



2827 Fort Missoula Road
Missoula, MT 59804

TEL (406) 728-4100
www.communitymed.org

From day one.

Welcome!

Thank you for your interest in Job Shadowing at Community Medical Center. In compliance with the Joint Commission, we have prepared a packet of information to be read and a guideline of documentation that needs to be completed.

- Shadowing Program Policy
- Job Shadow Professional Appearance

If you feel that you agree to the terms for job shadowing, please review, complete, initial, (when required) and return the following documents to the Education Department in order for you to be eligible to job shadow:

- Job Shadow Application
- HIPAA Privacy, Security and Confidentiality Agreement
- Shadowing Agreement
- Copy of 2 Tuberculosis (TB) Tests within the last 12 months (completed within 7-12 days of each other), or a Negative Quantiferon TB Test, or 1TB test along with completed questionnaire
- Copy of Measles, Mumps & Rubella (MMR) Immunization Records (2 dates received or 1 Titer for each)
- Copy of Varicella (2 dates received or 1 Titer)
- Copy of Flu Immunization (Yearly, within last 12 months)

Once all the required items listed above have been submitted to the Education Department, the Department manager in the area of interest you've indicated will be contacted to approve the shadowing. The Job shadow coordinator will then contact you with the date and time that has been approved for shadowing.

Response time for this process may vary depending on the department's availability and program demands.

We at Community Medical Center strive to provide a positive work environment for all of our Job Shadow participants. We hope that your time with us will be an enjoyable and educational experience.

Job Shadow Coordinator
406-327-4585

Shadowing Program Policy

The Shadowing Program is intended for those who have an interest in Health Care. Shadowing allows the participant to **follow and observe** a medical professional as they carry out their job responsibilities at Community Medical Center.

Participants must be at least 16 years of age and enrolled in related high school or college courses or be an adult who has expressed great interest in a health care career. Requirements of paperwork and immunization records must be completed and submitted to the Job Shadow Coordinator. A department manager will approve the shadowing and the Job Shadow Coordinator will then contact the shadowing applicant with the date and time that has been approved for shadowing. Response time for this process may vary depending on the department's availability and program demands.

The following regulations apply: Please read and initial:

- ___ CMC reserves the right to a pre-screening process to determine eligibility to participate in the shadowing program.
- ___ Shadowing is a voluntary opportunity for which there will be no monetary compensation.
- ___ Participants must be 16 years of age or older, enrolled in high school, college of technology, home-schooling, college courses, or be an adult who has expressed interest in a career change to health care.
- ___ Participants must review and complete the Community Medical Center Job Shadow Information packet, including:
 - Job Shadow Professional Appearance
 - Job Shadow Application
 - HIPAA Privacy, Security, and Confidentiality Agreement
 - Shadowing Agreement
- ___ Completed Job Shadow Information packet and proof of immunization records must be mailed to: Community Medical Center Attn: Learning & Advancement Center, 2827 Fort Missoula Rd, Missoula, MT 59804 or e-mailed to hr@communitymed.org
- ___ On the day of shadowing, participants will need to obtain a badge from the Main Hospital Information Desk Switchboard. In order to obtain a badge, participants will need to leave their driver's license with the Main Hospital Information Desk This badge MUST be returned to the Main Hospital Information Desk at the end of day, at which time the participant's driver's license will be returned.
- ___ Upon return of badge, the participant will be asked to fill out an evaluation and feedback form, regarding the experience, to help determine the effectiveness of the program.

Time Limitations: Under the binding agreement, a shadowing participant may shadow a team member for up to **4 hours maximum per position, not to exceed 8 hours of shadowing total.**

Job Shadow Professional Appearance:

Community Medical Center strives to assure that all job shadow participants present a **professional, business-like appearance** that projects competency, inspires confidence, communicates respect to patients and the public, and provides for safety and infection control.

1. All job shadow participants: appropriate professional, business-like attire expected at all times.
2. Standardized dress, uniforms or scrubs may be required for certain departments/units or employee types. Refer to department dress code policy or department leader.

GENERAL GUIDELINES

Clothing shall be of suitable material and heavy enough weight so that the undergarments do not show through. Clothing shall be of adequate size and length that normal body mechanics do not cause exposure; this includes the midriff, cleavage, buttocks, and undergarments.

