

	Manual Professional Practice	Section PAC	Type Policy & Procedure	Pages 13	Number 007-PAC																																		
Subject: Observational Job Shadowing (outside the scope of learner placements and volunteer services)			Date: June 7 th 2018																																				
Supersedes: 08-05-2008		Cross Reference: 122-MED		Issuing Authority: MAC & PAC																																			
<input checked="" type="checkbox"/> Charlton Campus <input checked="" type="checkbox"/> King Campus		<input checked="" type="checkbox"/> West 5 th Campus <input type="checkbox"/> All Sites of Program																																					
This policy applies to all employees, members of the professional staff, volunteers, learners, contractors and all persons who have a relationship with SJHH																																							
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1.0 Purpose and Goals

As a major academic health centre we are committed to providing observational job shadowing opportunities to help equip individuals in making informed decisions about potential career paths or allowing registered health professionals to enhance their knowledge base through an observational experience.

These guidelines will inform placement coordinators of their responsibilities to individuals who perform job-shadowing activities at SJHH outside of the auspices of the Hospital Volunteer Services, Learner Placements, and Medical Learners.

The guidelines refer to individuals who wish to pursue an unpaid Job Shadowing experience with a SJHH staff member. This policy is appropriate for medical students or residents and physicians to visit SJHH in the aim of exploring the potential for application for future institutional stipend supported educational experience at SJHH but does NOT replace policy 122-MED. Residents or medical students seeking an elective must go through the McMaster Electives office and physicians coming from abroad for an observership greater than 5 days or for purposes other than straight observation LESS than 5 days must still adhere to policy 122-MED process. These individuals are not employees and **do not:**

- fit the criteria of the SJHH Volunteer Services; or
- require an clinical placement experience for completion of a recognized educational program from a university, college, high school or training institution; or
- require an evaluation component of their visit by our staff.

SJHH staff **may** sign an observation sheet provided by the Job shadowing participant identifying that the job shadowing experience has taken place.

2.0 Definitions

Observational Job Shadowing— an opportunity for learners to gain a better understanding about a particular profession or occupation for the purpose of career planning by spending time with a hospital employee currently working in that role. The purpose of the experience may include, but is not limited to assist in career choices, to fulfill requirements for entrance into a recognized educational program, or for exposure to the Canadian Health Care system for foreign trained health care professionals. An observational job shadow experience is not considered an educational or accredited placement.

Observer—the individual participating in the observational job shadowing experience. An observer is not considered an employee of the Hospital and therefore is **not**:

- Entitled to salary, benefits, reimbursement of expenses or other forms of compensation
- Covered under the Workplace Safety and Insurance Board (WSIB)
- Covered under the organization's liability insurance
- Entitled to receive educational credit or certification from the organization for time spent observing
- Entitled to access Occupational Health Services

3.0 Policy

3.1 Expectations for the Job Shadow Observer:

3.1.1 Learning Experience and Supervision

- i. Observers must be under direct supervision of a staff member at all times.
- ii. The observer shall receive appropriate orientation as it relates to the experience, at the discretion of the unit/program manager or delegate.
- iii. Observers will provide a description of their learning objectives for the experience to their SJHH job shadow supervisor.
- iv. No job shadowing experience shall last longer than 40 hours (i.e. a maximum of five 8-hour shifts OR three 12-hour shifts only). The accepting manager or delegate has final approval of the length of the job shadow experience.
- v. The role of the observer shall in no way duplicate work done by bargaining unit employees.
- vi. The individual shall wear a St. Joseph's Healthcare Hamilton identification badge (visitor badge: "VISITOR") at all times while conducting matters related to his or her role.
 - a. *West 5th Campus*: Visitor badges are to be obtained by the observer from security and returned at the end of each day.
 - b. *Charlton Campuses*: The Manager or delegate will contact security *prior to* the job shadow experience to obtain a visitor badge for the observer. The manager or delegate will return the visitor badge to security at the end of the completed job shadow experience.

