FLORIDA HOSPITAL

HUMAN RESOURCES
APPLICATION TO OBSERVE/JOB SHADOW AT FLORIDA HOSPITAL

****Florida Hospital is Presently Unable to provide or Assist in Finding Sponsors/Preceptors****

APPLICANT STATUS

☐ General/Business Student	☐ Allied Health Student	☐ Medical Student	☐ Pre-Med Student	Resident ☐ MD ☐ Other
☐ Licensed Independent Practitioner	☐ Professional Interest	☐ Other_____		

APPLICANT INFORMATION

First Name:	Last Name:	M.I.:	
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Gender: ☐ M ☐ F	Date of Birth:	Social Security # (last 4 digits):	
School or Program Name:		Graduation Date:	
Home Phone:	Mobile Phone:	Email:	
Emergency Contact:	Relationship:	Phone:	
Specialty or Service/Department:			
Preferred Dates:			

REASON FOR OBSERVATION/JOB SHADOW REQUEST: (PLEASE EXPLAIN WHY YOU ARE INTERESTED)

FLORIDA HOSPITAL SPONSOR/PRECEPTOR

First Name:	Last Name:	M.I.:	☐ MD ☐ DO ☐ OTHER _____

DISCLAIMER AND SIGNATURE

By signing this application:

- I request consideration for a period of observation/job shadowing at Florida Hospital.
- I understand that I will not be permitted to engage in patient care.
- At any time, I will not be asked or allowed to answer specific questions about a patient's care or treatment, or otherwise provide medical or professional opinions.
- I understand that through my sponsor I will be expected to follow all of Florida Hospital's policies, rules and regulations, specifically those regarding infection control, safety and confidentiality.
- I agree to follow the directives of my sponsor. I understand that I must remain with my sponsor at all times.
- I understand that I am on Florida Hospital property at my own risk and insurance coverage, that I will not be indemnified/insured by Florida Hospital.
- I understand that if I breach any policies or obligations, my permission to act as an observer will be withdrawn and I may be asked to leave immediately.
- I certify that my answers are true and complete to the best of my knowledge. If this application is approved, I understand that I am responsible for submitting all required documents.

Applicant Signature:	Date:

Submit application by email to fh.hr.regulatoryservices@flhosp.org. **Incomplete applications will not be accepted.**

FLORIDA HOSPITAL

APPLICATION TO OBSERVE/JOB SHADOW AT FLORIDA HOSPITAL
FOR FLORIDA HOSPITAL SPONSOR/PRECEPTOR USE ONLY

APPROVAL DATES

Specialty or Service/Dept:	Start Date:	End Date:

FH SPONSOR/PRECEPTOR STATEMENT

As a FH employee and/or a member of the Medical Staff with appropriate privileges for procedures, I endorse the applicant to complete the approved observation/job shadowing at Florida Hospital. This applicant will be under my full supervision. I have reviewed the application and credentials submitted by this applicant to observe/job shadow at Florida Hospital. By my signature below, I agree to the following:

- I support the application and agree to personally oversee and supervise this individual during the approved period of observation/job shadow.
- I will ensure the Observer will abide by Florida Hospital's policies, rules, regulations, and will review the hospital's rules for Patient Confidentiality, Safety Education, and Standard Precautions.
- I understand that the individual observing/job shadowing is permitted only to view patient care, and only with patient consent. I agree that they will have no direct patient contact or provide any type of medical care.
- I will ensure a FH identification badge is worn at all times while in the Hospital.
- I will ensure they follow required hand washing practices while at the Hospital, specifically after using the bathroom and upon entering or leaving a patient care area. They will not enter isolation rooms and will not come to observe/job shadow when he/she is sick, has a fever, or has been exposed to a contagious disease.

