
Human Resources

HR-03.26

**SUBJECT/TITLE: JOB SHADOWING AT THE UNIVERSITY OF IOWA
HOSPITALS AND CLINICS**

PURPOSE: To define the guidelines and procedures that must be followed for job shadowing in University of Iowa Hospitals and Clinics (UIHC) so that students have an appropriate learning opportunity while patient privacy and confidentiality rights are respected.

DEFINITION: None

POLICY:

- A. Job shadow programs are available at UIHC for students who are in a formal program of career exploration or who are seriously considering a healthcare career.
- B. Generally, contact should come from the educational program instructor to either Hospital Human Resources to facilitate a job shadow experience through the formal program held two to three times per academic year. If this program does not meet the needs of the individual, the appropriate unit or department will be contacted by Hospital Human Resources to determine if an individual program will be feasible. The individual program must meet the guidelines set forth below.
- C. Job shadow experiences set up through individual departments must meet the guidelines set forth below.

PROCEDURE:

A. Minimum Age:

Job shadow participants must be at least 18 years of age unless the students are participating in the Hospital Human Resources formal job shadow program.

B. Length of Individual Job Shadow Experience:

Should not exceed 2 hours with an individual mentor. Longer experiences may be established by a department director to meet specific departmental educational objectives.

C. Health Screening:

Job shadow participants must complete a health form to screen for communicable diseases (Attachment A).

D. Confidentiality Statement:

Job shadow participants must sign a confidentiality statement which is to be retained by the host department (Attachment B).

E. Expectations:

Students participating in Hospital Human Resources formal job shadow program will receive a copy of expectations and guidelines (available through Hospital Human Resources) and be asked to sign this material to document their understanding of our behavioral expectations, including appropriate dress, respectful interactions with patients and others, and confidentiality of patient and other information.

F. Responsibilities of Coordinator for an Individual Job Shadow Experience:

The Coordinator is to develop a plan for the job shadow experience, which is to be reviewed and approved by the department manager/administrator. The plan must detail activities in which the student will participate.

If patient care is to be part of job shadowing, students should not participate in any patient interaction in which the patient is disrobed, an invasive procedure is being performed, or a patient is giving detailed medical history, which could contain sexual history, drug use, or HIV status. In all cases, the rights of the patient for privacy must be balanced with providing a learning experience for the student. The patient must be informed of the student's presence. If the patient objects, the student must withdraw.

G. Areas Where Individual Job Shadowing is Not Appropriate:

Critical care areas such as SICU, NICU, Burn Unit, Bone Marrow Transplant Unit, or areas such as Psychiatric units.

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Date Revised:

Date Reviewed: November 17, 2004; October 5, 2007

COMMUNICABLE DISEASE SCREENING FORM

Prior to each visit, individuals under 14 years of age, and adults on designated areas must be screened for the following. Any visitor with a positive history or examination may be denied visiting privileges.

This form must be kept on file in the area visited for 2 weeks.

Name of Patient (or area) being visited: _____

Visitor's Name: _____

Name of Person filling out this form: _____

1. Does the visitor have any of the following? Please circle the appropriate answer.

- Sore Throat Yes or No
- Rash/vesicles Yes or No
- Fever Yes or No
- Drainage from Eyes Yes or No
- Nausea, vomiting, or diarrhea Yes or No

If the answer to any of the above questions is yes, person may not visit patient.

2. Does the visitor have any of the following? Please circle the appropriate answer.

- Cough and Runny Nose Yes or No
- Cold Sore Yes or No

If the answer to either of the above questions is yes,

- **Person may not visit if patient is a neonate or is immunocompromised (Exception: Parents or legal guardians are welcome at all times, but they must wear a mask and wash hands).**
- **Person may visit other patients if they wear a mask and wash hands.**

3. Has the visitor been diagnosed with:

- Pertussis within the last two weeks? Yes or No
- Strep Throat within the last 48 hours? Yes or No

If yes, person may not visit patients during the following time frames:

- Pertussis: until person has completed at least 5 days of antibiotic therapy (Erythromycin) or until three weeks after pertussis is diagnosed

- Strep Throat: until 24 hours after antibiotic therapy started

4. Has the visitor been exposed to any of the following within the past 4 weeks? Please circle the appropriate answer.

Chickenpox Yes or No

Measles Yes or No

Mumps Yes or No

Rubella (German Measles) Yes or No

If answer to above questions is No, skip to Question #5.

If yes to any of the above questions, has the visitor had that disease or been immunized for that disease?

Chickenpox Yes or No (Varivax vaccine)

Measles Yes or No (Measles or MMR vaccine)

Mumps Yes or No (Mumps or MMR vaccine)

Rubella (German Measles) Yes or No (Rubella or MMR vaccine)

If answer to above questions is yes, may visit.

If no, person may not visit patients during the following time frames:

- Chickenpox days 8 through 21 after the last exposure
- Measles days 5 through 21 after the last exposure
- Mumps days 7 through 21 after the last exposure
- Rubella (German Measles) days 11 through 26 after the last exposure

5. Has the visitor received oral polio immunizations within the past 4 weeks? Yes or No

If yes, person may visit patients but should not use patient's bathroom. Visitor should wash hands after using a bathroom or adult visitor should wash hands after changing diapers of child who received polio immunization.

Date Signature of Person Screening Visitor

Date Signature of Visitor

Declaration of Patient Information Confidentiality

University of Iowa Hospitals and Clinics is legally required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of the health care information of all patients treated at our institution.

Your visit to UI Hospitals and Clinics may include viewing of computer-stored patient information, incidentally overhearing confidential conversations and/or viewing information from patient medical records. Under no circumstances may this information be discussed with anyone.

State and federal law protect the confidentiality of patient information that you may view during the course of your visit to UI Hospitals and Clinics. **State and federal law prohibits you from making any disclosure of this information.**

I declare that I have read and understood the above aspects of patient confidentiality. Furthermore, I understand that violation of the confidentiality of patient information is reason for revocation of UI Hospitals and Clinics educational privileges, and is subject to civil and criminal penalties.

Signature _____

Date _____

Print Name _____

This document will remain on file in the host Department for six years. Visitors are required to sign this statement for each site visit.