

GCH Medical Explorer Program Requirements

Name: _____
Phone: _____
Email: _____



Turn all documents in by: _____

Instructions:

The following documents must be turned in prior to participating in the program.

_____ View the Student Safety & HIPAA Orientation on the GCH website:

Go to www.gchks.org

- Choose "Services" tab
- Choose "Education" tab
- Choose "Medical Explorers" tab
- Scroll down and click on "Job Shadow Student Safety & HIPAA Orientation"

*** The remaining documents are included in this packet. Just view the presentation on the website and complete the materials in this packet.

_____ Job Shadow Student Safety & HIPAA Test (in this packet)

_____ HIPAA Confidentiality Statement (in this packet)

_____ GCH Job Shadow Student Agreement (in this packet)

_____ Consent for Media Coverage (in this packet)

_____ Read GCH Job Shadow Student Dress Code (in this packet)

_____ Read Student Expectations/Etiquette (in this packet)

_____ Review Medical Explorer Schedule (in this packet)

_____ Documentation of having the Flu Vaccine

(mandatory if participating between Oct 1-March 31)

All required documents must be on file prior to being permitted to participate in the Medical Explorer Program at GCH.



Student Safety & HIPAA Test

Name (print) _____ Date _____

Contact Number _____ School _____

Instructions: Designate each statement as True or False.

- _____ 1. In the event of an emergency, someone should dial 4100 and tell the operator the nature or the emergency and exact location.
- _____ 2. Information on how to handle hazardous materials/wastes is located on the label of the item or on a Safety Data Sheet (SDS)
- _____ 3. Patients have the right to considerate, respectful, and safe care.
- _____ 4. During a Code Red announcement, it is okay to ride the elevators.
- _____ 5. If you find a person who has quit breathing and/or their heart is not beating, you should dial 4100 and say Code Red is in room _____.
- _____ 6. "Patient Assist" refers to a non-emergency assistance situation.
- _____ 7 It is important for all of us to maintain a safe environment for patients, families, visitors, or employees.
- _____ 8. If a Tornado Watch is announced overhead, it means that patients have to be evacuated..
- _____ 9. A yellow colored wrist band and yellow socks means the patient is at risk for falling.
- _____ 10. Proper hand hygiene is the single most important factor in the prevention/transfer of infection.
- _____ 11. Looking up your friends medical record is okay, if she said it was "okay" with her.
- _____ 12. A patient's PHI includes name, SS#, address, age, medical history, medical record number, names of relatives, etc.
- _____ 13. After observing Mrs. Smith's surgery today, you see the physician at the gym. It is okay to ask him if the tumor was malignant.
- _____ 14. It is okay to give patient information to anyone who asks for it
- _____ 15. A violation of HIPAA can lead to civil and/or criminal sanctions, including fines and jail time.

Please fax this quiz to the Education Department prior to your scheduled day.

Fax: 785-210-3420

Office phone: 785-210-3345



**CONFIDENTIALITY STATEMENT AND ACKNOWLEDGMENT
STUDENT / INSTRUCTOR**

I understand and agree that in the performance of my duties as a student/instructor at Geary Community Hospital, I must hold all patient, personal and health information and all Hospital information in strict confidence. This information must not be repeated or discussed with anyone outside of the direct care of the patient.

As a student/instructor of Geary Community Hospital, the discrete, daily use of confidential medical information is required. Medical information, risk management, peer review, medical staff credentialing, quality assurance, and hospital proprietary information must not be treated as gossip with my fellow employees, nor disclosed to unauthorized sources outside the hospital.

I further understand that professional codes of ethics stipulate that maintaining confidentiality of patient information is a part of professional responsibility and integrity.

I understand that removal or copying of health records shall only be done upon the express written permission of the Hospital administrator or his/her designee.

I understand that some penalties for breaches of confidentiality are subject to certain provisions of state and federal law. I understand that violation of any breach of Hospital policies related to confidentiality or a breach of the professional code of ethics, except as it relates to the educational process in the classroom or at a practicum site, will result in immediate expulsion from this institution's section of this program.

By signing this statement, I am stating that I have read and understand the confidentiality information provisions contained in the Notice of Privacy Practices and agree to maintain the confidentiality of all patient information to which I am exposed to as a student/instructor.

This statement will remain on file in the Privacy Office.

Print Name

Date

Signature of Student/Instructor

School



GCH Shadow Student Agreement

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

Job Shadowing participants will follow and observe a medical professional as they carry out their job responsibilities at GCH. This is *NOT* a "hands-on" experience.

