

Job Shadow Orientation Brochure



Welcome to Premier Health

Thank you for your interest in job shadowing at Premier Health! Premier Health offers opportunities for students to learn about a variety of health care careers in clinical and non-clinical settings or for the college student to obtain experiences for degree requirements. In order to participate in a job shadow experience, you must review this brochure and complete the Student Orientation Content Review. You will be held responsible for the content. We will do our best to provide you with the best experience possible!

This brochure serves as a general orientation to:

- Job Shadow Student Responsibility
- Security Access and Parking
- Premier Health Mission, Vision, and Values
- Patient Experience
- Patient Rights
- HIPAA
- Special Signage
- Safety Information, Safety Codes
- Infection Control

Any Unit-Specific Orientation will occur when on the unit during your Job Shadow Experience with your preceptor.



What is Job Shadowing?

Job shadowing is an observational experience that provides an opportunity for participants to learn about healthcare careers, every day routines of healthcare workers and the skills required.

Any individual 16 years of age and older, and at least a junior in high school, is eligible to job shadow.

Why Consider a Health Care Profession?

- To make a difference in the quality of life and care of patients
- To be a part of a team and family-oriented environment
- To have the opportunity to meet new people every day
- To work in a high technology/fast-paced field with state of the art equipment

What Will I Learn?

The Job Shadow Program is an observation only experience in a select department within Premier Health based on availability. The participant will have an opportunity to observe and interact with a healthcare worker as they go about their daily activities. Hands-on patient care isn't part of the job shadow experience and will not be permitted. The purpose of the job shadow experience is to foster an awareness of the skills required for a specific career and to experience healthcare culture.

Who is a Preceptor?

You will be assigned an experienced professional in your area of interest who enjoys working with students. The preceptor is an expert in their field who is willing to share career information and review what a typical day in their life looks like.

What are the Roles and Responsibilities of the Student?

The student should come prepared for the job shadow experience like it is the first day on a new job. The student should arrive to shadow with baseline knowledge of the career, questions for the preceptor, and a willingness to explore possibilities. For a full list of responsibilities, please refer to page 3 of the Job Shadow Orientation Brochure.

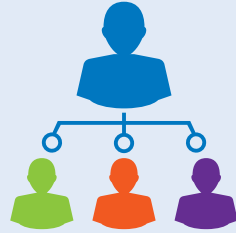
Job Shadowing is allowed in the following areas:

Clinical

- Nursing
- Patient Care Technician
- Respiratory Therapy
- Imaging (Radiology)
- Pharmacy
- Dietitian/ Nutrition Services
- Physical or Occupational Therapy
- Laboratory

Non-Clinical

- Environmental Services
- Plant Operations
- Hospital Administration
- Information Technology
- Marketing



Security Access

- You will be required to stay with your preceptor in order to gain access to different areas of the hospital.
- All students doing job shadowing must remain with their preceptors at all times!
- Once the job shadow has been completed, you must leave the building.

Parking

Parking instructions will be included in your confirmation email. Parking is free at Atrium Medical Center and Upper Valley Medical Center. Garage parking is available at Good Samaritan Hospital and Miami Valley Hospital for \$3.

Please be aware that campus police monitor the parking lots and you will be asked to move if you are parked illegally.

Contact Information

If you have any questions or concerns about this information or anything during or after your job shadow, contact:

Yolanda Munguia

ylmunguia@premierhealth.com
(937) 499-8805

Beth Marchant

bamarchant@premierhealth.com
(937) 499-5015

Thank you and have a great experience!



Job Shadow Participant Responsibilities

All Participants/Students are required:

- To read and sign confidentiality statements due to HIPAA guidelines and out of respect for the patient. Parent signature is required for minors.
- To have an influenza vaccine if the job shadow falls between October 1st and March 31st. Proof of vaccination must be submitted with the job shadow application.
- To answer the Tuberculosis (TB) questions honestly on the job shadow application.

Behavior

- Be free from any impairment, such as drugs or alcohol.
- Behave in a respectful manner at all times.
- Listen to your preceptor and follow their instructions.
- Stay awake, if you go to sleep, you will be asked to leave.
- Leave cell phones and book bags in the trunk of your car.
- Cell phone usage is not permitted during the job shadow experience.
- Photographing is prohibited for any reason.
- No gum chewing. Food and water aren't allowed to be carried into patient care areas or ancillary area.
- Come prepared to ask questions and learn.



Keep all information pertinent to the experience confidential, including things you may have seen or heard, as outlined in the Student Confidentiality Statement.

