

Children’s Hospital and Health System Administrative Policy and Procedure

This policy applies to the following entity(s):

- CHW – Milwaukee CHW - Fox Valley CHW- Surgicenter

SUBJECT: OBSERVERS – JOB SHADOWS

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POLICY

I. PURPOSE

The Observer/Job Shadow Program exists to provide students, physicians and other professionals the opportunity to observe the care and services provided at Children’s Hospital and Health System (Children’s).

II. TYPES OF OBSERVERS

Observers include the following:

1. Students in grades 9-12 and over 13 years of age.
2. Post-high school professional students.
3. Physicians, nurses or other healthcare professionals not on staff at CHW.

Observers exclude the following:

1. Employees of Children’s Hospital and Health System.
2. Members of the Medical Staff of Children’s Hospital of Wisconsin (CHW), including the CHW Surgicenter, and Children’s Hospital of Wisconsin – Fox Valley (CHW-FV).
3. Individuals on a pre-arranged tour of any of the facilities within Children’s
4. Students who have been placed at CHW, inc. or CHW- Surgicenter as part of affiliation and program agreements established with their respective colleges or universities.

Note: For information on student placements, see the administrative policy and procedure, titled: “Student Placement Program”.

III. GUIDELINES FOR LENGTH OF OBSERVATION

For students, grade 9-12 and over 13 years of age, the guideline for length of observation is less than or equal to one workday.

For post-high school professional students and other healthcare professionals not on staff at CHW, inc./ CHW- Surgicenter , the guideline for length of observation ranges from a few hours on a predetermined day, to as much as 180 hours over 6 months.

These are guidelines. The Sponsor may extend an observer’s time as needed, with approval from the Chief Medical Officer (CMO) or designee. At CHW- Surgicenter, approval is obtained from the Executive Director or Manager, in her absence.

IV. OBSERVERS MUST:

1. Have a site sponsor.
2. Complete and submit all required documents prior to beginning the observation.
3. Be accompanied by their sponsor or sponsor’s designee at all times.
4. Obtain and wear an identification badge at all times during the observation.
 - i. **If observing a credentialed employee:** Badges are obtained through Medical Staff Services.
 - ii. **If observing a Children’s employee:** Badges are obtained through the Welcome Center Ambassador at the Welcome/Security Desk (by presenting confirmation email sent by Educational Services).

V. OBSERVERS MAY NOT:

1. Conduct a physical exam.
2. Take a patient history.
3. Handle patient equipment.

4. Make recommendations regarding specific patients, provide consultation or make decisions about patient care.
5. Document in the Medical Record or research records.

Approved: Director, Education Services 04/2014

PROCEDURE

1. The individual interested in observing contacts the department and/or interested sponsor a minimum of 3 weeks before the observational experience. For CHW- Surgicenter requests can be made on the same day as the observation.
2. The sponsor or observer obtains an application packet. The application process should be facilitated through the applicable facility contact listed below:

Observing a Physician or Credentialed AHP

At CHW – Milwaukee	Campus Medical Staff Services
At CHW – Fox Valley	Fox Valley Medical Staff Office
At CHW- Surgicenter	CHW- Surgicenter Front Desk Staff

Observing an Employee

At CHW – Milwaukee	Educational Services Department
At CHW – Fox Valley	Fox Valley Medical Staff Services
At CHW- Surgicenter	CHW- Surgicenter Front Desk Staff

3. The individual seeking the observational experience works with the sponsor to complete the application packet.

Observing a Physician or Credentialed AHP

Complete sections **I & II** for **Physician or Credentialed AHP Observers (pages 4, 5 & 6)** and return forms to:

<input type="checkbox"/> CHW-Main Campus Medical Staff Office MS 959 P.O. Box 1997 Milwaukee, WI 53201	<input type="checkbox"/> CHW-Fox Valley Medical Staff Office MS 9944 130 2 nd Street Neenah, WI 54957	<input type="checkbox"/> CHW- Surgicenter 3223 S. 103 rd St. Milwaukee, WI 53227
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Observing an Employee