As a participant in the shadowing program, I understand and agree:

1. I will not touch patients. If I am allowed to observe a patient having a procedure, I understand the health care provider is to obtain the patient's consent first.
2. I will not touch medical equipment (unless I have a staff member with me)
3. I do not have medical record or chart access and will not have computer access.
4. I will not assist in feeding but may help deliver food.
5. I will not approach physicians about personal illnesses or medications.
6. I will dress professionally as outlined in the attached dress code.
7. I understand that as a participant in this program, I will not engage in any activity that would put me at risk of coming into contact with hazardous materials or with blood/body fluids. However, I understand in this program, that I may witness surgical procedures that may involve the sight of blood or body fluids.
8. I am to leave valuables at home and realize it is my responsibility that these items are secured prior to shadowing.
9. I will not perform my own personal care in the clinical setting (i.e. applying lip gloss or makeup, handling contact lenses, eating or drinking, or brushing hair, etc.).
10. I will not be permitted in areas of contamination, such as isolation rooms, soiled linen areas, and lab analysis areas.
11. I cannot participate in the program on days that I am feeling ill or have signs and symptoms indicating illness (fever, diarrhea, productive cough, rash, or open wound).
12. I understand that GCH shall have the right to immediately terminate my participation in the program if it is determined at the manager 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.
13. I hereby release Geary Community Hospital and its officers, employees, agents, and any other person performing services there from any responsibility for any injury or ill effect, physical as well as emotional, that may result from my presence in this hospital.

I will abide by the policies of Geary Community Hospital and will sign the attached statements. My signature below certifies my understanding of the information above.

Signature: _____

Name (Print) _____

Address: _____

Contact Phone: _____ Email: _____

Parental Consent if student is less than 18 years of age:

Parent Signature: _____

Parent's Contact Phone: _____



Consent for Media Coverage

I, (printed name) _____, hereby give my permission for Geary Community Hospital Public Relations officials, other designated hospital officials, or employees of local and regional media to interview, photograph, and videotape me and/or my family members for the purposes of advertising, feature stories, newsletters, publications, and any other use that they deem appropriate.

I understand that the public may see this publicity and I do not mind the exposure.

I have the right to revoke this authorization, if given at least 14 days before the newsletter, newspaper, videotape, advertising, or other publicity material is produced and distributed.

I have read the above information and have been given the opportunity to ask questions. My questions have been answered to my satisfaction.

Signed: _____

Address: _____

Date: _____

Witness: _____

To be completed by Public Relations representative

Original intended use of publicity materials: _____

Authorization expires: _____

GCH Shadowing/Observation Program
 Dress and Appearance Policy

Geary Community Hospital's employees, students, and contractors have a responsibility to not only provide quality health care to our customers, but to look the part as well. Therefore your attire, grooming, and personal hygiene are critically important to the hospital's success. We require that you observe the following specific standards regarding personal appearance and neatness while performing your duties.

Guidelines for Professional Appearance		
Type	Acceptable	Unacceptable
Bottoms	<ul style="list-style-type: none"> • Non-wrinkled pants that come to mid-calf or longer • Dress slacks, corduroy, or khaki • Undergarments must be worn • Skirts/dresses no more than 2" above knee 	<ul style="list-style-type: none"> • Jeans of any type of color • Sweat pants, running pants, bib overalls • Shorts or mini skirts • Spandex, leggings, or stretch pants • Pants that are frayed, torn, or faded • Visibly skin tight pants (Leggings) • Undergarments that show through • Scrubs- (unless GCH provides them to you)
Shirts/Blouses/Jackets	<ul style="list-style-type: none"> • Collared shirts, blouses, or polo shirts • Sweaters, turtlenecks • Suit jackets • Undergarments must be worn 	<ul style="list-style-type: none"> • Logo T-shirts • Sweatshirts/Hoodies • Midriff baring tops • Tank tops or shirts that don't cover the shoulder • Shirts that are sheer, revealing, or low-cut • Shirts that are worn, torn, frayed, or faded • Visibly skin tight or backless tops • Undergarments that show through outer clothing
Footwear Patient care/Clinical staff (Stipulated for safety)	<ul style="list-style-type: none"> • <u>Comfortable</u> tennis or walking shoes, loafers, or flats • Clogs with straps 	<ul style="list-style-type: none"> • Bare feet • Slippers • "Flip-flops" • High heels
Hats and/or Head coverings	<ul style="list-style-type: none"> • Job required hats and/or head coverings • Hats and/or head coverings while undergoing chemo • Hats and/or head coverings required for religious observation 	<ul style="list-style-type: none"> • Baseball hats or any non-job related hat
Jewelry	<ul style="list-style-type: none"> • Jewelry can be worn as long as it doesn't pose a physical risk to the patient or the employee • Earrings (3 per lobe, max) 	<ul style="list-style-type: none"> • Facial jewelry, including tongue jewelry • If the tongue or nose is pierced, a discrete plug is to be worn during the shift. • Gages
Hospital ID badge	<ul style="list-style-type: none"> • Badge worn above waist • Name, picture, and title showing 	<ul style="list-style-type: none"> • Defacement of badge (stickers that cover name, picture, or job title)
Tattoos	<ul style="list-style-type: none"> • Tattoos must be covered. 	<ul style="list-style-type: none"> • Tattoos on hands do not have to be covered (infection control issue)
Personal Hygiene	<ul style="list-style-type: none"> • Clean and neat • Conservative makeup • Hair conservative, pulled back as to not fall into work area. 	<ul style="list-style-type: none"> • Offensive body odor (including perfume/smoke) • Over done or extreme make-up • Hair covering face or long hair not tied back