This statement is part of the Job Shadowing Packet and must be reviewed and signed. (page 8 of the Job Shadow Application)

PLEASE NOTE:

If participants do not adhere to these requirements, they will not be able to complete the experience and will be sent home.

Premier Health Behavioral Standards

- Meets Patient Experience (Safety, Quality and Service) expectations.
- Anticipates and meets patients and their families needs.
- Puts the patient and their family at the center of care.
- Shares complaints with preceptor and/or instructor to remedy the concern.
- Builds trust.
- Understands, empathizes, adapts to individual needs and cultural needs.
- Balances technical, political and cultural factors in clinical rotation.
- Listens and communicates effectively.
- Receptive to feedback from preceptor.
- Seeks assistance in a safe, time effective manner.
- Seeks clear direction on What needs to be accomplished and How it needs to be accomplished.

Suggested Attire:

- School issued scrubs are acceptable if available
- Khaki's, dress pants, long skirts/dresses and polo or dress shirts are acceptable
- Solid colored tennis shoes with socks

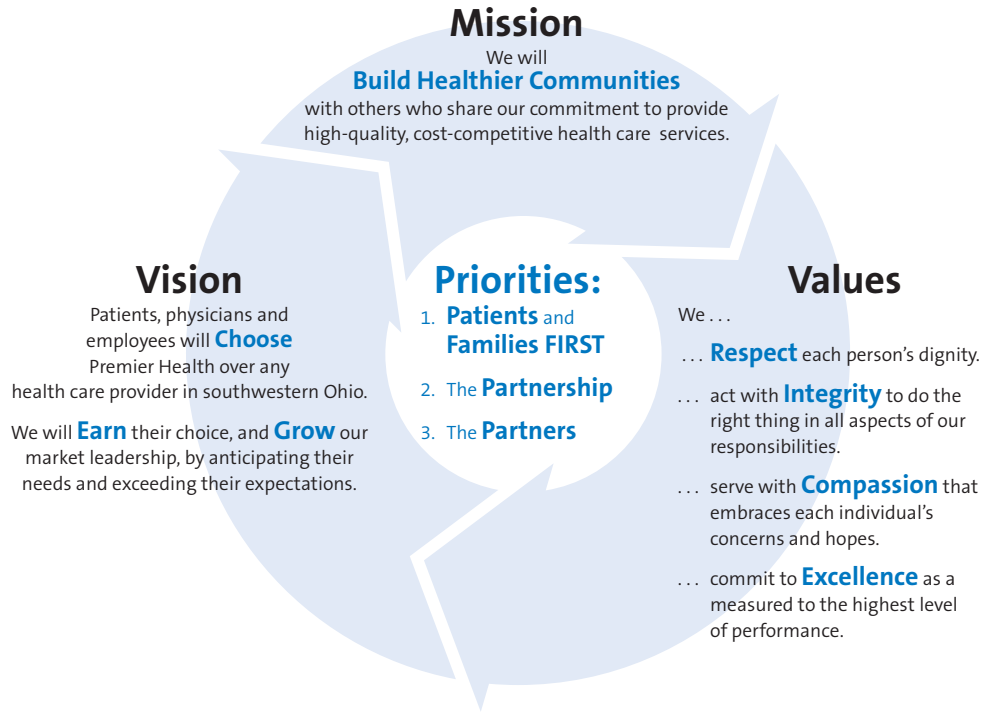


Dress Code

- Dress in a professional manner when completing an experience within Premier Health
 - Clothing must be clean and fit properly. Upper and lower torso must be covered, no skin should show when arms are raised above your head or when you bend over. Cleavage should not be visible.
 - Socks or hose must be worn with closed toed shoes, which must be clean
 - No facial/tongue piercing or excessive ear piercing; tattoos must be covered

