Shadowing Program

Objectives
The Avera McKennan Hospital and University Health Center shadowing opportunity is designed to offer a learning opportunity in healthcare. The shadow experience will provide individuals the opportunity to follow a staff member as they perform their daily duties.

Participants gain real-world application and interaction experience in the hospital, as well as the opportunity to speak with healthcare professionals as they explore career options.

Our vision is that you will discover exciting careers available in healthcare, and choose to make a difference by becoming healthcare professionals.

Overview of Program
A job shadow is a one-time experience to observe a healthcare professional one-on-one in the hospital setting. You get this time to observe, ask questions, and see what it’s really like to work in healthcare.

You should apply for this experience if you:
- Are in or around the Sioux Falls, South Dakota area
- Need to shadow one time only for 2 to 4 hours
- Want a beginning look at the healthcare field
- Have been referred to our program by a career counselor or other advisor
- Are 16 years old or older

All applications will be reviewed for accuracy and completeness. Application does not guarantee acceptance into the program.

Be sure you apply for the correct experience! You will be asked to re-apply if the correct application is not used the first time.
Through the Shadowing Program, we offer job shadow opportunities in the following areas:

- Phlebotomy (Blood Bank)
- Nursing Units
  - Cardio/Pulmonary Unit
  - Oncology Unit
  - Surgical Trauma Unit
  - Neuro Unit
  - Intensive Care Unit
  - Women’s Center
- Cardio-Vascular Services
- Imaging Services
- Physical, Occupational & Speech Therapies
- Respiratory Therapy
- Bio-Med
- Transcription
- Medical Records/Coding
- Food & Nutrition Services
- Pharmacy
- ITC Technology - PC Tech or Network Analyst
- Case Management
- Social Work
- Nuclear Medicine (very limited)
- Marketing
  - Graphic Design
- Administration
- Child Life Specialist
- Sleep Lab
Job Shadow Process

This is a list of the steps that will need to take place to complete the Job Shadow process. Print off the checklist to guide you in completing all steps of the application process.

1. Review materials on:
   - Hospital Mission and Vision
   - Confidentiality
   - Safety Information
   - Hospital Emergency Information
   - Shadow Expectations

2. Print and complete job shadow application and submit the job shadow application (via mail or drop off).

   Our mailing address is: Education Services, Avera McKennan Hospital and University Health Center, PO Box 5045, Sioux Falls, SD  57117. Our location is Avera Education Center, 810 E 23rd St, Sioux Falls, SD. Education Services will contact you within seven days to confirm receipt of your application and shadow location, time, and date. The shadow will occur within approximately 21 business days of receiving your application. This is based on the number of applications received.

   If you have questions or need to check the status of your application, contact Education Services at 605-322-8950.
Job Shadow Checklist

☐ Read online materials in preparation for your job shadow experience
☐ Hospital Mission, Vision, and Values
☐ Confidentiality
☐ Safety Information
☐ Hospital Emergency Information
☐ Shadow Expectations
☐ Complete job shadow application – REMEMBER! Accuracy and completeness are Important!
☐ Print Forms
☐ Review and complete printed Forms–
☐ Mail or drop off your completed forms to Education Services, Avera McKennan Hospital and University Health Center, PO Box 5045, Sioux Falls, SD 57117.
☐ Prepare questions to ask on shadow
☐ On day of your shadow, check in at Education Services (Avera Education Services, 810 E 23rd Street, Sioux Falls, SD) 15 minutes prior to your scheduled shadow to pick up your student observer badge.
☐ Remember to follow the hospital dress code and come ready to learn
Mission & Values

- Sponsored by Benedictine and Presentation Sisters
- Mission: Avera Health is a ministry rooted in the Gospel. Our mission is to make a positive impact on the lives and health of persons and communities by providing quality services guided by Christian values.

Our Mission
Avera Health is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Our Vision
Working with its Partners, Avera Health shall provide a quality, cost-effective health ministry, which reflects Gospel values. We shall improve the health care of the people we serve through a regionally integrated network of persons and institutions.