Complete sections **I & II** for **observing an employee (pages 7, 8 & 9)** and return forms to:

<input type="checkbox"/> CHW-Main Campus Educational Services P.O. Box 1997 Milwaukee, WI 53201	<input type="checkbox"/> CHW-Fox Valley Fox Valley Medical Staff Office MS 9944 130 2 nd Street Neenah, WI 54957	<input type="checkbox"/> CHW- Surgicenter 3223 S. 103 rd St. Milwaukee, WI 53227
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4. All required documents must be completed and received prior to the observational experience including the **Orientation Checklist (page 11)**. Any department specific information will be covered by the Sponsor or Sponsor's designee. A CHW- Surgicenter employee will orient the observer to that facility.
5. The individual seeking the observational experience will receive confirmation from the respective sponsor or sponsor's designee.

PLEASE RETURN FORM TO: (check one)

<input type="checkbox"/> CHW-Main Campus Medical Staff Office MS 959 P.O. Box 1997 Milwaukee, WI 53201	<input type="checkbox"/> CHW-Fox Valley Medical Staff Office MS 9944 130 2 nd Street Neenah, WI 54957	<input type="checkbox"/> CHW- Surgicenter 3223 S. 103 rd St. Milwaukee, WI 53227
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Children's Hospital and Health System Observer / Job Shadow Agreement Form

SECTION I: Request to Observe a Physician or a Credentialed Allied Health Professional (AHP)

OBSERVER REQUEST:

Name: _____ Phone Number: _____ - _____ - _____
Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
School/Organization: _____

Observation Date(s): From ___/___/_____ To ___/___/_____

HEALTH REQUIREMENTS: Documentation of the following to be kept on file with Medical Staff Services

1. Proof of immunity to Rubella, Rubeola and Mumps, regardless of age

Documented history of 2 MMR's OR Documentation of positive Rubella, Rubeola, and Mumps titre

2. Proof of TB skin test done within the last 12 months with negative results

If TB skin test positive, documented report of a negative chest x ray must be on file. In addition, TB symptom survey must be on file and updated annually.

3. Proof of immunity to Varicella

Documented history of 2 Varicella vaccines OR Positive Varicella titre OR Documented history (from a healthcare provider) of chicken pox or shingles

4. Proof of influenza vaccination for the current influenza season for any observer who is in a Children's facility for at least 1 day of their observational period between October 1 and March 31.

Documented history of annual influenza vaccines

Supersedes: 11/2001 Formerly: "Patient Care Observers –Professionals", and "Patient Care Observers –Students over 13 years of age"/CHW, CHW-K, CHW-F, 01/2003, 07/2003 to reflect new Physician-Observer Policy

Reviewed: 04/2011

Revised: 05/2006, 07/2009, 09/2013, 04/2014

Observers –Job Shadows/app/Process Owner: Director of Ed Svcs

Sponsor: _____ Sponsor Phone Number: _____ - _____ - _____

Sponsor Email: _____

Location of Observational Experience: CHW-Milw Campus CHW-Fox Valley CHW- Surgicenter
 Other Children's Entity (list): _____

Department/Unit/Practice where observation will occur: _____

Reason for observation: _____

Reminder: Sponsor is responsible for notifying applicable Director or Patient Care Manager prior to conducting job shadow experience.
F1916E

SECTION II: Individuals Observing a Physician or Credentialed AHP

Children's Hospital and Health System (Children's) has agreed to allow selected persons to shadow professionals. In consideration of Children's allowing individuals the opportunity to job shadow at Children's the individual hereby agrees to the following:

Privacy/Confidentiality - The individual agrees any patient health information or knowledge acquired or received during the course of the job shadow at Children's, including but not limited to patient care information and information contained in patient care records, shall be treated as confidential and shall not, unless required by law or otherwise permitted by Children's, be disclosed or used during or after termination of the individual's placement at Children's without Children's prior written consent.