SPECIFIC GUIDELINES

1. Good personal hygiene is required of **all** job shadow participants.
2. Excessive use of cosmetics, perfumes or aftershaves is inappropriate.
3. Hair and nails should be clean, well-groomed and properly trimmed. In nursing units, hair longer than shoulder length must be pulled back, restrained, or braided; and artificial nails (including acrylic) **are not** allowed for **any** direct patient care provider.
4. Facial hair/Beards are permitted but must be kept neat and clean. In the event facial hair/beards prevents compliance with fit testing of required PPE (N95, etc.) for safe patient care, an employee will be required to shave. If an employee has a religious reasons for facial hair, the employee is required to bring this to the attention to their manager/director. (updated March 31, 2020)
5. Visible body piercing paraphernalia are not appropriate for the work setting; with the exception of earrings and nose studs (not to exceed 2mm) all of which must be professional in appearance.
6. Visible tattoos should be in good taste, i.e., non-offensive to patients and guests. Examples of offensive tattoos may include tattoos that contain nude images, references to cultural practices and/or foul language. Tattoos deemed offensive by the employee's supervisor will be covered. Job shadow participants with extensive tattoos of ANY kind defined as a single tattoo or multiple tattoos covering the majority of the surface area of a visible body part such as an arm, foot, calf, leg, neck must consult with his/her direct supervisor. The employee may be required to cover any tattoos during work time.

7. Job shadow participants are responsible for wearing their Job Shadow ID badge at all times while on duty. ID badges must be worn at the mid-chest area or higher so that the name and picture are clearly visible. Altering ID badges with pins and/or stickers is not allowed.
8. Clothing/uniforms must be neat, clean, wrinkle-free and in good repair. Uniforms may be dresses, skirts, or scrubs dependent upon the uniform of the department.
9. Dresses and skirts shall be an appropriate length above the knee.
10. Jeans may be worn on Fridays if specific department/unit dress code policies or manager/director allow. Jeans should be in good condition without holes, rips or overly faded/worn
11. Leggings shall be covered by a skirt, dress or long blouse/top meeting the appropriate length guideline.
12. No visible underarms (i.e., sleeveless and cap sleeve shirts, sweaters and dresses); top of shoulders must be covered.
13. All footwear shall be professional and clean in appearance. Flip-flops are never allowed. Open-heel shoes may be worn only if they have a strap or heel cup. As a rule of thumb, the majority of one's foot should be covered while at work. When working or walking through areas where exposure to blood, body fluids, contaminants, sharps, and where hazardous chemical spills are possible, job shadow participants must wear shoes with no holes or openings on the top or sides.
14. Hats are not to be worn in the building when on duty except when required for infection control or health codes. If a hat is deemed necessary by the department director, only hats supplied by CMC with the CMC logo are allowed. Hats will not have any stickers, writing or pins attached. Head coverings that are required for religious purposes are allowed.
15. Stickers, wrist bands, clothing with writing or pins not sanctioned by CMC are allowed during job shadow participants work hours.
16. If job shadow participants are performing a task that may soil his/her clothes, the department director may authorize those job shadow participants to "dress down" while performing such work. However, if the affected job shadow participants leave the work area he/she must either cover up any item of clothing that does not adhere to this policy or change clothes

INITIAL AND DATE: _____

Job Shadow Application

Name:

First	Middle	Last
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Address:

City	State	Zip Code
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Phone:

Home	Cell
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Email: _____ Date of Birth: _____

Social Security Number _____

School/Organization:

Departments of Interest:

Available (list times)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

What you hope to gain from your job shadowing experience:

HIPAA PRIVACY, SECURITY and CONFIDENTIALITY AGREEMENT

Job Shadow

Name (PLEASE PRINT) _____

Information about patients, Job Shadows or volunteer staff of Community Medical Center must be treated as confidential. It is the obligation of every Job Shadow, volunteer, professional staff member or student to maintain confidentiality.

Confidential information includes (but is not limited to) patient records and patient-related information, including financial information; Job Shadow records; any information of a private or sensitive nature; or any information whose unauthorized or indiscreet disclosure could prove harmful to a patient, Job Shadow, volunteer or Community Medical Center.