Our Values
In caring together for life, the Avera Health community is guided by the Gospel values of compassion, hospitality and stewardship.

Compassion
The compassion of Jesus, especially for the poor and the sick of body and spirit, shapes the manner in which health care is delivered by Avera’s employees, physicians, administrators, volunteers and sponsors. Compassionate caring is expressed through sensitive listening and responding, understanding, support, patience, and healing touch.

Hospitality
The encounters of Jesus with each person were typified by openness and mutuality. A welcoming presence, attentiveness to needs, and a gracious manner, seasoned with a sense of humor, are expressions of hospitality in and by the Avera Health community.

Stewardship
Threaded through the mission of Jesus was the restoration of all the world to right relationship with its Creator. In that same spirit and mission, the members of Avera Health treat persons, organizational power and earth’s resources with justice and responsibility. Respect, truth and integrity are foundational to right relationships among those who serve and those who are served.
Our Beliefs

From the earliest traditions of the church to the present day, the mission of evangelization to which Jesus sent his followers has included healing as a major part. “Into whatever city you go, after they welcome you…cure the sick there. Say to them, ‘The kingdom of God is at hand.’”*

Members of the church follow the example of Jesus, therefore, when they carry out the work of healing – not only by providing care for the physically ill, but also by working to restore health and wholeness in all facets of the human person and the human community. Wholeness in the Christian perspective includes not only the physical and emotional, but also spiritual and social.*

In this spirit Avera Health pursues a special vocation to share in carrying forth God’s life-giving and healing work. In addition, the persons and institutions allied together as Avera Health share these beliefs.

- God permeates all moments of human experience and is present to every person in health as well as sickness, in life as well as death.

We support life from conception to death, believing that the journey of life, including the beginning and the end, are gifts of the Creator, entrusted to us for reverent care.

- The core values of compassion, hospitality and stewardship guide our caregivers and our service.
- Justice and mercy demand our advocacy for the poor, the frail and the at-risk persons of our society; all persons have a right to basic health care.
- Our management decisions and delivery of care are motivated by the health and wellness of patients, their families and communities.
- Our employees, physicians and community partners are our most valuable resources.

Avera Health is sponsored by the Sisters of St. Benedict of Sacred Heart Monastery of Yankton, South Dakota, and the Sisters of the Presentation of the Blessed Virgin Mary of Aberdeen, South Dakota. In accord with its Catholic mission, Avera Health adheres to the Ethical and Religious Directives for Catholic Health Care Services.

Social and institutional wellness are best promoted through joined efforts of various religious and community-sponsored institutions. Choosing collaboration and empowerment enables us to be better stewards of our human, financial, technical and environmental resources.

*Pastoral letter on Health & Health Care, U.S. Catholic Bishops, 1983
**Our Sponsors**
The Benedictine Sisters are a monastic religious community of Catholic women based at Sacred Heart Monastery in Yankton, South Dakota. The Presentation Sisters are an apostolic religious community of Catholic women based at Presentation Heights in Aberdeen, South Dakota. Both groups of Sisters have sponsored hospitals, nursing homes and schools of nursing in the region for more than a century. In September 2000, the Sisters brought their formerly independent institutions together into one co-sponsored health ministry, Avera Health.

**Our Core Commitments**
At Avera McKennan we are committed to the following:

- Ministry – Avera participates in the healing ministry of Jesus
- People – Avera will be the partner of choice for employees, physicians, & communities
- Service – Avera will exceed the expectations of our customers
- Quality – Avera will lead the industry in clinical performance
- Financial Stewardship – Avera will achieve growth in our markets and maintain financial security
Confidentiality

When a patient enters the hospital, they entrust our staff with a variety of information, some of which is very personal. If the patient does not feel they can trust us with their personal information, they will not trust us to care for them. It’s vital that there are no barriers to patients receiving the care they need. For this reason, maintaining patient privacy is as important as the medical care we provide at the hospital.

