



Welcome to your job shadowing experience at Presbyterian SeniorCare Network! Here at Presbyterian SeniorCare Network, we are committed to enriching the aging experience through person-centered service and living options. The job shadowing experience will provide an understanding of employment in a senior living environment.

Please take the time to review the information in this packet. Please complete the packet and submit to Human Resources at least one week prior to your scheduled shadow experience. Failure to submit any of these forms may result in a delay or cancellation of your shadow experience. Requests for the shadow experience will be first come, first serve and completion of the packet does not guarantee a shadow experience in a specific area of interest/choice or within a specific period of time.

Included in the packet are the terms and conditions for shadowing within the Presbyterian Senior Care Network.

### **Job Shadow Conditions of Participation**

I, \_\_\_\_\_, understand that I will be participating in a job shadow experience at a Presbyterian SeniorCare Network facility.

I understand that job shadowing is an observation experience only; no work is to be performed. I shall not, at any time touch, or be directly involved in the provision of patient/resident care. At the start of my shadowing at Presbyterian SeniorCare Network, I will be placed with an employee who will lead me through a department and through his or her typical workday. We will explore different aspects of working in an aging services setting and identify the skills that are needed for a position at Presbyterian SeniorCare Network. (Note: A shadow experience is not considered employment and does not in any way guarantee future employment. Furthermore, the facility makes no representation or warranty concerning the quality of the shadowing opportunity, nor does it make any representation or warranty concerning whether it will suitably prepare me for future practice in any capacity.)

During my job shadowing experience at Presbyterian SeniorCare Network, I will adhere to the policies, rules and regulations of the organization and follow the direction of the employee who I am paired with.

Presbyterian SeniorCare Network reserves the right, at any time to discontinue the shadowing opportunity and to prohibit me from the facility, for any reason, or no reason, whatsoever.

Prior to my shadow experience, I shall submit to the appropriate facility personnel documentation verifying the following health information relative to myself: verification of health and TB test results from within the past 12 months.

If the shadow candidate presents with symptoms of illness (i.e., sore throat, runny nose, cough muscle pain, fever, blood shot eyes, rash, etc.), the shadow experience will be cancelled and may be rescheduled at a later date.

**Confidentiality**

I understand and agree that as a participant of Presbyterian SeniorCare Network’s job shadowing experience, I may have access to restricted, confidential information about residents, employees, and programs and that I must hold such information in strict confidence, and abide by HIPAA guidelines and regulations.

Presbyterian SeniorCare Network, recognizes that all resident information is confidential and shall not be disclosed without the express, written authorization of the resident or the resident’s responsible party, unless required by law. Residents have the right to keep their information confidential at their said disclosure. This information may include: resident’s identity, physical or psychological condition, emotional status, or financial information.

**Cell Phone Use**

Personal electronic devices (cell phones, iPods, laptops, etc.) are not permitted for usage in residential areas and must be turned off while job shadowing. There will be breaks at which time devices may be used in appropriate areas. Taking photos of residents and/or staff is not permitted.

**Liability**

I release Presbyterian SeniorCare Network, its’ residents, employees and volunteer staff from any claim or liability arising from my participation in this job shadowing opportunity. I understand that I must provide transportation to and from the job shadow locations (s). I verify that I am 16 years of age or older.

I agree to the conditions of participation.

\_\_\_\_\_  
Signature of the Job Shadow Participant

\_\_\_\_\_  
Signature of the Parent/Guardian

(Note: Required if the person shadowing is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Observation/Shadow Information Sheet**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Telephone : Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_  
Other: ( ) \_\_\_\_\_

Please list the date you would like to observe: \_\_\_\_\_

Number of hours you would like to shadow in the calendar year: \_\_\_\_\_

(Note: For the shadow experience the minimum number of shadow hours is 4 hours and the maximum is 8 hours for high school, college and beyond.)

**Emergency Contacts:**

1. Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

\_\_\_\_\_  
Signature of person shadowing

\_\_\_\_\_  
Signature of Parent or Guardian

(Note: Required if the person shadowing is under 18 years of age)

## Necessary Knowledge

Please read the information related to the following topics and initial that you have read, understand and agree to abide by.

**Dress Code(initials)** \_\_\_\_\_

While Shadowing at Presbyterian Senior Care Network, you are expected to maintain a professional appearance at all times.

