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

This policy applies to the following entity(s)	<u>.</u>	
Children's Hospital of Wisconsin	Children's Hospital of Wisconsin-Fox Valley	Corporate Departments
Children's Medical Group	Children's Service Society of Wisconsin	Children's Hospital of Wisconsin Foundation
Children's Community Health Plan	Children's Physician Group-Regional Services	Surgicenter of Greater Milwaukee
Children's Physician Group-Children's Specialty G	roup	

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.
- 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).

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Revised: 04/2011, 05/2006, 07/2009, 09/2013, 04/2014, 01/2017

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

- 5. Employment candidates on a pre-arranged job visit that is part of their interview process.
- 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 (Office

Reviewed: 12/2022

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

- 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.

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

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

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3.	Pr	oof of immunity to Varicella	
		Documented history of 2 Varicella vaccines.	
		-OR-	
		Documentation of positive Varicella titer.	
4.	Pr	oof of annual (seasonal) influenza vaccine.	
		If experience is between April 1 and September 30 (outside exempt from this requirement.	of the current Influenza season) observer is
		If experience is between October 1 and March 31 (within th vaccinated prior to program participation. Documentation of Influenza season.	
5.	re	oof of COVID-19 vaccination and booster doses at recom ceiving 2 doses in a 2-dose series (such as Pfizer-BioNTe ccine (such as Johnson and Johnson).	
		Documentation of COVID-19 vaccination per required dose	interval.
SPON	ISOF	R INFORMATION (Sponsor to complete):	
Sp	pons	or Name:	Sponsor Phone:
S	pons	or Email:	
l ocat	ion (of observational experience:	
	_	·	
	_	W-Milwaukee Campus CHW-Fox Valley	
] CH	W-Surgicenter	
Depar	rtme	nt/Unit/Practice where observation will occur:	
Remir	nder	to Sponsors:	
Pr	rior to	o sponsoring the observation experience, the Sponsor is resp	onsible 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 nage)

- 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).

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

SECTION II: Observer / Job Shadow Agreement Form

Required Elements to Observe a Children's Employee, Physician or a Credentialed Professional Healthcare Provider (PHP)

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/client health information or knowledge acquired or received during the course of the job shadow at Children's, including but not limited to patient/client information and information contained in patient/client 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/client 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 (TJC), Council on Accreditation (COA) 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/clients 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	-
Director or Manager Approva Children's Employee:	I to Observe a	Chief Medical Officer or Designee to Observe a Physician / PHP:
Children's Director/Manager Signa	ture Date	Chief Medical Officer/Designee Signature Date

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SECTION III: Observer / Job Shadow Orientation Checklist

;	tions:			
	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.			
٠.	te. Complemental ariantation motorials that sover any or all of the shocklist items may be used to support			
o De	ote: Supplemental orientation materials that cover any or all of the checklist items may be used to support impletion of the checklist. If you are uncertain about orientation material availability, ask your facility contact. Expartment specific information may be covered by the Sponsor or Sponsor's designee. Introduction to Organization and Roles and Rules of Conduct:			
oi De	mpletion of the checklist. If you are uncertain about orientation material availability, ask your facility contact. epartment specific information may be covered by the Sponsor or Sponsor's designee.			
De	Introduction to Organization and Roles and Rules of Conduct:			

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:	
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3. External disaster response

Infection Control

Security

1. Parking

2.

ID Badge

2. Hand-Hygiene