It is the responsibility of every person in the hospital to maintain patient privacy and confidentiality at all times and in all matters. The way we accomplish this is by sharing patient information only with those who are involved with a patient’s care. Shadowing and learning at the hospital offers you the opportunity to spend time on-the-job with a practicing healthcare professional.

In the course of this experience, you will likely overhear and observe confidential patient information. We expect all student observers in the hospital to maintain the same level of confidentiality as we expect of our staff. To prepare yourself to meet this expectation and prevent the disclosure of any patient information, review the following statements regarding confidentiality:

- Information concerning the diagnosis, prognosis, condition, care or treatment of patients shall be held in strict confidence.
- The obligation of maintaining and protecting confidentiality extends to the information within patient charts and records.
- Under no circumstances shall any patient information obtained during this experience be discussed with anyone.
- Privileged information regarding any employee or information regarding hospital business arrangements shall be held in total confidence.
- All non-employees shall be required to sign confidentiality statements upon the first association with the hospital.
- Any violation of confidentiality will result in immediate termination of the shadow experience and the notification of your school.
- It is a breach of confidentiality to share information you have learned in the course of shadowing with family members, friends, or anyone outside the hospital.
- It is your responsibility to maintain the confidentiality of all matters learned while participating in the Shadowing Program.

Remember... what you see here, what you hear here, must stay here when you leave here!
Safety Information
While you are in the hospital for this program, you will need to know how to keep yourself and others safe. You also need to know what to do in case of an emergency.

Infection Control
Standard infection control precautions are used by all employees and volunteers to ensure the safety of patients, visitors, and staff. These precautions prevent the spread of germs and disease. The number one way to stop the spread of disease is hand washing. Hands are to be washed before and after contact with patients or their belongings. Hand hygiene must be performed before entering and after exiting patient rooms.

To effectively wash your hands, follow these steps:
- Use soap, water, friction, and towels
- Scrub for a minimum of 15 - 30 seconds
- Give special care to frequently-missed areas such as sides of hands, thumbs, between fingers, under fingernails, and under rings

There are also hand hygiene products in dispensers around the hospital. Feel free to use these as needed.

Hospital Emergency Information
Emergencies can and will occur. It is everyone’s responsibility to know what to do for each emergency situation. This section will explain how hospital staff, volunteers, and students are alerted to emergencies, emergency code names, how you can call an emergency, and how you need to respond in case of an emergency.

Emergency Alerts in the Hospital
Since the hospital is very large, hospital staff, volunteers, and students are alerted to emergency situations through the overhead paging system. Each type of emergency is associated with a code name. The code name is paged overhead throughout the duration of the emergency. Once the emergency is cleared and there is no more danger, overhead pages alert us that the code is canceled. Drills are often performed to keep everyone prepared in the event of a real emergency. Do not be alarmed if you hear code drills being paged while you're in the hospital. In the case of drills, patients are not moved (as in the case of a fire drill). Please follow your mentor’s direction during any emergency situation that occurs while you are shadowing.
EMERGENCY CODES
Dial “55” for any of the below emergency situations: Give your name and location. Identify appropriate code and location of event.

Code Red = indicates an actual or suspected fire
- Pull alarm station
- Obtain appropriate fire extinguisher
- Follow departmental specific Cod Red Plan

Code Blue = Cardiac arrest
- Only the Code Blue Team Responds

Code Man = indicates a request for physical assistance by pre-selected staff

Code Yellow = Suspicious object/bomb threat
- Check your emergency Message Terminal on Outlook for messages related to the event.

Code Adam = missing infant, child or adult
- An infant is defined as one that can be carried in your arms
- A child is one that can walk up (up to 17 yrs old)
- An adult (18 yrs and older)
- Secure your area
- Departments closest to external exits, secure those exits
- Search area as indicated
- Report findings:
  - Call “55” if person located
  - Call “0” if area secured without locating person
- Check Outlook messages for updates
- Follow Departmental specific Plans
CODE ORANGE LEVEL I = disaster with 14 or less seriously injured victims anticipated

CODE ORANGE LEVEL II = disaster with 15 or more seriously injured victims anticipated
- Follow departmental specific Code Orange Plans
- Check your Emergency Message Terminal on Outlook for updates on the event

CODE GRAY = indicates a hostage situation or deadly person/weapon in the facility
- Secure your area
- Follow departmental specific Code Gray Plans
- Check your Emergency Message Terminal on Outlook for updates on the event

CODE GREEN = Major Chemical Spill
- Check your Emergency Message Terminal on Outlook for updates.

