

Job Shadow/Observational Experience Overview

The observational experience role provides an observational opportunity for individuals to “shadow” a health care professional working in a Sutter Health clinical facility or care center (“Observational Experience”). Observational Experiences are typically limited to four (4) hours each but may extend at the mutual agreement of the observer, healthcare professional, and department not to exceed more than three (3) business days. The applicable Sutter Health facility or care center may in its discretion decline to provide, or otherwise limit, Observational Experiences at Facility.

The candidate is required to:

1. Complete and submit to the appropriate Sutter department contact an application form, including:
 - Contact information
 - Provide documented proof of immunizations and TB test (see Application for details)
 - For minors (applicants less than 18 years of age) the parent/legal guardian section of the Application must be completed, and any Observational Experience by a minor is additionally subject to the facility or care center accepting such applicants.
 - Workforce Confidentiality Acknowledgement (Students, Instructors, and Job Shadows) via Sutter Health’s learning management system (LMS)
2. Complete the following training **prior** to the start of the Observational Experience, via the [Online Application Form Link](#)
 - PI General Compliance Training for Volunteers/Job Shadowing
 - General Compliance Training for Clinical Students & Job Shadowing
 - Workforce Confidentiality Acknowledgement (Students, Instructors, and Job Shadows)

Sample of Allowable Activities:

- Accompany the guide during routine job functions.
- May be able to sit and visit with patients with appropriate patient consent.
- May be able to observe procedures with appropriate patient consent and appropriate personal protective equipment (PPE).
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Activities NOT allowed:

- Turning, holding, contacting, or touching patients.
- Pushing wheelchair or gurney with a patient onboard.
- Cell phone use while actively shadowing a health care provider.
- Photography or videotaping in the facility or care center.

Dress Code:

- No open-toed shoes, shorts, shirts with provocative language, excessive or long jewelry (earrings no longer than observer’s chin), perfume or cologne.
- Fitted blue jeans and non-skid shoes (tennis shoes) are permitted.

- All clothes must be clean and neat with no visible holes or excessive decoration.
- Additional dress code requirements may apply at the discretion of the facility or care center.

Applicant shall provide to Facility, prior to his or her arrival at the Facility, proof of immunity consistent with Facility's employee health policy and notify the Facility if the applicant is a known carrier of an infectious or communicable disease. If any information indicates that patients or staff of Facility would be placed at risk by a particular Observational Experience applicant, Facility reserves the right to refuse to allow such Observational Experience applicant to participate in an experience at Facility.

Written proof of immunizations and TB test is required and can be obtained from your primary care physician.

Demonstrate the absence of tuberculosis (Annually)

- Initial two-step process; single thereafter. The second step/test should be no more than twenty-one (21) days after the first. (Interferon gamma tuberculosis test (e.g., QuantiFERON-TB Gold) may be used if necessary.)
- Individual with a documented positive response must undergo a chest x-ray.
- The local medical examiner may accept a document negative chest x-ray received within the past 12 months with a current negative symptomatology survey or as required by the authorized Public Health Agency.

Provide proof of complete COVID-19 vaccination AND booster.

Demonstrate immunity to the following as specified:

- Proof of two (2) Varicella vaccinations or blood titers confirming immunity to Chicken Pox.
- Tetanus, Diphtheria and Pertussis (Tdap) vaccination (or signed declination, to be obtained from your healthcare provider)
- Proof of Two (2) MMR (Measles, Mumps and Rubella) vaccinations or blood titers confirming immunity to Measles, Mumps and Rubella.
- Proof of Hepatitis B three (3) shot series or blood titers confirming immunity to Hepatitis B (or signed declination form)
- Annual influenza (proof of shot or declination) required between October and April

Acknowledgement, Waiver, and Release by Observational Experience Applicant:

- I understand this Observational Experience is provided solely for my learning experience, and I will not be compensated for my participation.
- I will only observe patient care with appropriate prior consent, and I will have no physical contact with any patient or medical device during the observation.
- I will follow all directions given by Facility staff and medical staff, and I understand I may be asked to leave an area or the Facility at the discretion of the Facility.
- I will comply with all applicable Facility policies and procedures, including always wearing a guest badge if required by Facility.

- I will be punctual and conscientious, and I will follow all requirements described in the Job Shadow/Observational Experience Overview, which was provided to me and is incorporated herein by this reference.
- I will maintain confidentiality of all patient and Facility information, as further detailed in the Workforce Confidentiality Acknowledgement (Students, Instructors, and Job Shadows) that I must sign.

I am voluntarily participating in the Observational Experience at Facility (the “Activity”). I understand that there are inherent risks of injuries in the Activity, which are known to and accepted by me.

By signing this form, I hereby waive and release on behalf of myself, my heirs, executors and assignees any and all rights, claims, demands, or actions for damages or any other liabilities (including but not limited to claims due to injuries to person or property) that may arise against the Facility, its affiliates, or its or their medical staff, employees, or contractors in connection with, or as a result of, my participation in the Activity.

Name of Observational Experience Applicant: _____

Signature of Observational Experience Applicant: _____ **Date:** _____

A parent or guardian must also complete the following portion if the Applicant is under eighteen (18) years of age:

I, the parent or legal guardian of the above-named Applicant (referred to as “Minor” in this section), hereby consent to and authorize the Minor’s participation in an Observational Experience at the Facility. I understand that Minor may witness certain events or procedures that could be disturbing (e.g., operations, childbirths).

I agree that I shall be responsible to ensure Minor complies with all requirements described in this Application for Observational Experience. We understand that failure to comply with the Facility’s rules may result in immediate removal of the Minor from the Observational Experience.

I understand that there are inherent risks of injuries in the Activity (as defined above), which are known to and accepted by me and the Minor.

By signing this form, I hereby waive and release on behalf of myself, my heirs, executors and assignees any and all rights, claims, demands, or actions for damages or any other liabilities (including but not limited to claims due to injuries to person or property) that may arise against the Facility, its affiliates, or its or their medical staff, employees, or contractors in connection with, or as a result of, the Minor’s participation in the Activity.

Parent or Guardian Signature _____ **Date:** _____

Parent or Guardian’s Printed Name: _____