3.1.2 The observer **shall not**:

- i. Provide any patient care, including, but not limited to: taking patient

histories, examination of patients, prescribing drugs or treatment of any kind, diagnosing, ordering tests, giving orders to others for the treatment or examination of patients, and any other activities which are engaged in by healthcare providers in the usual course of caring for patients. **Job shadowing experiences are strictly observational with no hands-on patient care or patient care activities.**

- ii. The observer shall not be involved in any observation of patients in any form of isolation
- iii. Engage in soliciting or selling goods for personal gain
- iv. Engage in promoting any commercial products or enterprise that is not Approved by St. Joseph's Healthcare Hamilton.
- v. Accept any monetary gifts or gratuities from patients or families

3.1.3 Occupational Health

- i. The observer shall respect all hospital signage promoting healthy behaviors to prevent the transmission of infectious diseases and signage supporting environmental safety.
- ii. The observer shall not attend the job shadow experience if experiencing any symptoms of illness: (i.e. including but not limited to feeling unwell, fever, cough, nausea, vomiting, diarrhea, rash, or eye infection)***

*** (Reference: OMA/OMH Communicable Disease Surveillance Protocols for Ontario Hospitals)

3.2 Privacy and Confidentiality:

- i. The observer shall protect and respect the right to confidentiality of all patients, visitors and staff at all times.
- ii. The observer shall introduce him/herself to patients (or substitute decision maker) and request their permission to observe their care-related activities. It is within the patient's right to refuse this observation.

3.3 Termination of Job Shadow:

- i. Failure to comply with any of the above could result in termination of the agreement between the individual and SJHH.
- ii. SJHH may terminate a Job Shadow experience at any time at its sole discretion.

4.0 Procedure

4.1.1 Roles and Responsibilities:

- i. Applicant: The applicant is responsible for completing the job shadow application and sending it to the appropriate placement coordinator.
- ii. Coordinator: The coordinator will contact managers to identify a potential Job Shadow opportunity for the applicant.
- iii. Manager: The Manager will approve the Job Shadow request, assign a supervisor, and send the completed documentation to the Coordinator upon completion of the job shadow experience.

4.1.2 Application process:

- i. Individuals requesting a job shadow opportunity will complete the "Job Shadow Application" ([Appendix A](#), found online at <http://www.joinstjoes.ca/learners>) and submit it to the appropriate placement coordinator who will seek a suitable experience for the applicant.
- ii. The department/program manager shall approve the job shadowing of the individual, with the understanding that he/she is accepting responsibility for the supervision of the individual.
- iii. When a job shadow experience has been confirmed, the placement coordinator will provide the observer with the contact information of the SJHH manager or delegate (Observational Job Shadow Agreement- [Appendix B](#)).

Observers must provide proof of influenza vaccination to the coordinator 2 weeks before the date of the experience during the influenza season (November 1- March 31) if they wish to not have their job shadowing experience suspended in the event of an influenza outbreak. For all communicable disease outbreaks declared in a hospital campus, job shadows on the outbreak unit/ area would be suspended and may not be able to be rescheduled.

- iv. Observers must provide the following documentation to the supervisor on the first date of the experience:
 - a. Confidentiality agreement ([Appendix C](#))
 - b. SJHH Release, Waiver & Indemnification Form ([Appendix D](#))
- v. The manager or delegate will complete the Symptom Checklist ([Appendix E](#)) with the observer on the first day of the job shadow

experience. The observational experience will be rescheduled if the observer is positive for any of the symptoms.

- vi. The department/unit manager will forward all documents to the placement coordinator upon completion of the experience.

5.0 Documentation

Observational Job Shadowing Application ([Appendix A](#))
Observational Job Shadowing Agreement ([Appendix B](#))
Confidentiality Agreement/ Learners Job Shadowing ([Appendix C](#))
Job Shadowing Program -Release, Waiver & Indemnification Form ([Appendix D](#))
Symptom Checklist ([Appendix E](#))

6.0 References

Communicable Disease Surveillance Protocols. Published jointly by the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA), approved by the Ministry of Health and Long Term Care (MOHLTC), developed in compliance with Regulation 965, Section 4, under the Public Hospitals Act. Available at <https://www.oha.com/labour-relations-and-human-resources/health-and-safety/communicable-diseases-surveillance-protocols>

7.0 Author(s)

Academic Placement Coordinator for Health Professionals (with the exception of Physicians and Nurses)
Academic Placement Coordinator for Nursing
Manager, Occupational Therapy Department and Therapeutic Recreation
(Physical Medicine)