PLEASE READ AND INITIAL THE FOLLOWING:

Community Medical Center requires that all job shadows must sign the following confidentiality agreement:

- _____ I will protect the confidentiality of patient and hospital information.
- _____ I will not release unauthorized information to any source.
- _____ I will not access or attempt to access information other than that information which I have been authorized.
- _____ I will not access any computers.
- _____ I will not use another person's computer security code.
- _____ I will not fax patient information outside of the hospital.
- _____ I understand that any violation on my part of the above conditions could result in immediate termination of my job shadow.

I have read and agree to adhere to the conditions of this Confidentiality Agreement.

SIGNATURE _____

DATE _____

CMC Shadowing Agreement

This Agreement reflects that Community Medical Center (CMC), in response to interest in a job shadowing program at its facility, desires to assist high school, college students or an adult with healthcare to discover whether they want to pursue a future career in the health care profession. In consideration of this, the following are conditions and terms for shadowing at our facility:

Shadowing is defined as to *follow* and *observe* a medical professional as they carry out their job responsibilities at CMC.

Participants must be at least 16 years of age and enrolled in high school or college courses or an adult who has expressed great interest in a health care career. All requirements of paperwork, TB results and MMR records must be completed and submitted to the Job Shadow Coordinator. A department manager will approve the shadowing and then the Job Shadow Coordinator will contact you with the date and time that has been approved for shadowing. Response time for this process may vary depending on the department's availability and program demands. As a participant in the shadowing program, I understand and agree:

- I will not touch the patients. If I am allowed to observe a patient having a procedure, I understand the director or manager is to obtain the patient's consent first.
- I will not touch medical equipment.
- I do not have medical record or chart access and will not have computer access.
- I will not assist in feeding but may help deliver food.
- I will not approach physicians about personal illness or medications.
- I will dress professionally as outlined in the attached dress code.
- I agree to a health record review by CMC Job Shadow Health Services to include proof of immunizations (MMR, Varicella, Tetanus with Pertussis, Flu, and 2 TB skin tests or chest x- ray within the past year. If a TB test has not been previously completed, I understand I will obtain this before being able to shadow).
- I am subject to CMC's drug testing policy. If I object, I will be asked to leave the premises immediately.
- I understand CMC is not held responsible for any accident or injury that may occur on its premises while shadowing. In addition, I am to leave valuables at home and realize it is my responsibility that these items are secured prior to shadowing.
- I will not perform my own personal care in the clinical setting (i.e. applying lip gloss, handling contact lenses, eating or drinking, brushing hair, etc).
- I will not be permitted in areas of contamination such as isolation rooms, soiled linen areas, lab, and autopsy room.
- I cannot participate in the program on days that I am ill as determined by Job Shadow Health Services. It is my responsibility to report to Job Shadow Health Services before reporting for a work assignment or with the onset of signs and symptoms consistent with illness. These include but are not limited to: fever, diarrhea, productive cough, rash, or open wound.

- I understand that I will be required to sign a HIPAA Privacy, Security, and Confidentiality Agreement wherein I agree to keep all patient information confidential.
- I understand that CMC shall have the right to immediately terminate my participation in the program if it is determined at the manger or supervisor's discretion that I am not acting in the best interest of the patient or facility. In addition, the director or manager holds the right to terminate shadowing at any point if deemed necessary.
- Upon arrival to CMC, I will obtain a Job Shadowing Participant badge from the front desk and return it upon departure each day of shadowing. As a shadow participant, I understand my visit is limited to a four hour shift per position not to exceed eight hours total of observing a team member of Community Medical Center. Anything beyond this time must be approved by the Education Department. The director, manager, and/or preceptor have the right to terminate shadowing at any time the need may arise.
- I will abide by the policies of Community Medical Center and will sign the attachment statements. My electronic or written signature below certifies my understanding of the information above.

SIGNATURE _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Emergency Contact and Phone Number:

Parental Consent if student is less than 18 years of age

Parent Signature: _____

Parent Name and Phone Number: _____

**Please Return Signed HIPAA/Confidentiality Agreement to
Attn: Medical Staff Office
Community Medical Center
2827 Fort Missoula Rd. Missoula MT 59804 or
e-mail to m Bailey@communitymed.org**