First Name:	Last Name:	M.I.:	☐MD ☐DO ☐OTHER_____

Work Address:	City:	State:	Zip:	Suite/Unit #:

Campus:	Business Phone:	Business Fax:

Specialty:

Mobile Phone:	E-mail Address:

Sponsor/Preceptor Signature:	Date:

FOR FH MANAGER/DIRECTOR'S DEPARTMENT USE ONLY

The applicant is:	☐ Approved	☐ Declined

FH Dept. Mgr/Director Signature:	Date:

FOR HUMAN RESOURCES REGULATORY SERVICES USE ONLY

APPROVAL DATES

Specialty or Service/Department:		Start Date:	End Date:

CONFIRMATION WITH FH SPONSOR / PRECEPTOR

Confirmed with FH Sponsor/Preceptor Name:	Date of Confirmation: Time of Confirmation:
FH HR Regulatory Services Staff Name:	Initials:

FLORIDA HOSPITAL

Observation/Job Shadowing at Florida Hospital
Guidelines for FH Sponsor/Preceptors

ENCLOSED YOU WILL FIND:

- √ **Observer/Job Shadow Process Flow**
- √ **Observer/Job Shadow Process Checklist**
- √ **HIPAA Compliance**
- √ **HIPAA Compliance Sign-Off Sheet**
- √ **Release of Liability**
- √ **Safety Education**

Individuals desiring to complete an educational observation/job shadowing experience at Florida Hospital (FH) are required to follow the process outlined in these guidelines. Requests shall be made through FH Campus Human Resources. **FH is presently unable to provide or assist in finding FH Sponsors/Preceptors.**

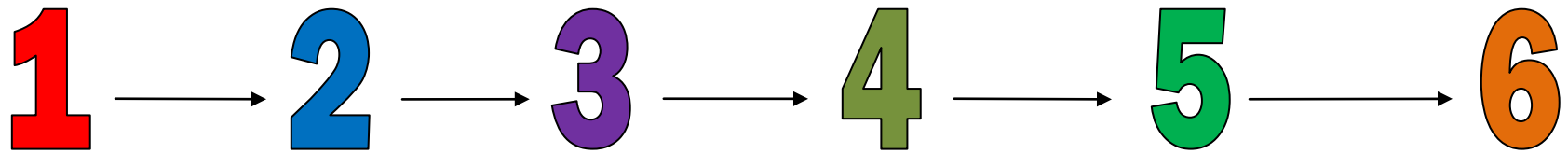
IMPORTANT INFORMATION & KEY POINTS:

- **Observer must be 18 years or older.**
- FH Sponsor/Preceptor **cannot** be a relative or family member of the observer.
- **Applications** and a **photo copy of State ID or Passport**, must be submitted **at least 2 business days** prior to observation start date to FH.HR.RegulatoryServices@flhosp.org or faxed at 407-303-0644.
  - Time may be limited based on nature of experience and may **not exceed 30 days**.
- Approvals for observer/job shadowing will be sent out **at least 2 business days** prior to start date.
- Items listed under Sponsor/Preceptor section must be dated, initialed, and presented to Campus Human Resources (HR) Office prior to assignment.
- Documents to be collected by FH Sponsor/Preceptor:
  - HIPAA Compliance Sign-Off Sheet
  - Release of Liability
  - Safety Education
- Campus HR Office will confirm observation/job shadowing experience with FH Sponsor/Preceptor and review all required documents prior to issuing a FH Observer/Job Shadow ID badge.
- The FH Sponsor/Preceptor **must** provide unit/department specific orientation. Individual observing/job shadowing is expected to follow all of Florida Hospital's policies, rules and regulations, specifically those regarding infection control, safety, and confidentiality. **Violation of any policy or rule stated below will result in immediate termination of the observation/job shadowing experience.**
  - **NO DIRECT PATIENT CONTACT**
  - Patients must be informed of the presence of observers and observe/job shadow only if permission has been granted by the patient.
  - Must always be accompanied by FH Sponsor/ Preceptor and cannot interact with any patient independently.
  - ID Badge does **not** allow access to any secure area and does **not** allow entry into any area with a badge swipe entrance.
  - Will not enter isolation rooms, and will not come to observe/job shadow when he/she is sick, has a fever, or has been exposed to a contagious disease.
  - Will not provide medical care, conduct a patient interview, take a medical history, examine a patient, provide medical advice to a patient, or assist in any procedure.
  - May participate in rounds, conferences and other didactic activities as appropriate.
  - Will not make entries into or make copies of patient medical records.
  - Will not write or make verbal orders for patients.
  - Will not bill for any service.
- Upon completion, badge must be collected and delivered to Campus HR.
- FH Sponsor/Preceptor must keep all documents for one year after observation/job shadowing experience. Audits are conducted by FH Human Resources Regulatory Services and it is critical that all required information is readily available at time of audit.

