

Children’s Hospital and Health System Human Resource Policy and Procedure

This policy applies to the following entity(s):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Children’s Hospital of Wisconsin | <input checked="" type="checkbox"/> Children’s Hospital of Wisconsin-Fox Valley | <input checked="" type="checkbox"/> Corporate Departments |
| <input checked="" type="checkbox"/> Children’s Medical Group | <input checked="" type="checkbox"/> Children’s Service Society of Wisconsin | <input checked="" type="checkbox"/> Children’s Hospital of Wisconsin Foundation |
| <input checked="" type="checkbox"/> Children’s Community Health Plan | <input checked="" type="checkbox"/> Children’s Physician Group-Regional Services | <input checked="" type="checkbox"/> Surgicenter of Greater Milwaukee |
| <input checked="" type="checkbox"/> Children’s Physician Group-Children’s Specialty Group | | |

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 14 years of age or older.
2. Post-high school professional students.
3. Physicians, nurses or other healthcare or social services professionals not on staff at Children’s Hospital and Health System.

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).
3. Volunteers (see Volunteers policy).
4. Visitors or special guests on a pre-arranged tour (see Visitors and Special Guests policy).

5. Employment candidates on a pre-arranged job visit that is part of their interview process.
6. Students who have been placed at any CHW entity as part of affiliation and program agreements established with their respective colleges or universities (see Student Placement Program and Nursing Students policies).

III. GUIDELINES FOR LENGTH OF OBSERVATION

For students 14 years of age or older, the guideline for length of observation is less than or equal to one workday.

For post-high school professional students and other healthcare or social services professionals not on staff at Children's Hospital and Health System, 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 their administrative leadership.

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 provider:**
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) for CHW – Milwaukee Campus observations. Off-campus observers should follow site-specific visitor identification processes (confirmation email sent by Educational Services is proof of scheduled observation).

V. OBSERVERS MAY NOT:

1. Conduct a physical exam.
2. Take a patient/client history.
3. Handle patient/client equipment.
4. Make recommendations regarding specific patients/clients, provide consultation or make decisions about patient/client care.
5. Document in the Medical Record, client chart or research records.

Thomas J. Shanahan
Senior VP and Chief Human Resources Officer

PROCEDURE

1. The individual interested in observing contacts the department and/or interested sponsor a minimum of 3 weeks before the observational experience.
2. The sponsor or observer obtains an application packet (see Addendum A; application packet also available via Children's external webpage). The application process should be facilitated through the applicable facility contact listed below:

Location	Sponsor's Role	Facility Contact	Return Forms to
Fox Valley	Physician or Professional Healthcare Provider (PHP)	Fox Valley Medical Staff Office	Debbie Woods Medical Staff Office Coordinator Email: DWoods@chw.org Fax: 920-967-9120
All other locations	Physician or Credentialed PHP	Provider Support Services	Provider Support Services MS 960 P.O. Box 1997 Milwaukee, WI 53201
All other locations	Employee	Educational Services Department	Job Shadow Team Email: jobshadow@chw.org

3. The individual seeking the observational experience works with the sponsor to complete the application packet.
4. All required documents must be completed and received prior to the observational experience. Addendum A must be completed and observer health documentation must be approved by the above facility contact prior to the observation.

The individual seeking the observational experience will receive confirmation from the facility contact and/or respective sponsor/sponsor's designee.

Children's Hospital and Health System Observer / Job Shadow Agreement Form

PLEASE RETURN COMPLETED FORM TO:

Location	Sponsor's Role	Facility Contact	Return Forms to
Fox Valley	Physician or Professional Healthcare Provider (PHP)	Fox Valley Medical Staff Office	Debbie Woods Medical Staff Office Coordinator Email: DWoods@chw.org Fax: 920-967-9120
All other locations	Physician or Credentialed PHP	Provider Support Services	Provider Support Services MS 960 P.O. Box 1997 Milwaukee, WI 53201
All other locations	Employee	Educational Services	Email: jobshadow@chw.org