The following articles of clothing are not permitted:

- Jeans
- Shorts
- Open-toed shoes
- Hats

The following characteristics are not acceptable:

- Untrimmed beards or moustaches
- Heavy cologne, perfume or after-shave
- Poor hygiene

**Rules of Conduct(initials)** \_\_\_\_\_

Presbyterian SeniorCare Network has established a code of conduct that prohibits disruptive behavior such as:

- Profane, vulgar or suggestive language
- Physical Threats
- Unwarranted touching
- Any behavior considered to be a form of intimidation or harassment

**Standards of Behavior(initials)** \_\_\_\_\_

To create a great place for residents to live, employees to work and families and the community to feel confident in our services, Presbyterian SeniorCare Network pledges to demonstrate the following Standards of Behavior. During the shadow experience it is the expectation that the person shadowing would also demonstrate the following behaviors as well:

***We Are Positive*** – *I greet everyone with kind words and a smile. I remember to say “please” and “thank you.” I ask pleasantly, “What can I do for you?” or “How may I help you?” When thanked, I respond with “My pleasure.”*

***We Are Reliable-****I think of the need of the residents, co-workers, and the general community. I remember I am part of a team and others depend on me. I come to work as scheduled, and show I can be trusted to “get the job done” right.*

***We Are In The Know-****I am a good resource. I know the answers to questions or offer to find someone who does. I share important and accurate information with team members.*

***We are Accountable-****I look at the “big picture.” I think of the impact my actions on others. I take responsibility to help achieve goals and fulfill the mission.*

***We are Proud-****I am confident and show a “can-do attitude.” I take interest in what other departments and campuses are doing and how it affects all of Presbyterian SeniorCare Network.*

***I am Positive, Respectful, Knowledgeable, Accountable and Proud.***

**Infection Control(initials)**\_\_\_\_\_

All shadowers must present proof of negative TB test within past 12 months.

Handwashing is the best way to prevent the spread and cause of infections. Handwashing must be done before and after leaving the resident area, before and after eating meals, and before and after using the restroom. It is suggested that those shadowing wash hands before entering and prior to leaving the building upon shadowing.

Shadowers are not authorized to handle specimens or any tube or container that contains bodily fluids. Notify staff immediately if you are directly involved in a violation of this protocol.

**Fire Safety(initials)**\_\_\_\_\_

The word **RACE** is a memory helper for following the fire safety plan. The four steps of action are: **R**emove(rescue), **A**larm, **C**lose(contain) and **E**xtinguish. Follow the direction of the employee you are shadowing in the event of a fire.

Fire Extinguisher Operation

Remember **P.A.S.S.** which is a memory helper when using a fire extinguisher. The steps of action are: **P**ull(set the extinguisher down and pull the pin located at the handle), **A**im(aim the nozzle at the base or edge of the fire), **S**queeze(squeeze the handle down while holding the extinguisher upright), **S**weep(sweep the hose or nozzle from side to side).

Emergency Alarms

In the event of a fire, the emergency alarm system will alert staff and residents. Again, follow the direction of the employee you are shadowing in the event of the fire.

## **HIPAA Compliance and Confidentiality(Initials)\_\_\_\_\_**

HIPAA also known as the Health Insurance Portability & Accountability Act of 1996, is a federal law that provided new rules for hospitals and other health-care organizations to follow. This is a federal law of protected health information.

### **Patient Health Information**

The following is included under Patient Health Information, or (PHI):

- Resident names
- Birth Dates
- Beneficiary numbers
- Photos
- Medical record and account numbers
- Social Security Numbers
- Email addresses, phone numbers and fax numbers
- License Plate Numbers
- Internet Addresses

You should keep resident specific information out of public view, conduct conversations in areas where others cannot overhear the information, limit access of the information to those who need to know it only to do their job, and discard confidential resident information in the designated shredder bin.

All Presbyterian SeniorCare Network staff is required by law to abide by HIPAA privacy regulations. Failure to meet these standards may result in immediate dismissal from the job shadowing program, and possible other consequences. HIPAA violations can result in serious civil and criminal penalties including fines and imprisonment.

### **Expectations for the Job Shadower/Observer:**

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

- Arrive 15 minutes early.
- Come dressed appropriately according to the dress code.
- Bring any forms or materials from your school or program, if applicable.
- Bring questions to discuss with the employee you will job shadow.
- Do not carry a cell phone or other personal electronic device during your shadow experience.
- At no time will you perform direct care (clinical skills) or work.
- Perform hand hygiene while in the community/campus.
- Ask questions at appropriate times during your job shadow.
- The staff person you job shadow with is your contact while you are at the facility.
- Residents have the right to not have an observer in their room – respect this right and stay flexible if a resident is uncomfortable having you observe with them.

- Always respect and maintain confidentiality, both during your job shadow and after you leave the facility.
- Contact the neighborhood manager of the area in which you are shadowing in advance if you need to cancel the experience. The contact information for the neighborhood manager will be provided by Human Resources.