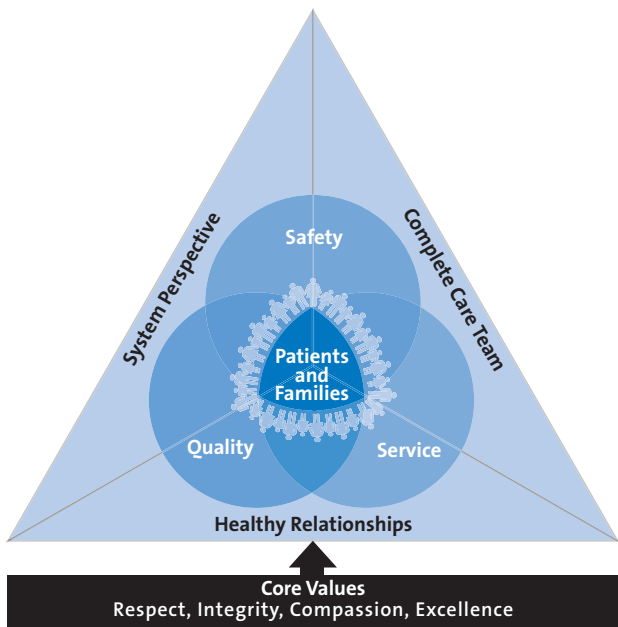
At Premier Health, our patients and their families are at the center of all that we do. We recognize that our actions and behaviors impact our patients, so we strive to provide excellence in every patient interaction. All positions within Premier Health adhere to this philosophy.

Premier Health's Mission, Vision, and Values




Patient Experience

Patient Experience Starts with Me...Every Person, Every Time.



- Patients and Families are the center of all that we do... they are the only reason we are here and *why you* are able to have this experience.
- You will have the opportunity to interact with patients, families, and many staff members.
- Your facial expressions, speech, the way you interact, and how you present yourself *all* have an effect on the Patient's Experience, whether you know it or not.
- Therefore, please act as you would if it were your own family member in that patient's place.



We all impact Patient Experience—the complete care team includes everyone from the storeroom to the boardroom.

Patient Rights and Responsibilities

Health care is a shared experience involving patients and their families and those who provide care. Premier Health facilities and employees recognize the personal worth and dignity of each patient. Your patient rights and responsibilities are offered as an expression of our philosophy and commitment to you.

Patient Rights

1. You have the right to considerate, respectful, and responsive care. You have the right to medical treatment regardless of your age, race, color, national origin, religion, language, sex, gender identity or expression, sexual orientation, disability, socioeconomic status, or sources of payment for care.
2. You have the right to receive the visitors whom you designate (or your support person designates, as appropriate) including, but not limited to, a spouse, a domestic partner, another family member, or a friend. You may also deny or withdraw consent of a visitor or visitors at any time. Premier Health hospitals do not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Please note that Premier Health hospitals may limit visitors at times for clinical and safety reasons as appropriate.
3. You have the right to respectful consideration of your psychosocial, spiritual, and cultural values, needs, and preferences. You have the right to request and receive pastoral/spiritual care services.
4. You have the right to prepare a living will and/or appoint a surrogate to make decisions on your behalf in accordance with Ohio law. You have the right to present your advance directive (living will and/or health care power-of-attorney) at the time of admission and have hospital staff and practitioners comply with your directive to the extent permitted by law and hospital policy. Premier Health is opposed to and will not participate in assisted suicide and/or active euthanasia, nor will life-sustaining treatment be withheld or withdrawn in the presence of a viable fetus. Should you want to formulate your wishes through an advance directive during or after admission, you have the right to do so. To arrange for this, speak to your nurse or call the patient experience department (see phone numbers on reverse side).
5. You have the right to have your physician promptly notified of your admission to the hospital.
6. You have the right to have a family member or representative of your choice notified of your admission to the hospital upon request.
7. You have the right as a competent adult to be involved in all aspects of your care. If you are unable to make decisions for yourself, we will involve your surrogate decision maker, next-of-kin, or a family member as appropriate and allowed by law.
8. You have the right to and are encouraged to obtain timely, relevant, current, and understandable information concerning your diagnosis, treatment, and prognosis from your physicians and other direct caregivers.
9. You have the right to be informed about any proposed treatment options so that you understand the potential risks, benefits, and possible side effects of those options, the likelihood of achieving your goals, problems that might occur during recuperation, and alternative courses of treatment and their associated risks, benefits, and side effects as well as the risks of not receiving treatment before making decisions about your medical care.
10. You have the right to be informed about the outcomes of care, treatment, and services, including unanticipated outcomes, that you need to know about in order to participate in current and future health care decisions.
11. You have the right to appropriate assessment and management of your pain consistent with accepted medical standards.
12. You have the right to know the name of the physician who has primary responsibility for your care as well as the names of other professionals responsible for authorizing and performing treatments.
13. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal. This refusal includes, but is not limited to, experimental research.
14. You have the right to a reasonable response to your requests for hospital services within the available resources of the hospital based upon priority of need and continuity of care. This includes discharge planning services such as facilitating transfers to another medical or extended care facility.
15. You have the right to reasonable resources to facilitate effective communications, e.g., language interpreter, sign language interpreter, and devices to assist the hearing impaired.
16. You and/or your next-of-kin, or an appointed surrogate speaking on your behalf, have the right to request and participate in appropriate discussion of ethical concerns and issues related to your care. To arrange such discussion, speak with the nursing personnel caring for you or your loved one or call the patient experience department (see phone numbers on reverse side).
17. You have the right to confidentiality in regard to your medical record and care.
18. You have the right to personal privacy and safety including access to protective services should they be required, e.g., guardianship and advocacy services. You have the right to receive care in a safe setting free from all forms of abuse, harassment, neglect, or exploitation.

