



# Community Health Center of Southeast Kansas

## Observational / Job Shadowing Experience

### Definition

CHC/SEK defines an observational or job shadowing experience as the observation of a medical professional in his/her professional role with no physical patient contact. The observer is not allowed to document in the medical record or participate in clinical care of the patient including procedures. The observer should only interact with patients in the presence of the medical professional. The observational experience does not fulfill any clinical or residency requirements; nor does it provide any hands-on experience. This experience is unpaid and is only available to individuals (no group observations will be permitted).

### Acknowledgement

- I understand that I will not receive academic credit for this experience. This experience does not constitute medical education or direct patient care experience.
- I understand that I am not to misrepresent myself or function as a medical student, resident or medical staff member at any of the CHC/SEK clinics.
- I agree not to represent myself as such either now or in the future. I must refer to this experience as an “observation” or “shadow experience”, not as an elective, externship, voluntary experience, or clinical rotation.
- I understand that I will not provide any hands-on care during this experience. I will not, by way of example, take a medical history, examine a patient, provide medical advice to a patient, assist in procedures, or write/document in the medical record.
- I will inform each patient that I am an observer, and ask his or her permission. If permission is refused, I will leave the area. I understand that all observations are confidential and cannot be disclosed.
- I understand that I will not have independent access to patient information (electronic or written) or restricted areas of the clinic/facility.
- I understand that this experience is voluntary and does not give me preference for future employment at CHC/SEK.
- I assume all risk of injury to me that may occur because of me being an observer even if such injury is caused by the negligence of CHC/SEK. I release CHC/SEK and its employees from any liability to me.
- I understand that I may be exposed to one or more contagious diseases, body fluids and other hazards; I agree to follow all safety precautions required by CHC/SEK policies and good practices.

- I agree to maintain a safe distance from a disruptive patient or leave the area as directed by the overseeing preceptor.
- I agree not to handle biohazards or “sharps” including needles.

By signing below, I acknowledge, that I have read and understand the above statements.

***If the observer is under the age of 18, a parent or guardian must also sign below consenting to the observation.***

**Observer (Job Shadowing Participant)**

Observer Name (Print): \_\_\_\_\_

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or guardian consenting to observation for student under age of 18**

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Community Health Center of Southeast Kansas

## Observational / Job Shadowing Guidelines

We are happy to provide this observation experience at CHC/SEK, and we want you to have a positive learning experience.

### Rules of Conduct

Please remember, you are a guest and will be expected to behave in a courteous and respectful manner. If at any time during your job shadow you are not acting in a courteous manner or you do not follow the guidelines set forth in this application, you may be asked to leave.

CHC/SEK is a drug, alcohol, and tobacco free facility. The use of or being under the influence of any drug, alcohol, or tobacco products will result in termination of the job shadow.

If an applicant is asked to leave a job shadow as a result of not upholding the application, the applicant is no longer permitted to job shadow at any of the CHC/SEK clinics.

### Cell Phones

**Cell phone use is not permitted during your observational experience.** You are prohibited from taking any photographs or videos while being an observer. If you are found to have your cell phone out during your observational experience, you may be asked to leave.

### Illness Policy

Our first priority is to protect the health and safety of patients and their families. If you are sick on the day of your scheduled observation, you must reschedule your observation. Participants who are visibly ill will not be allowed to observe. Contact the Education Department if you are ill on your scheduled shadow day.

- High school students contact Leah Gagnon at [lgagnon@chcsek.org](mailto:lgagnon@chcsek.org)
- All other students contact Tarah Cockrell at [tcockrell@chcsek.org](mailto:tcockrell@chcsek.org)

### Dress Code

A professional appearance is essential for all. This means your clothing should be neat, tidy, and clean. It is important to wear comfortable, non-slip shoes- as your shadowing may require you to be on your feet for extended periods of time.

- ID badge from your school should be worn at all times. If you do not have one to wear, you should notify the Education Department before your first scheduled observation day.
- NO jeans or sweatpants
- NO tank tops, bare midriffs, revealing or inappropriate attire
- NO baggy clothes or clothing that drags on the floor

- NO exposed undergarments
- NO sandals, flip flops, or open toed shoes
- NO dangling jewelry
- NO ball caps or hats

### Safety

Clinical staff has been trained for many safety situations. Remain with the staff member you have been assigned to shadow. In case of fire, weather, or medical emergency, follow your staff member's instructions. If you have a latex or other significant allergy or medical condition, please advise your assigned staff member. Please report any injuries or illness that occurs during your job observational experience to your staff member, Human Resources and the CHC/SEK Education Department.

### Miscellaneous Information

During your observational experience, you will not need a purse, cell phone, pager or backpack. CHC/SEK is not liable for any theft or damage to personal property while at CHC/SEK clinics for your observational experience. It is best to leave important personal items at home.

By signing below, I acknowledge, that I have read and understand the above statements.

***If the observer is under the age of 18, a parent or guardian must also sign below consenting to the observation.***

#### **Observer (Job Shadowing Participant)**

Observer Name (Print): \_\_\_\_\_

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Parent or guardian consenting to observation for student under age of 18**

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_