CODE BROWN = utility interruption (any utility may be affected; i.e. water supply, sewer systems, electricity, communication systems, etc.)
- Check your Emergency Message Terminal on Outlook for updates.
- Return to assigned duty station
- Follow specific department Code Orange or Code Green Plans.

CODE EXODUS = Evacuation of the premises.
- This may be department specific or the hospital in general.
- Check your Emergency Message Terminal on Outlook for messages related to the event.
- Follow department specific Code Exodus.
- DO NOT SEND ANYTHING TO THE AFFECTED AREA Via THE PNEUMATIC TUBE SYSTEM.

CODE BLACK = Indicates a verified tornado (funnel cloud) sighted in the area (either Minnehaha or Lincoln County).
- Follow Department specific Code Black
- Check your Emergency Message Terminal on Outlook for messages related to the event.
Shadow Expectations

All shadow students are held to the following expectations during their time at the hospital:

- Arrive 15 minutes early to Education Services to finalize the application process
- Come dressed appropriately, according to the outlined dress code on the Dress and Participation Standards form
- Bring any forms or materials from your school or program, if applicable
- Bring questions to discuss with the healthcare professional you shadow with
- Do not carry a cell phone or other personal electronic device during your shadow as they are disruptive to medical equipment
- At no time will you perform direct patient care (clinical skills)
- Use proper infection control procedures and perform hand hygiene while in the hospital
- It is due to our staff and patients that you have this opportunity to shadow – give them the respect they deserve
- Ask questions at appropriate times during your shadow
- The staff person you shadow with is your supervisor while you are at the hospital – report to them in all cases
- Patients have the right to not have an observer in their room – respect this right and stay flexible if a patient is uncomfortable having you observe with them
- Always respect and maintain patient confidentiality, both during your shadow and after you leave the hospital
- Contact the Education Services @ 605-322-8950 prior to your scheduled time if you are not able to attend your shadow

Refer to the Dress and Participation Standards Form for more information and guidelines.

Education Services staff are here to support you through this process. Do not hesitate to ask questions if you are unsure of any part of your shadow experience at Avera McKennan Hospital & University Health Center.
Job Shadowing Dress and Participation Standards

**Purpose:** To reflect the organization’s commitment to professional excellence by establishing reasonable appearance expectations and guidelines for participation.

**Policy:** To ensure that Avera McKennan Hospital’s professional reputations are maintained in part by the image students and volunteers present to patients, families, medical staff, and the general public during their participation in Education Services’ programs.

**Procedure:** It is both important and expected that all volunteers and students will do their part in projecting and promoting a positive, business-like image and atmosphere by adhering to the following:

**STANDARDS**

1. Good judgment and common sense should be practiced in determining dress and appearance, as well as personal grooming habits.
2. Clothing shall meet a business-casual dress code, and will be clean, neat, and appropriate in size at all times. Conservative business clothing is recommended for both ladies and gentleman. Dresses, skirts, and skorts must be modest in length (no more than a few inches above the knee).
3. Appropriate hospital identification is to be worn visibly at all times. ID must be worn close to the face.
4. Shoes and socks or nylons must be worn at all times and must be clean and appropriate for the work area. Any part of the foot or leg not covered by shoes or clothing must be covered with nylons or socks.
5. Comfortable shoes are recommended and clean tennis shoes are acceptable. Open-toed shoes are not allowed for safety reasons.
6. Baseball caps, tee shirts with logos, sleeveless dresses or blouses, tube tops, shorts, see-through, provocative, or revealing clothing, stirrup pants, jeans, denim of any color, and spandex are a few examples of unacceptable attire for the hospital environment.
7. Jewelry should not be excessive and should always be worn in good taste. Facial jewelry, including tongue jewelry, is prohibited.
8. Tattoos that are visible to the public must be covered.
9. Hair must be neat, clean and appropriately secured if shoulder-length or longer. Beards and mustaches must be kept clean and neatly trimmed.
10. Fingernails are not to extend beyond the fingertip for safety and sanitary reasons. Artificial nails are prohibited for anyone with patient contact.
11. Cell phones and other personal electronic devices are not to be carried or used while participating in Education Services’ programs.
12. Patient care will be performed by the trained and licensed healthcare professionals at Avera McKennan Hospital, not students or volunteers.