continued on next page

19. You have the right to be free from any form of restraint and/or seclusion that is not medically or behaviorally necessary. Restraint and/or seclusion may not be used as a means of discipline, coercion, convenience, or retaliation.
20. You have the right to know the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital.
21. You have the right to access, request amendment to, and obtain information on disclosures of your health information in accordance with hospital policy and as allowed by law and regulation.
22. You have the right to receive upon request a detailed explanation of your charges and bills for medical services and treatment. You have the right to ask and be informed about the existence of business relationships among hospitals, educational institutions, and other health care providers or payers that may influence your care.
23. You have the right to receive a copy of the hospital's nursing staffing plan on request.
24. You have the right to express concerns about your care at any Premier Health hospital. Speak to your physician or the staff caring for you if you have any concerns about your care. If the issue is not resolved to your satisfaction, contact the patient experience department (see phone numbers below) to speak to a patient experience representative. Your concerns will be heard, investigated, and responded to in a timely manner. You also have the right to file a complaint with The Joint Commission which accredits all Premier Health hospitals or the Ohio Department of Health, regardless of whether or not you choose to first use the Premier Health hospital complaint process. Complaints may be forwarded to The Joint Commission and the Ohio Department of Health using the following contact information:

Email: complaint@jointcommission.org

Phone: (630) 792-5800

Fax: (630) 792-5636

Mail: Office of Quality Monitoring

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Email: HCComplaints@odh.ohio.gov

Phone: (800) 342-0553

Fax: (614) 564-2422

Mail: Ohio Department of Health Complaint Unit

246 North High Street

Columbus, OH 43215

Patient Experience Department Phone Numbers

Atrium Medical Center.....(513) 420-5072

Good Samaritan Hospital.....(937) 734-1000

Miami Valley Hospital.....(937) 208-2666

Upper Valley Medical Center.....(937) 440-4714

Patient Responsibilities

1. You have the responsibility to make informed decisions about your health care. This includes seeking and considering the information provided by your physician and other caregivers.
2. You have the responsibility to provide accurate and complete information about all matters relating to your health.
3. You have the responsibility to inform the hospital staff and your health care providers about the existence of any living will and/or health care power-of- attorney that you have prepared and to present these documents so that they are readily available and can be included in your medical record.
4. You have the responsibility to report any changes in your condition to your physician and/or the nurse caring for you.
5. You have the responsibility to follow treatment plans and instructions recommended by your physician. This includes your responsibility to ask questions when you do not understand the plan of care or instructions given to you. If you choose not to follow instructions, you are responsible for the outcome.
6. You have the responsibility to cooperate with the hospital staff caring for you and to ask questions when you do not understand instructions, need clarification, or have concerns about your plan of care.
7. You have the responsibility to express any concerns that you have about your hospital care. Speak to your physician, the staff caring for you, or call the patient experience department (see phone numbers on this page) to express and discuss concerns about your care.
8. You have the responsibility to abide by the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital. You also have the responsibility to be considerate of the hospital's staff and property as well as other patients and their property, privacy, and confidentiality.
9. You have the responsibility to ensure payment of your bill(s) for care and treatment received. This includes the responsibility to cooperate with appropriate hospital staff to provide accurate information for processing insurance forms and other payment processes.
10. You have the responsibility to send valuables home with your family/friends or to secure them in the hospital safe by notifying your nurse while you are a patient at any Premier Health hospital.



Miami Valley Hospital

Good Samaritan Hospital

Atrium Medical Center

Upper Valley Medical Center

Patient Confidentiality and Patient Satisfaction

- Keep all information pertinent to the experience confidential, including things you may have seen or heard, as outlined in the Student Confidentiality Statement. (page 8 of the Job Shadow Application)
This statement is part of the Job Shadowing Packet and must be reviewed and signed.
- A patient may want to protect their privacy by declining a request to have you shadow. It is the patient’s right to do so. In this case, you will politely excuse yourself and wait where the preceptor asks you to while care is provided to the patient.
- Ask your preceptor to explain **AIDET** – Acknowledge, Introduce, Duration, Explanation and Thank You.
- Ask your preceptor about Hourly Rounding if you are in an inpatient care area.








