The Everett Clinic
For the whole you.

POLICY & PROCEDURE

Human Resources #HR-420.004

SUBJECT: Job Shadowing
Effective Date: 7/1/2009
Revision Date: 11/9/10
Review Date:
Approved by: Rochelle Crollard, Associate Administrator Human Resources

POLICY:
It is the policy of The Everett Clinic (TEC) to support students interested in pursuing careers in the medical field the opportunity to shadow providers and or /employees of TEC in a structured setting.

PURPOSE:
To establish guidelines that will further The Everett Clinic's educational mission allowing for individuals to participate in job shadowing activities, as Observers, at TEC while ensuring that safeguards are in place to protect the confidentiality of TEC from inappropriate disclosures.

SCOPE:
The scope of this policy applies to students not currently enrolled in a medical field program.

DEFINITIONS:

a. **Department** means a clinical or nonclinical department within TEC.

b. ***Protected Health Information –*** *all individually identifiable health information transmitted or maintained by TEC, regardless of form – i.e. paper, electronic or verbal.*

c. **Individually Identifiable Health Information –** information that is a subset of protected health information, including demographic information collected from an individual, and:

   1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
   2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; and
      i. That identifies the individual; or
      ii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

d. **Observer** means an individual who: has completed the forms required by this policy; 2) has been approved by a Department; 3) has been assigned to a Supervisor within a Department to job shadow an employee or provider of TEC; and (4) has been approved by HR. It is highly recommended that Observers be at least the age of 18 prior to their job shadowing experience. It is recommended that individuals under the age of 18 participate in structured programs or tours of TEC facilities where access to PHI is kept to a minimum unless prior patient authorization has been obtained.

e. **Site** means the location where the Observer will watch the employee and/or provider at work. The healthcare facility or practice plan that occupies the Site will be responsible for the administration of the job shadowing experience in accordance with this policy. For purposes of this policy, the term site may include but not be limited to the Department, practices, or clinics affiliated with TEC.

f. **Supervisor** means an individual employed by or affiliated with TEC and the department that is participating in the job shadowing experience and is responsible for determining when access to confidential information is appropriate.

PROCEDURE:

Request for Shadowing

It is recommended that the intended Observer contact the site and Human Resources at least thirty (30) days in advance. The purpose for this requirement is to allow Human Resources to make the appropriate arrangements involving confidentiality statements/packets, immunization review, notification to Sites involved etc.
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Prepare for the Shadowing Experience

Prior to giving permission to an Observer to participate, the Department and/or Site shall:

a. agree upon the scope, date, time and duration of the experience;

b. make appropriate risk assessments about potential dangers to the Observer or patients/clients that may exist at the Site and in the specific locations where the Observer will be present, such as exposure to infections, injury or trauma;

c. ensure that all potential risks are eliminated or minimized.

Patient Authorization

a. Patients must be informed at the time they check-in that job shadowing is taking place that day. The patient must be asked if they consent to having the Observer present during their exam.

b. Under no circumstances is the patient to be asked to give this consent in the presence of the Observer. If the patient does provide consent, it is

highly recommended that the consent be in writing by allowing them to date and sign a statement that could say *"I consent to have (Name of Observer) Observer present during my medical exam."* If verbal consent is obtained, the Supervisor or individual must document that the patient agreed to the Observer's presence during the exam. For example, the note could state "*The patient consented to having the Observer present during the exam"* The patient must be informed of their right, at any time, to change their mind and request that the Observer excuse themselves from the room.

Observer's Responsibilities

a. The Observer must contact Human Resources at least 30-days prior to the intended job shadow.

b. Use and disclosure of PHI is the responsibility of the employee/provider being job shadowed.

c. Use and disclosure must be in accordance with the policies of TEC

d. Observers are not permitted to discuss confidential patient information with anyone other than the person(s) they are job shadowing or his/her designee. Observers are not permitted to use or disclose PHI.

e. Observers must acknowledge receipt of and their agreement to abide by the TEC policies referenced below.