****Violation of the dress code will result in being sent home.**

Job Shadow Student Etiquette

During your experience, the healthcare provider's focus (and your own) will be on meeting patient needs.

- Seats in the clinic and hospital rooms, are reserved for patients, their family and their belongings. Seats in the nurse stations are reserved for healthcare provider staff. Unless invited to sit or directed elsewhere, stand behind/to the side of the provider (like a shadow).
- Avoid asking the patient questions or asking the caregiver questions in front of the patient. If the patient asks you questions, you may answer them.
- Respect confidentiality and privacy; do not talk about the patient or their information at any time.
- Allow the caregiver to introduce to you the patient, but don't be concerned if they don't. Avoid taking notes during patient visits. Relax and have a good time.

Appearance

A hospital, clinic or health department is a professional work setting. Therefore, your dress and appearance should be professional.

- Clothing should be neat and clean; do not try to make extreme fashion statements.
- Use the [GCH Dress Code](#) guidelines to look your best during your shadowing opportunity. *Violation of the dress code will result in dismissal from shadow experience.*

Arrival to Shadowing Site

- Plan to arrive at least 10 minutes early to each of your shadowing experiences. Healthcare professionals are busy people, and they do not want to spend their time waiting for you; they are already doing you a big favor by letting you shadow them.
- If, for some reason, you are late, be sure to call the Job Shadow Coordinator and let him/her know what time you will be arriving. When you arrive, introduce yourself and wait patiently for the professional. Do not be surprised or disappointed if they run late. While your shadowing experience is important to them, please be mindful of unexpected situations that are a part of their daily routine.

Parking- Park in Parking Lot B. This is the employee parking lot on the west side of the hospital. You can enter the building by using the Main Entrance.

ID Badge- Please wear your school ID badge. A GCH student badge will also be issued.

Patient Confidentiality and Privacy

As explained above, during your shadowing experience you may be exposed to people's private feelings, actions and body parts. Everything that you see and hear should be kept confidential both inside and outside the hospital. You may have access to confidential charts and records.

Please refrain from snooping. If you are interested in learning more about a patient's illness or case history, ask the nurse or doctor.

Manners

- No gum chewing
- Use mannerly language- avoid loud talk or slang
- Treat everyone politely and respectfully
- Always obtain permission- to use the phone, touch a piece of equipment, be present with a patient.
- Never show disgust with seeing a particular situation or procedure.
- Do not “gawk” at anything. Remember that this experience allows you to see certain emotional and physical aspects of people that are normally hidden from public view.
- If you feel like you need to remove yourself from a situation (feel faint or ill), please do so politely and quickly.

Polite Assertiveness

In order to make this an effective learning experience, you will want to show visible interest and excitement in whatever you are asked to do while shadowing. Be willing to demonstrate confidence in your abilities and enthusiasm and commitment to the healthcare setting. If the opportunity arises, volunteer to do a variety of jobs. Be politely assertive.

Express Gratitude

After your first shadowing experience (and even if you will continue to shadow with the same preceptor), you will want to send a thank you card to the preceptor, letting him or her know how much you appreciated the opportunity and what you learned from the experience. If there was someone specifically on the office or hospital staff who helped you, you should mention them by name in your thank you card or send a separate thank you note addressed to that individual.



Medical Explorer Program Schedule

7:00 p.m. starting in the GCH Bistro Cafeteria

Wednesday, September 13

Wednesday, September 27

Wednesday, October 11

Wednesday, October 25

Wednesday, November 8

Wednesday, November 29