Release/Indemnification - The individual agrees to and hereby does release, indemnify and hold harmless CHILDREN'S, its members, directors, officers, employees and representatives from any and all responsibility and obligation, and agrees not to hold Children's liable for any or all injuries, losses, damages or expenses which may occur as a result of any act or omission of Children's, its members, directors, officers, employees or representatives, or which may arise from the individual's participation in the job shadow program at Children's.

Illness- The Individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against Children's its directors, officers, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of Children's.

Medical Treatment – Children's shall provide or refer outpatient treatment to individuals while in the facility for job shadow program placement in case of an accident or illness. However, in no circumstances shall Children's bear the cost of the emergency outpatient treatment.

Hospital Policy - The individual agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by Children's' Code of Conduct, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Occupational Safety and Health Administration (OSHA) requirements.

Communicable Disease - The individual agrees to disclose if he/she has had contact with others who have Varicella, Severe Acute Respiratory Syndrome, or other communicable diseases that would threaten the safety of patients or staff.

I have completed all of the required elements to participate in this experience. I meet the health requirements as outlined in Section I of this agreement, and I have read the "Observers – Job Shadows" policy; specifically the limitations of the observers and the confidentiality requirements and agree to abide by the policy, and all terms of this agreement.

Observer signature Date

Children's Sponsor signature Date
(not needed for CHW- Surgicenter)

CHIEF MEDICAL OFFICER OR DESIGNEE APPROVAL FOR OBSERVATIONAL EXPERIENCE:

Chief Medical Officer/Designee signature Date
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Supersedes: 11/2001 Formerly: "Patient Care Observers –Professionals", and "Patient Care Observers –Students over 13 years of age"/CHW, CHW-K, CHW-F, 01/2003, 07/2003 to reflect new Physician-Observer Policy

Reviewed: 04/2011

Revised: 05/2006, 07/2009, 09/2013, 04/2014

Observers –Job Shadows/app/Process Owner: Director of Ed Svcs

PLEASE RETURN FORM TO: (check one)

<input type="checkbox"/> CHW-Main Campus Educational Services P.O. Box 1997 Milwaukee, WI 53201	<input type="checkbox"/> CHW-Fox Valley Fox Valley Medical Staff Office MS 9944 130 2 nd Street Neenah, WI 54957	<input type="checkbox"/> CHW- Surgicenter 3223 S. 103 rd St. Milwaukee, WI 53227
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Children's Hospital and Health System, Inc. Observer / Job Shadow Agreement Form

SECTION I: Request to Job Shadow a Children's Employee

OBSERVER REQUEST:

Name: _____ Phone Number: _____ - _____ - _____

Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

School/organization: _____

Reason for observation: _____

Area you wish to observe: _____

Observation date(s): From ___/___/_____ To ___/___/_____

OBSERVER HEALTH REQUIREMENTS: Documentation of the following to be kept on file with Educational Services

1. Proof of immunity to Rubella, Rubeola and Mumps, regardless of age

- Documented history of 2 MMR's OR Documentation of positive Rubella, Rubeola, and Mumps titre

2. Proof of TB skin test done within the last 12 months with negative results

- If TB skin test positive, documented report of a negative chest x ray must be on file. In addition, TB symptom survey must be on file and updated annually.

3. Proof of immunity to Varicella

- Documented history of 2 Varicella vaccines OR Positive Varicella titre OR Documented history (from a healthcare provider) of chicken pox or shingles

4. Proof of influenza vaccination for the current influenza season for any observer who is in a Children's facility for at least 1 day of their observational period between October 1 and March 31.

- Documented history of annual influenza vaccines

Supersedes: 11/2001 Formerly: "Patient Care Observers –Professionals", and "Patient Care Observers –Students over 13 years of age"/CHW, CHW-K, CHW-F, 01/2003, 07/2003 to reflect new Physician-Observer Policy

Reviewed: 04/2011

Revised: 05/2006, 07/2009, 09/2013, 04/2014

Observers –Job Shadows/app/Process Owner: Director of Ed Svcs

Sponsor: _____ Sponsor Phone Number: _____ - _____ - _____

Sponsor Email: _____

Location of Observational Experience: CHW-Main Campus CHW-Fox Valley CHW- Surgicenter
 Other Children's Entity (list): _____

Observation date(s): From ___/___/____ To ___/___/____

Department/Unit/Practice where observation will occur: _____

Reason for observation: _____

Reminder: Sponsor is responsible for notifying applicable Director or Patient Care Manager prior to conducting job shadow experience.