Policies/Agreements

Human Resources shall send to the Observer a Job Shadow packet to include for their review:

- #420.004 Job Shadowing policy with the following attachments to be signed and returned to HR: Confidentiality Agreement for Job Shadowing, Job Shadowing Agreement, Release of Liability form (all attached)
- #IC-529 Immunization policy and information outlining our required immunization verification process. A copy of the Observer's immunization record needs to be submitted to HR prior to the scheduled date of the shadowing experience.
- #411 – Dress and Appearance policy

All job shadow participants are required to show proof of immunity for MMR, Varicella, TdaP and Seasonal Flu. History of disease is not accepted. Titer results showing immunity or vaccination records are required.

Supervisor Responsibilities

The employee or provider arranging the job shadowing experience shall agree to:

a. remind the Observer of the obligation under the TEC confidentiality statement;

b. Minimize the amount of PHI provided to the Observer or that the Observer is exposed to.

Each Supervisor will be personally responsible for their Observer for the time that they are here. The Supervisor acknowledges this by their signature on the Job Shadowing Agreement (attached). An alternate person should be declared in advance to supervise the Observer if the Supervisor is called away.

General Safeguards

a. During the shadowing process, the Observer should not partake in any direct clinical action.

b. The Observer may not perform any task that would normally be performed by a healthcare worker.

c. Observation should be limited to non-invasive exams and the Observer will be prohibited from observing in the following areas: mental health, sexual assault, communicable diseases and children under the age of 18 (unless parent permission obtained).

d. At no time should the Observer wear (i.e. lab coat) or do anything that might indicate that they are a member of the health care workforce at that Site.

e. The Observer should, however, wear a name badge at all times that indicates he/she is an Observer or a visitor. This Observer badge will be provided by Human Resources.

The Observer may only be involved in the observation of patients of the Supervisor. The Observer should be limited to the physical offices of the Supervisor.

Under no condition is the Observer to be provided with copies of any materials containing PHI. The minimum necessary rule applies.

Related Clinic forms:

1. Job Shadowing Agreement form attached to HR policy #420.004
2. Confidentiality Guidelines form attached to HR policy #420.004
3. Release of Liability form attached to Hr policy #420.004

Related Clinic policies:

1. Confidentiality of Patient Information, Human Resources #406
2. Confidentiality of Personnel Records, Human Resources #407
3. Dress and Appearance, Human Resources #411
4. Immunization and TST/QuantFERON/TB Gold Testing for Everett Clinic personnel, Occupational Health #IC-529
5. Preceptorship of Healthcare Practitioner Students, Administration #AD-139

Intranet Issues:

- **Author**: Rochelle Crollard
- **Contact**: Carol Felix
- **Reviewed by**: Carol Felix, Rochelle Crollard, Doug Ferguson
- **Key Words for Intranet Search Engine**: (excluding words in title)
- **Approval by Various Committees & Dates Approved** (if pertinent):
- **Relevant Departments:**
- **Distributed to:** Managers, Supervisors, Staff and Physicians.

See attached forms

The Everett Clinic

Job Shadowing Agreement with

_____, Observer

1. Parties to the Agreement
   This agreement is made and entered into by and between The Everett Clinic,

   _____ and _____.
   (supervisor/site)
2. Purpose
   The purpose of this agreement is to establish a temporary work site for the student that will provide an observational learning opportunity that will enhance pre-college health professions preparation.

3. Goals and Objectives
   Program goals are to provide a meaningful learning opportunity for students interested in health care professions.

4. Student Responsibilities
   a. maintain conduct, which is professional with regard to spoken and written communication, behavior, punctuality, dependability, physical appearance and program etiquette;
   b. submit signed confidentiality agreements, confidentiality guidelines, release of liability, and Job Shadowing agreement.
   c. Meet and comply with any and all policies and procedures of the health care facility.
   d. Meet and comply with all immunization requirements.

5. Everett Clinic
   a. provide instruction regarding OSHA blood borne pathogens.
   b. Provide on-site supervision of the student.