For more information: https://drupal01.floridahospital.org/humanresources/content/compliance

FLORIDA HOSPITAL

Human Resources Guidelines
Observation/Job Shadowing Process Flow
FH Sponsors/Preceptors



1 Individual and/or FH Sponsor/ Preceptor contacts Human Resources with a request for Observer/Job Shadow educational experience.

2 Human Resources directs FH Sponsor/ Preceptor to location of "Application to Observe/Job Shadow" and Guidelines, which includes a checklist and forms to be signed. Observer completes Application to Observe and sends it to HR Regulatory.

3 FH Sponsor/ Preceptor provides individual observing/job shadowing the HIPAA Compliance FACT Sheet, HIPAA Compliance Sign-off Sheet, Release of Liability, and Safety form.

Sponsor/Preceptor completes Observer/Job Shadow checklist.

4 FH Sponsor/ Preceptor presents completed Process Checklist to Campus HR.

Campus HR verifies all information provided, completes Process Checklist and issues FH Observer ID Badge.

5 Observer begins educational experience.

6 Upon completion of observation/job shadow, FH Sponsor/Preceptor collects FH Observer ID badge and delivers to Campus HR.

Campus HR destroys badge and documents on observer/job shadow Checklist. HR Campus sends Observer Process Checklist to HR Regulatory Services.

FH Sponsor/Preceptor must retain Process Checklist and forms for 1 year.

FLORIDA HOSPITAL

Observer/Job Shadow Process Checklist

This form must completed & presented to Campus HR to issue FH Observer ID badge

OBSERVER NAME:		
DEPARTMENT SPONSOR/PRECEPTOR:		
FH DEPT. CONTACT NAME:		
PHONE:	**FAX:**	
DEPARTMENT:		**CAMPUS:**
START DATE:	**DURATION:**	**END DATE:**
SCOPE OF OBSERVATION: *(Please Print)*		

FH SPONSOR/PRECEPTOR	**√**	**Date**	**Initials**
□ Completed Application to Observe/Job Shadow **submitted to FH HR Regulatory Services**	☐		
The FH Sponsor/Preceptor interested in facilitating observation/job shadow will provide Observer/Job Shadow applicant with: □ HIPAA Compliance Fact sheet □ HIPAA Compliance Acknowledgement form	☐		
□ Reviewed/signed HIPAA COMPLIANCE SIGN-OFF SHEET - Must be kept by FH Sponsor/Preceptor	☐		
□ Reviewed/signed RELEASE OF LIABILITY- Must be kept by FH Sponsor/Preceptor	☐		
□ Reviewed/signed FH SAFETY EDUCATION FOR OBSERVERS – Must be kept by FH Sponsor/Preceptor	☐		

Observer/Job Shadow ID Badge does **not** allow access to any secure area and does **not** allow entry into any area with a badge swipe entrance. **FH Observer/Job Shadow badge must be worn at all times.**

FH Sponsor/Preceptor Name: _____

FH Sponsor/Preceptor Signature: _____ **Date:** _____

Upon completion of observation/job shadow, FH Sponsor/Preceptor **MUST** collect FH Observer/Job Shadow badge and return to FH Campus Human Resources.

FH CAMPUS HUMAN RESOURCES ONLY	**√**	**Date**	**Initials**
FH Campus Human Resources: □ Confirms acceptance of observation/job shadow experience with FH Sponsor □ Keeps copy of Observer/Job Shadow Process Checklist □ Verifies Observer/Job Shadow Photo Identification and Age □ Issues FH Observer/Job Shadow ID badge	☐		

FH HR Campus Staff Name: _____

FH HR Campus Staff Signature: _____ **Date:** _____

Returned & Destroyed? ☐ **YES** ☐ **NO**

Observer/Job Shadow Process Checklist sent to HR Regulatory Services **Date:** _____

FLORIDA HOSPITAL

Health Insurance Portability and Accountability Act (HIPAA) COMPLIANCE

Patient Privacy

- HIPAA is Federal Regulation that makes certain that each and every patient's personal health information (PHI) is protected and that their privacy is maintained. PHI includes paper and electronic documents as well as verbal conversations.
- Florida Hospital's moral and ethical obligation is a legal responsibility.

What's covered under HIPAA

- HIPAA uses the terminology Protected Health Information.
- Protected Health Information goes beyond the traditional medical record.
- Includes all medical, financial and demographic information.
    - Patient Name
    - Phone Number
    - Birthdate
    - Address
    - Social Security Number
    - Anything which could individually identify the patient

Where and **how** information is communicated is an important part of HIPAA.