F1916E

SECTION II: Individuals Observing a Children's Employee

AGREEMENT

Children's Hospital and Health System (Children's) has agreed to allow selected persons to shadow professionals. In consideration of Children's allowing individuals the opportunity to job shadow at Children's the individual hereby agrees to the following:

Privacy/Confidentiality - The individual agrees any patient health information or knowledge acquired or received during the course of the job shadow at Children's, including but not limited to patient care information and information contained in patient care records, shall be treated as confidential and shall not, unless required by law or otherwise permitted by Children's, be disclosed or used during or after termination of the individual's placement at Children's without Children's prior written consent.

Release/Indemnification - The individual agrees to and hereby does release, indemnify and hold harmless Children's, its members, directors, officers, employees and representatives from any and all responsibility and obligation, and agrees not to hold Children's liable for any or all injuries, losses, damages or expenses which may occur as a result of any act or omission of Children's, its members, directors, officers, employees or representatives, or which may arise from the individual's participation in the job shadow program at Children's.

Illness- The Individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against Children's its directors, officers, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of Children's.

Medical Treatment – Children's shall provide or refer outpatient treatment to individuals while in the facility for job shadow program placement in case of an accident or illness. However, in no circumstances shall Children's bear the cost of the emergency outpatient treatment.

Hospital Policy - The individual agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by Children's Code of Conduct, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Occupational Safety and Health Administration (OSHA) requirements.

Communicable Disease - The individual agrees to disclose if he/she has had contact with others who have Varicella, Severe Acute Respiratory Syndrome, or other communicable diseases that would threaten the safety of patients or staff.

I have completed all of the required elements to participate in this experience. I meet the health requirements as outlined in Section I of this agreement, and I have read the "Observers – Job Shadows" policy; specifically the limitations of the observers and the confidentiality requirements and agree to abide by the policy, and all terms of this agreement.

Observer signature

Date

Guardian Signature

Date

(If Observer is under 18 years of age)

Children's Sponsor signature

Date

(not needed for CHW- Surgicenter)

DIRECTOR OR PATIENT CARE MANAGER APPROVAL:

Children's Manager/Director signature

Date

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Reviewed: 04/2011

Revised: 05/2006, 07/2009, 09/2013, 04/2014

Observers – Job Shadows/app/Process Owner: Director of Ed Svcs

Children's Hospital of Wisconsin Orientation Checklist

Directions:

- Complete checklist below
- Return signed checklist prior to commencing observation.

Note: Supplemental orientation materials that cover any or all of the checklist items may be used to support completion of the checklist. If you are uncertain about orientation material availability, ask your facility contact, or visit www.chw.org/students. Department specific information may be covered by the Sponsor or Sponsor's designee.

Introduction to Organization and Roles and Rules of Conduct:

1. Mission of Hospital
2. Role of student/observer, goals/objectives of the observation and any behavioral expectations (examples: attendance, dress code, approach to confidentiality, etc.)
3. Privacy/Confidentiality – Patient Health Information

Safety Procedures:

1. Emergency numbers
2. Safety Conditions
3. External disaster response

Infection Control

1. Standard Precautions
2. Hand-Hygiene

Security

1. Parking
2. ID Badge

Signature indicates "Orientation Checklist" has been covered by Children's Hospital and Health System and Observer reports his/her understanding of material.

Observer's Signature: _____

Date: ____/____/____

Supersedes: 11/2001 Formerly: "Patient Care Observers – Professionals", and "Patient Care Observers – Students over 13 years of age"/CHW, CHW-K, CHW-F, 01/2003, 07/2003 to reflect new Physician-Observer Policy

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