Signed and agreed to by the student and his/her parent or guardian by:

_____ _____
Student Date Parent/Guardian (if student is under 18) Date

Signed and agree to on behalf of The Everett Clinic by:

_____ _____

Release of Liability

I hereby agree that when I'm participating in the Everett Clinic shadowing experience that the Everett Clinic will not be held responsible for any injury or accident that might occur while I am participating in this program and the risks associated with these activities, and that any medical expenses incurred as a result of such injury or accident will be my responsibility.

_____ Date:_____
Student Signature

_____
Parent Signature (if under 18)

Contact Information

In case of medical emergency, the Everett Clinic must be able to contact a parent/guardian or other emergency contact at all times during the shadowing experience.

Parent/Guardian:

Name:_____

Address:_____

Phone: Home: ( )_____

Work: ( )_____

Other: ( )_____

Other Contact:

Name:_____

Relation to student:_____

Phone: Home: ( )_____

Work: ( )_____

Other: ( )_____

The Everett Clinic
Confidentiality Agreement
Job Shadow/Site Visit/Preceptorship/Externship

Job shadowing/Site Visits/Preceptorships/Externships offer you an opportunity to spend time “on-the-job” with a practicing health care professional. This unique experience may place you in the position of overhearing or observing confidential information written or oral.
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I understand maintaining patient privacy is a requirement of the HIPAA Privacy and Security Rule, therefore, I agree to the following:

1. I understand that I am responsible for complying with The Everett Clinic's (TEC) Confidentiality of Patient Information Policy (#406), which includes complying with HIPAA Privacy Standards.

2. I will treat all information received in the course of my visit with TEC, which relates to the patients of TEC, as confidential and privileged information.

3. At all times during my visit at TEC facilities, I will wear an identification (ID) badge provided by my school or TEC .

4. I will not disclose information regarding TEC's patients to any person or entity.

5. I will not access the medical information of my family (including spouse and children), friends, or co-workers.

6. If I receive requests for medical information from my friends or family members, I will not access or release this information and will refer them instead to their doctor's office.

7. I will not log on to or use any of TEC's computer systems that currently exist or may exist in the future using a password other than my own.
8. I will safeguard my computer password and will not post it in a public place.

9. I will not allow anyone, including other staff members (except as required by Clinitech personnel to perform their job), to use my password to log on to the computer.

10. I will lock of the computer whenever I will be away from my desk or work area for any length of time (i.e. breaks, lunch periods). I will cover confidential paper information if visible. If confidential information is visible on a screen, I will activate a password-protected screensaver. At the completion of my visit, or job shadow, I will lock computer workstations, place all confidential information (i.e. papers and removable storage media) into locking desks, file cabinets, safes, or other furniture that can be locked and lock office doors, where possible.

11. I understand that my activity on the EHR (Epic Electronic Health Record) is routinely monitored for suspicious, unauthorized and/or unlawful access.
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12. I will not take patient information from Clinic Premises in paper or electronic form (including the patient's physical medical record) except as indicated with an approved password protected device. Any paper chart transfers from site to site as necessary for patient care will be done so via a locked courier method and the physical chart will be in my control at all times. Remote access to EPHI is allowed by job category as required and only with secure approved communications methods. To the extent that remote access is provided it shall be the responsibility of the staff member to keep all viewing and use of such device secure.

13. I will report violations of this policy immediately to my supervisor, the Corporate Compliance Office and/or Human Resources.

14. Upon termination of visit/job shadow/Preceptorship/Externship at TEC, I agree to continue to maintain the confidentiality of any information I learned while a staff member and agree to turn over any keys, access cards, or any other device that would provide access to the Clinic or its information.

I understand that the unauthorized access or disclosure of Protected Health Information (PHI) including medical information, financial information, records and data; or failure to report such or comply with this confidentiality agreement is grounds for disciplinary action, up to and including immediate termination of arrangement. I acknowledge receiving a copy of The Everett Clinic's Policy and Procedure #406 Confidentiality of Patient Information.

_____	_____
Visitor/Student Signature	Date
_____	_____
Visitor/Student Name (print)	Email and Phone number
_____	_____
Site/Department	Preceptor/supervisor
_____	
Parent/Guardian Signature	

Please return the signed agreement to Amanda Rice, Human Resources.