient care.
- Review any medical records of patients.
- Have my cell phone turned on or use my cell phone at any time during the shadow experience.
- Record or photograph any part of the experience.

Failure of the non-staff individual/student to adhere to these requirements will result in immediate dismissal from the hospital and may expose them to additional penalties as required by law.

Shadow Participant Name (print)

Shadow Participant (signature)

Date

Parent/Guardian Signature (if student is a minor)



Job Shadow Orientation Completion Summary

Completed	Topic
X	Job Shadow Experience <ul style="list-style-type: none">● Requirement● Expectations● Limitations- observation only
X	Privacy and Security Expectations <ul style="list-style-type: none">● Ethics and Compliance● HIPAA
X	Environment of Care and Safety Responsibilities <ul style="list-style-type: none">● Fire/Life Safety● Code Recognition
X	Infection Control <ul style="list-style-type: none">● Handwashing

My signature indicates that I have reviewed education on the above topics. I agree to follow Piedmont Medical Center's guidelines for all of the above. I have been given the opportunity to ask questions regarding the information provided me to ensure my understanding.

Printed Name

Signature

Date

****Once you have reviewed the Job Shadow Program material, please sign the Confidentiality Agreement and the Orientation Completion Summary. Email both to the Education Department-**
Jessica.pendergrass@tenethealth.com

****For Midlevel provider or above:** Email both to Medical Staff Office
[-Teresa.Howell@tenethealth.com](mailto:Teresa.Howell@tenethealth.com)

Please contact the Education Department at 803-329-2839 with any questions concerning your job shadow experience