Special Signs

A sign may be posted outside of a patient’s room. The sign shares information to those entering a patient’s room. It is every employee’s responsibility to notice and respond to the information displayed on the sign.

An example of a sign, is one announcing that the patient in the room is at risk for a fall. If a fall risk sign is displayed outside the door, the patient should not be out of bed without assistance. If the patient is attempting to get out of bed by himself, ask the patient to wait until you can get help.



Patient Armband Color

RED – Allergy Alert	
YELLOW – Fall Risk	
WHITE – Patient ID	
PINK – Do not use arm for blood pressure or blood draws	
BLACK & WHITE - DNR	

Use the following facility phone numbers when reporting an emergency.

Offsite Locations – Ask your preceptor for emergency number.

SAFETY CODES – Listen to **What** code is called and **Where** it is. Individuals participating in a job shadowing experience are required to be aware of these emergency codes.

Safety Codes, Numbers, and Your Role...

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown
Obstetrical Emergency	Code Green

Emergency Numbers
 Main ext. 3333 Jamestown ext. 5370
 South ext. 2411 Satellites 911

R.A.C.E. Rescue Alarm Contain Extinguish
P.A.S.S. Pull Aim Squeeze Sweep
S.D.S. Safety Data Sheet

MIAMI VALLEY HOSPITAL

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown

Emergency Numbers Hospital ... ext. 3333 GSNHC ... ext. 3333 Satellites... 92-911	Officer Numbers Compliance . . . ext. 1276 Safety ext. 1416 Privacy (937) 499-9789
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R.A.C.E. Rescue Alarm Contain Extinguish
P.A.S.S. Pull Aim Squeeze Sweep
S.D.S. Safety Data Sheet

GOOD SAMARITAN HOSPITAL

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown
Evacuation	Code Green
Water Emergency	Code Pond

Emergency Numbers
 Hospital – 4444 Dettmer – 7777 Satellites – 911

R.A.C.E. Rescue Alarm Contain Extinguish
P.A.S.S. Pull Aim Squeeze Sweep
S.D.S. Safety Data Sheet

UPPER VALLEY MEDICAL CENTER

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown
Utility System Failure	Code Utility
Tornado Watch Code 1 • Warning Code 2 • Sighted Code 3	
Telephone Outage	Code 44
Information System Outage	Code 55

Emergency Numbers for Codes – 5555/Campus Police – 5205

R.A.C.E. Rescue Alarm Contain Extinguish
P.A.S.S. Pull Aim Squeeze Sweep
S.D.S. Safety Data Sheet

ATRIUM MEDICAL CENTER

Infection Control

Hand Washing Must Occur...

- Before entering a patient room and upon leaving the room (even if not planning to touch patient or anything)
This includes job shadowing participants!
- Before eating or drinking
- After using the restroom
- Before touching a patient
- After contact with an inanimate object in the immediate vicinity of the patient

Isolation

No job shadow student will be allowed in isolation rooms. Patients may be put in isolation due to confirmed or suspected highly contagious infections. Care must be taken to prevent the transmission of infections to yourself and others.

Ask your preceptor how to identify isolation patients in your particular area. Possibilities include signage and yellow isolation carts.

* **Do not** enter a patient's isolation room for any reason!



Biohazard Waste

- Biohazard waste is disposed of in **RED BAGS**
- Examples of biohazard waste:
 - Disposable items dripping or caked with blood
 - Disposable items that are able to release blood if compressed/squeezed, including peri pads in OB
 - Liquid excretions in disposable items (e.g. nasogastric suction fluid)
- Examples of what does not go in biohazard bags:
 - Food or food/drink containers
 - Newspapers, paper, regular trash

How Can You Protect Yourself?

- Use personal protective equipment per policy and as advised by your preceptor
- Wash your hands frequently, before and after patient contact and as instructed
- Follow policy and protocol...if in doubt, ask your preceptor

What Do You Do If An Exposure Occurs?

- **Do Not** wait until the end of your shift/time to report an exposure!
- Wash the area with soap and water **IMMEDIATELY!**
- Report the incident to your preceptor and follow policy for the next steps to take.