- Electronic communication and computer systems.
- Written communication including the medical record.
- Verbal communication between healthcare workers or between healthcare workers and the patient.
- Any communication between staff including volunteers and contracted workers.

Enforcement

Civil Penalties

- Up to $50,000 per violation per individual

Criminal Penalties

- "Egregious Violations" such as sale of patient information, gaining access under false pretenses, or releasing information with harmful intent.
- Law enforcement may investigate.
- Possible jail time and monetary fines up to $1,500,000.00.

Ways to Protect Our Patients

- Having access to patient information does not give us a right to access or disclose.
- Simply follow the "need to know" rule. Before looking at or sharing information with anyone else, ask the question, "Do I need to know this to do my job?" If the answer is "no", stop.
- If you see or hear any private health information as you do your job, keep it to yourself. This includes the fact that the patient is at our facility.
- If you see patient information in an open trash container, report it to your supervisor to properly dispose of it.
- If you see a violation of the privacy policy, tell your privacy officer or call the Guideline at 1-888-92-Guide (48433).

Patient Privacy must be protected at all times

FLORIDA HOSPITAL

HIPAA COMPLIANCE SIGN-OFF SHEET

This is to certify that I,_____, have received basic Orientation in:

- ✓ **HIPAA /Privacy and Security**

  - I understand that I am responsible for knowing and following the Health Insurance Portability and Accountability Act Compliance Fact sheet provided. I also understand that I am responsible for reporting any violations to my FH Sponsor/Preceptor or Compliance Office at (407) 303-9659 and/or the Guideline at 1-888-92-Guide (48433).

_____
Observer Name (Print)

_____
Observer Signature

_____
Date

FLORIDA HOSPITAL

RELEASE OF LIABILITY
CONSENT TO PARTICIPATE IN OBSERVATION/JOB SHADOWING AT FLORIDA HOSPITAL

I,_____, acknowledge that I have been informed of the potential risks of injury that may occur while I am allowed to participate as an observer at Florida Hospital, and I agree to assume the risk of such injury or illness.

In consideration of being allowed to participate in the program, I hereby release and hold the Hospital harmless from any injury or illness that may occur as a result of participation, except to the extent that the injury or illness occurs as the result of negligence by the Hospital or its employees.

Signed this_____day of,_____, 20____

_____
Signature of Observer

_____ _____
Name of Witness (Sponsor) Witness Signature

Florida Hospital Safety Education for Observer/Job Shadow

Situation	Expected Response
Fire (**Code Red**) in your area	**Extinguish fire if possible** **P** - Pull fire extinguisher pin out **A** - Aim hose **S -** Squeeze trigger **S** - Sweep from side to side **If unable to extinguish, call 911 and pull fire alarm.** **Notify Hospital Security**
Code Red	Announced code when Fire situation exists in the building - prepare to evacuate
Code Yellow	Announced code used to prepare occupants to evacuate.
Code Green	Announced code when building or unit evacuation is to begin.
Code O2	Announced code when there is a loss of bulk and reserve liquid oxygen. Patients on oxygen get evacuated.
Chemical Spill	Refer to your company policy for containment procedures and notify Hospital Security.
Medical Emergency	Call 911

Things to Know and Remember

- Location of exits and evacuation routes from your work space.
- Location of the map showing fire extinguishers, fire pull stations, sprinkler shutoff valves in your work space.
- Security emergency phone number – **407-303-1515**
- Emergency safety issue - **407-303-1515**
- Obtain and wear a FH identification badge at all times.
- Obey all requirements, keep work space clean, and wash your hands frequently.
- What you SEE here, what you HEAR here, must REMAIN here, when you LEAVE here. (HIPAA)

Observer:

By signing this sheet, you certify that you have read and understand your responsibilities and obligations while observing at Florida Hospital. Also, understand that the information presented covers only basic requirements and may not include everything you need to know depending on your observation experience. Additional safety information and associated policies and procedures may be obtained by requesting them from your FH Sponsor/Preceptor.

You understand that confidentiality of patient related information is important; including names of patients you may come into contact with and is not to be shared while on the job or when you leave the premises.

Observer's Name (print)	Observer's Signature	Date