8.0 Sponsor

Medical Advisory Committee (MAC)
Professional Advisory Committee (PAC)

9.0 In Consultation With

Manager, IPAC
Director, Occupational Health and Safety
Manager, Security
Manager, Quality, Risk and Legal Affairs

10.0 Posting Dates

Initial Posting Date: 10-11-2005

Posting Date History: 08-05-2008; 26-06-2018

11.0 Scheduled Review Date

June 2021

12.0 Attachments/Appendix

Appendix A- Observational Job Shadow Application

Appendix B- Observational Job Shadowing Agreement

Appendix C- Confidentiality Agreement/ Learners Job Shadowing

Appendix D- Job Shadowing Program -Release, Waiver & Indemnification Form

Appendix E- Symptom Checklist

Appendix A- Observational Job Shadowing Application



OBSERVATIONAL JOB SHADOWING APPLICATION

What is an Observational Job Shadow?

- Observational Job Shadowing gives individuals an opportunity to spend a *maximum of 40 hours* with a hospital employee so they can gain a better understanding about a particular profession or occupation.
- The purpose of the experience may include, but is not limited to assist in career choices, to fulfill requirements for entrance into a recognized educational program, or for exposure to the Canadian Health Care system for foreign trained health care professionals.
- Is strictly observational with no hands-on patient care or patient activities.
- Requires explicit permission from patients to be present for care-related activities. Patients have the right to refuse this observation.

An observational job shadow is ***not*** for individuals who:

- Are current employees of SJHH
- fit the criteria of the SJHH Volunteer Services
- require a job shadow experience for completion of a recognized educational program from a university, college, high school or training institution
- require an evaluation component of their visit by our staff

If you meet the criteria, submit this completed application to (one per email):

- *Peggy Bosanac* (pbosanac@stjoes.ca) for **Health Professional experiences (with the exception of Physicians & Nurses)**
- *Stephanie Stokes* ([sstokes@stjosham.on.ca](mailto:ssokes@stjosham.on.ca)) for **Nursing Experiences**
- *Phil Valvasori* (pvalvaso@stjoes.ca) for **Medical Learners/Participants**

Once this application is reviewed you will be informed of progress and next steps.

Applicant Information

<i>Name</i>	Click here to enter text.
<i>Email Address</i>	Click here to enter text.
<i>Phone Number</i>	Click here to enter text.
<i>Emergency contact</i>	Name Click here to enter text. Phone number Click here to enter text.

Observational Job Shadow Information

<i>What role would you like to shadow?</i>	Click here to enter text.
<i>Requested clinical area and site:</i>	Click here to enter text.
<i>Requested dates for observation:</i>	From Click here to enter a date. To Click here to enter a date.
<i>Days and times available</i>	Click here to enter text.
Brief description of learning goals for the job shadow experience:	Click here to enter text.

Appendix B: Observational Job Shadowing Agreement

Name of Participant	
Location of Job Shadow Experience	
Responsible Manager and contact information	
Supervising staff member and contact information	
Start of experience	
End of experience	

St. Joseph's Healthcare Hamilton is pleased to offer you a maximum 40 hour observational job shadowing experience. We trust that you will accomplish your learning objectives during this experience and it will provide valuable insight into the role played by the position and/or department. **The experience will be strictly observational with no direct patient care activities** and will only occur during the time frame outlined above. You will be partnered with the supervising staff member listed above, or another staff member *at all times*.

Signage is in place at all entrances and throughout our hospitals reminding everyone about healthy behaviours to prevent the transmission of infectious diseases and any environmental safety risks. Please be sure to read and adhere to the signage. You shall not attend the job shadow experience if experiencing any symptoms of illness (i.e. including but not limited to feeling unwell, fever, cough, nausea, vomiting, diarrhea, rash, or eye infection

As an observer, you shall introduce yourself to patients (or their substitute decision-makers) and request their permission to observe their care-related activities during your observational job shadowing experience. A confidentiality agreement has been attached—please bring it with you on your first day of the experience. Please forward your learning objectives to the Responsible Manager and Supervising staff member prior to the start of your experience so they can effectively organize relevant learning experiences to meet your needs.

Please contact the placement coordinator with any questions.