SECTION I: Request to Observe a Children's Employee, Physician or a Credentialed Professional Healthcare Provider (PHP)

OBSERVER REQUEST:

Name: _____ Phone #: ____ - ____ - ____ Email: _____

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

Date of Birth (MM/YYYY): _____ School/organization: _____

Reason for observation: _____

Observation Date(s) / Time(s): From ____/____/____ at ____ (am / pm) To ____/____/____ at ____ (am / pm)

OBSERVER HEALTH REQUIREMENTS:

Documentation of the following to be kept on file with Facility Contact (FV Medical Staff Office, Provider Support Services or Educational Services).

Send in documentation of the below requirements to the Facility Contact. Observations will only be approved after receipt of documentation for all the requirements below.

1. Proof of immunity to Measles, Mumps and Rubella (regardless of age)

- Documented history of 2 MMR vaccines.

-OR-

- Documentation of positive Measles, Mumps and Rubella titers.

2. Proof of non-exposure to tuberculosis (TB)

- Documented IGRA (Interferon Gamma Release Assay) test performed in the last 12 months with negative results.

- Documented TB skin test performed in the last 12 months with negative results.

-OR-

- If TB skin test positive, documented report of a negative chest x ray with annual TB symptom survey must be on file.

3. Proof of immunity to Varicella

- Documented history of 2 Varicella vaccines.
-OR-
- Documentation of positive Varicella titer.

4. Proof of annual (seasonal) influenza vaccine.

- If experience is between April 1 and September 30 (outside of the current Influenza season) observer is exempt from this requirement.
- If experience is between October 1 and March 31 (within the current Influenza season) observer must be vaccinated prior to program participation. Documentation of Influenza vaccine must be within the current Influenza season.

5. Proof of COVID-19 vaccination and booster doses at recommended intervals by documentation of receiving 2 doses in a 2-dose series (such as Pfizer-BioNTech or Moderna) OR receiving a single-dose vaccine (such as Johnson and Johnson).

- Documentation of COVID-19 vaccination per required dose interval.

SPONSOR INFORMATION (Sponsor to complete):

Sponsor Name: _____ Sponsor Phone: _____ - _____ - _____

Sponsor Email: _____

Location of observational experience:

- CHW-Milwaukee Campus CHW-Fox Valley
- CHW-Surgicenter Other Children’s Entity (list): _____

Department/Unit/Practice where observation will occur: _____

Reminder to Sponsors:

Prior to sponsoring the observation experience, the Sponsor is responsible for:

1. Securing approval from your department Director or Patient Care Manager.
2. Obtaining the Director or Patient Care Manager’s signature on Section II (signature page).
3. Signing the Sponsor line on Section II (signature page).

SECTION III: Observer / Job Shadow Orientation Checklist

Directions:

- Read the orientation PowerPoint linked in step 2 on the webpage: <https://www.chw.org/medical-professionals/careers/students/observers-job-shadows>.
- After reading the PowerPoint, sign and date the checklist below. Send in the checklist with the rest of your paperwork.
- Talk with your Sponsor about any additional questions and location-specific information.

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. Department specific information may be covered by the Sponsor or Sponsor's designee.

Introduction to Organization and Roles and Rules of Conduct:
1. <input type="checkbox"/> Mission
2. <input type="checkbox"/> Role of student/observer, goals/objectives of the observation and any behavioral expectations (<i>examples: attendance, dress code, approach to confidentiality, etc.</i>)
3. <input type="checkbox"/> Privacy/Confidentiality
Safety Procedures:
1. <input type="checkbox"/> Emergency numbers
2. <input type="checkbox"/> Safety Conditions
3. <input type="checkbox"/> External disaster response
Infection Control
1. <input type="checkbox"/> Standard Precautions (as relevant)
2. <input type="checkbox"/> Hand-Hygiene
Security
1. <input type="checkbox"/> Parking
2. <input type="checkbox"/> 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: _____