**Non-compliance with Standards:** Students who are dressed and/or groomed inappropriately will be sent home. Volunteers and students who fail to adhere to Dress and Participation Standards shall be subject to disciplinary action, up to and including dismissal from Education Services’ programs.

**By my signature below, I confirm that I have read, understand and agree to adhere to the conditions of the above Standards for continued participation in Avera McKennan Education Services programs.**

Name: ___________________________________________ Date: __________________________

Signature: ______________________________________ School/Organization (if applicable): ______________________

Parent/Guardian Signature (if student is under 18): __________________________________________
Education Services Job Shadow Consent
(if student is under 18)

My son/daughter, _______________________________________, has my permission to participate in Avera McKennan’s Job Shadow program. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

Participation in these programs will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I do hereby Avera McKennan Hospital and their staff and sponsors from any responsibilities of injury or accident as a result of the Education Services Programs. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken.

However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at Avera McKennan Hospital.

I also understand that it is my responsibility to find or provide transportation for my child to and from his or her assignment if my child is unable to drive him or herself. I understand that my child is expected to notify the appropriate person, in advance, if they are unable to report at the prearranged time and that several absences or failure to comply with program standards may disqualify them from participating in Avera McKennan Hospital programs in the future.

_________________________________________________________________________________________

Parent /Guardian (please print)/Relationship

_______________________________    ______________________________
Signature of Parent/Guardian        Date

_______________________________
Address of Parent/Guardian

_________________________________________________________________________________________

Mailing Address (if different)

Daytime Phone    Home    Work    Work

Evening Phone    Home    Work    Work

EMERGENCY CONTACT INFORMATION:

_______________________________    ______________________________
Name (if other than contact above) / Relationship    Phone Number
Avera McKennan Shadow Program
CONFIDENTIALITY AGREEMENT and HIPAA EDUCATION CERTIFICATION

IMPORTANT: Please read all sections. If you have any questions, please ask before signing.

1. **Confidentiality of Patient Information**
   I understand and acknowledge that: (i) services provided to patients are private and confidential; (ii) to enable such services to be performed, patients provide personal information with the expectation that it will be kept confidential and used only by authorized persons as necessary; (iii) all personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information may exist, including oral, written, printed, photographic and electronic formats (collectively, the “Confidential Information”) is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and (iv) in the course of my employment/affiliation with Avera McKennan, I may be given access to certain Confidential Information.

2. **Disclosure, Use and Access**
   I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in effect after such employment/affiliation terminates.

3. **Confidentiality Policy**
   I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation.

4. **Return of Confidential Information**
   Upon the termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Avera McKennan or my employer all copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.

5. **Periodic Certification**
   I understand that I may be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify when requested.

6. **Remedies**
   I understand and acknowledge that: (i) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Avera McKennan and my employer (if different from Avera McKennan and (ii) my failure to comply with this Agreement in any respect could cause irreparable harm to patients, Avera McKennan and my employer for which there may be no adequate legal remedy. I therefore understand that Avera McKennan or my employer may prevent me from violating this Agreement by any legal means available, in addition to disciplinary measures, which may result in accordance with applicable policies and collective bargaining agreements.

I have completed the required HIPAA Privacy Rule Education.

- I do not have any questions related to the requirements of the HIPAA Privacy Rule or Hospital’s privacy practices.