_____ phone 905-522-1155 ext _____

Appendix C- Confidentiality Agreement-Learners/Job Shadowing

Confidentiality Agreement – Learners / Job Shadowing

Privacy is the legal right of each patient/client

I understand and agree that, as a learner at St. Joseph's Healthcare Hamilton, I have privileges and responsibilities related to confidentiality and privacy of information.

1. I must hold all information, verbal, written or computerized concerning patients/clients and their visitors in STRICTEST CONFIDENCE. This includes clinical, personal, social and psychological information.
 - I will not repeat names, diagnoses or other personal/medical information to staff, students, and job shadowing placements or to family, friends and others.
2. I will only access individual patient information required for the pursuit of my duties/assignments.
 - I will not read lists or charts out of curiosity.
 - The information is never shared even if a name is recognized or a condition or treatment is interesting.
3. I will only use information, when needed, for patient care and education or research purposes, in a manner that will protect the privacy and confidentiality of everyone concerned, and always within hospital policy and / or student handbook.
 - I will be sensitive to protect the dignity of patients/clients.
4. I will treat personal information about patients, employees, volunteers and students as strictly confidential.
 - I will not talk about patients or visitors in the halls or other public areas where my words may be overheard or misunderstood.
 - I will take care to protect information visually so that others do not view patient/client information.
5. Patients have rights regarding interactions with others, including students. I will introduce myself and provide information as to what my intention is and request their permission to participate /observe.
6. I understand that if a patient/client shares information with me that concerns his/her well being that information is to be passed on to the appropriate staff member even if the patient/client requests that it be withheld.
7. When I have questions regarding confidentiality, I will speak to the department/program manager, staff supervisor or student resources staff as appropriate.
8. I understand that my responsibilities to protect patient privacy continue after my term with St. Joseph's Healthcare is completed.

I also understand that disclosure of this information in any other way may be cause for my dismissal, is reportable to my educational institution, if appropriate, and that I may be subject to legal action by St. Joseph's or others.

I have read the above and fully understand its content.

Student's Name (Print Neatly)

Signature

Date

Witness: _____

Appendix D-Job Shadowing Program: Release, Waiver & Indemnification Form

I _____ would like to participate in the Job Shadowing Program
(name of participant)
("the Program") at St. Joseph's Healthcare Hamilton from _____ to _____.
(Dates)

I agree to arrive at the specified time and location, and to abide by all of the policies and procedures at the workplace.

I understand that I am under the authority of _____ I am job shadowing.
(Name of Employee/Supervisor)

I am aware that job shadowing involves certain risks and dangers inherent to the workplace.

I also acknowledge that SJHH does not carry medical, personal health, dental, accident or personal property insurance coverage with respect to my participation in the Program.

I hereby release St. Joseph's Healthcare Hamilton, its officers, governors, employees, agents, contractors and representatives (the "Released Parties") from any and all actions, claims and demands for damages, loss and injury, arising now or which may hereafter be sustained by me arising out of or in consequence of the attendance or participation in the Program.

I hereby waive and promise not to sue the Released Parties for any loss or damage, and any claim or demands on account of injury or damage, or as a result of my death, whether caused by negligence or otherwise, in connection with my participation in the Program.

I agree to indemnify the Released Parties from any claims or demands which might be made against the Released Parties arising out of or in consequence of the attendance or participation by myself in the Program.

I understand and agree to be bound by the terms and conditions of the Job Shadowing Program Agreement.

I am aware that by signing this form, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators or personal representatives may have against St. Joseph's Healthcare Hamilton, its officers, governors, employees, agents, contractors or representatives.

Signature: _____
(Participant)

Date: _____

Signature: _____
(Witness)

Date: _____

Appendix E-Observational Job Shadow Experience: Symptom Check List

This symptom check list must be completed on the day of the job shadowing experience and submitted to the supervisor. The Observational Job Shadow experience will be rescheduled if the observer has answered yes to any of the below symptoms.

Have you experienced any of the following in the past 24 hours

	Yes	No
Feeling unwell		
Feverish, chills or shakes		
Cough		
Nausea		
Vomiting		
Diarrhea		
Rash		
Eye infection		

Observational Job Shadow Participant name & signature

Date

Department/Unit Manager/Supervisor name & signature

Date

Submit the completed and signed form to the placement coordinator.