

Job Shadow Request Form

Job shadowing at RSFH provides a brief educational experience, offering students and community members the opportunity to explore a career in healthcare. During this time, participants will be paired with an RSFH employee and observe their daily tasks. The experience allows the shadow to ask questions, gain valuable insight into the healthcare field, and understand the workplace environment.

Shadow experiences can be completed up to two times, for a total of 16 hours or less. The number of hours for your shadowing experience is determined by your host.

It is the responsibility of the student or participant to find a host within RSFH. To do so, visit www.rsfh.com, select the "Explore" tab, then "Contact Us" for department listings, or go to the "Doctors" section and use "Find a Doctor" to locate healthcare providers. Reach out to different departments or providers to find someone willing to serve as your host. Once you have secured a host, please return the completed forms to me, ensuring that your host has signed section C.

A. Requirements and expectations:

1. The minimum age for shadowing at a RSFH facility is 14 years old. For our intensive care unit, birth suite, operating room, or emergency department, students must be 16 years or older.

For our special care nursery (level 2 NICU) you must meet other requirements – please reach out to student development for those requirements.

Minors require the signature of a parent or guardian to request a shadow opportunity and participate. Student shadows are responsible for demonstrating professional behavior and complying with applicable RSFH rules and policies during the entirety of the shadow experience. During the months October – March shadow students must also receive the flu vaccination or have a religious or medical exemption.

2. Approval from the RSFH “host” or designated manager is required prior to scheduling the shadow experience. The RSFH host is also responsible to ensure the student’s behavior and actions comply with RSFH rules and policies.

3. The student must read and sign section 10 as an acknowledgement of RSFH’s HIPAA Privacy policy.

4. The information in the form below should be completed by the student shadow and emailed to the RSFH Student Coordinator at student.development@rsfh.com or faxed to 843-769-7140. This form should be submitted no less than 14 days prior to the requested date of the shadowing.

5. RSFH will make every effort to accommodate a student shadowing request; however, the decision to grant a request is in the complete and absolute discretion of RSFH. Please note that requested dates, times, and areas may not be available.

6. Shadowing students will not perform direct patient care or enter isolation areas. Additional safety requirements specific to the area visited may also be required.

7. Please note that any RSFH clinical and/or administrative personnel may determine that an area or care episode may not be appropriate for a student shadow. In such instance, it is in the complete and absolute discretion of the RSFH clinical and/or administrative personnel to require exclusion of a student shadow from that area or care episode.

B. To be completed by the student shadow applicant:

1. Student Name (Last, First): _____ DOB: _____
2. Personal Address (street, city, state, zip): _____
3. Email address: _____
4. Personal phone number: (____) ____-_____
5. Emergency contact information: Name: _____ Phone: _____
6. Career interests: _____
7. Name of requested RSFH department (if known): _____
8. Name of RSFH host (if known): _____
9. 1st choice of date to shadow: ____/____/____ 2nd choice of date: ____/____/____

10. Student attestation:

I will be under the supervision and direction of my assigned RSFH host. I understand that the confidentiality and privacy of the employees and patients of RSFH must be always respected, including after completion of my shadowing experience. I will not share any confidential information obtained during my shadowing experience at RSFH with anyone outside of RSFH. I will comply with all required safety and security protocols while on-site at RSFH. I understand that information concerning patients, their illness or their families is private. Medical records are by law confidential and must remain private. I understand that a breach in confidentiality may be in violation of federal and/or state statutes and regulation and may subject me personally to criminal and/or civil liability.

****Applicable (October – March)** I, _____ attest that I have received the flu vaccination or have a documented medical or religious exemption.

Signature: (student) _____ Date: _____

Signature (parent/guardian if student is a minor) _____ Date: _____

C. To be completed by the shadow's host or designated manager

Host attestation:

I agree to supervise and be responsible for the student shadow named above during their shadowing experience. I agree to ensure that RSFH policies are followed, and patient privacy and safety is respected during my supervision period, and I will immediately report to the appropriate RSFH personnel any breaches and/or violations by the above-named student shadow.

Signature _____ Date: _____

Agreed-upon date and location of shadow experience: _____

Return this form to the RSFH Student Coordinator at student.development@rsfh.com or fax **843-769-7140**.