Please check education method used:

- Avera McKennan Shadow Training Session.

Name: _____________________________________________
(Please Print)

Observer Signature: ________________________________ Date: ___________________________

Supervisor Signature: ____________________________ Department: ______________________

Please return original to Education Department. A duplicate copy will be forwarded to the Supervisor in the shadow department prior to the experience.
Waiver Agreement

Definition
Shadow Student/Individual: A student/individual that reports to Avera McKennan and has no direct patient contact. The student/individual may be part of a formal program already established by the hospital or he/she may have requested an opportunity to observe a healthcare professional in order to pursue his/her interest in the healthcare field. The student/individual must be at least sixteen (16) years of age or hold a junior or senior status in high school. Exception: At times, a shadow student/individual may request a longer observational time than defined above. The Education department, in collaboration with the shadow department, must approve the request.

Orientation Requirements
Patient Confidentiality
- Information I see and hear about patient identity and conditions is considered confidential and is not to be discussed outside my shadow experience. Any violation of patient or hospital confidentiality will result in dismissal from the experience.

Infection Control Requirements
- I will have no physical contact with patients, supplies or equipment or patient specimens.
- I am aware that lack of proper hand washing is the leading cause of the spread of infections. I will exercise the proper techniques of hand washing and practice proper hand washing procedures throughout my observational experience. I will wash my hands before and after meal breaks and personal care breaks.

Safety Requirements
- I will obey all safety requirements of the hospital including fire, security and emergency phone numbers.

Shadow Orientation Training
I will complete an online shadow orientation training session prior to the shadow experience.

As a shadow student/individual, I agree:
- To comply with Avera McKennan’s policies and procedures.
- To follow Avera McKennan’s dress code during my experience.
- To observe only and not touch, manage, counsel or have therapeutic interaction with patients or patients’ family members.
- To hold Avera McKennan or any of its employees, agents or officers harmless in the event of an incident, injury or illness.
- That I am not an employee of Avera McKennan and am not entitled to worker’s compensation benefits.

I understand that:
- Information I see and hear about patient identity and conditions is considered confidential and is not to be discussed outside my shadow experience. Any violation of patient or hospital confidentiality will result in dismissal from the experience.
- Avera McKennan may take immediate corrective action in any situation in which my behavior or performance adversely affect the best interests of the facility or clients. The action may include, but not limited to, my removal from the facility and the experience.
- Avera McKennan is not responsible for lost or stolen personal belongings.
- If I need emergency medical care, Avera McKennan is not responsible for cost involved with follow-up care of hospitalization.
- I will cancel my shadow experience if I suspect I might be ill. I will contact the designated hospital representative to cancel.

__________________________________________________________________________
Shadow Student/Individual (Please Print)

__________________________________________________________________________
Shadow Student/Individual (Signature)

__________________________________________________________________________
Parent/Guardian signature (if under 18)

__________________________________________________________________________
School

__________________________________________________________________________
Department

__________________________________________________________________________
Phone

__________________________________________________________________________
Date of Observation

__________________________________________________________________________
Number of Hours Observing
Sample Shadow Questions

Here are some sample questions you can ask during a job shadow at the hospital. These are meant to get your started with some ideas. You are not expected to ask all of these questions during your shadow. We encourage you to bring any other questions with you that will help you in your own career exploration.

What do you do on a typical day?
What are your responsibilities while you are at work?
What training and/or education are required for your job?
Is any type of prior work experience recommended?
What work experiences did you have before you entered this occupation?
Which of these have been most helpful?
Why did you decide on this career? What led you to this profession?
What is the best way to enter this occupation?
What other jobs can you get with this same background?
What is it like to work at your company?
What do you like most about your job? Least?
Do you expect to be doing this kind of work in five years?
What are the biggest challenges you face in your job?
What is the future outlook for careers in this area?
Has your profession changed since you started working? If so, in what ways?
What would you suggest I do if I want to pursue this career?
What qualities are important for a person to possess if they are going to enter your field?