



## Job Shadow/Observer Request Form

### Job Shadowing at Roper St. Francis Healthcare:

The Job Shadow educational experience introduces observers to a particular job or career by pairing them as an unpaid observer with a healthcare employee for a period of eight hours or less. The observer will follow or “shadow” the RSF employee as he/she performs normal work activities. The observer may observe, ask questions, and gain first-hand knowledge of a career and the workplace environment. The employee mentor is considered to be the observer’s supervisor while they are in an RSF facility. The observer will not engage in any active clinical care (touching the patient), will not write orders or assume responsibility for patients.

Students requesting long-term experience should be processed through the volunteer department and attend student/volunteer orientation. For more information call 724-2080 at Roper Hospital or 402-1156 at Bon Secours St. Francis Hospital.

### General Requirements:

- Minimum age of 14. Critical care areas (ICU, Birth Suite, OR etc. have higher ages established for observation).
- The Department Manager’s approval must be obtained.
- Those completing a Job Shadow should be identified with a name tag and introduced to patients as an observer. Students may wear their school ID.
- Complete the Job Shadow form and return it to the facility Volunteer Office on completion of the experience.

### Job Shadowing Guidelines:

- Dress appropriately in business casual attire with closed toe shoes for clinical areas, limiting jewelry and scented products. Denim, shorts, spandex and revealing outfits are not acceptable. Turn off cell phones. We cannot be responsible for valuables.
- Use proper infection control procedures and perform hand hygiene during your stay. Do not enter any area under Isolation Precautions.
- Those who have not eaten prior to coming to the facility may experience weakness during their job shadowing experience. Please eat before coming to the facility. Sit down and notify your mentor at any time if you feel weak. **Please note:** RSF will not be responsible for any injuries to observers which are not directly the result of RSF negligence. Be advised that in the past, observers have fainted while watching medical procedures. Observers will participate in the program at their own risk. Any injuries or medical bills will be born by the observer and/or the observer’s guardian.
- Participation requires that you are free of infectious diseases on the day of the experience. We will be happy to reschedule if necessary.
- Be respectful to the patients and staff at RSF at all times. They are allowing you this experience.

### Flu Season Precautions:

Note: RSF does not participate in one day school assigned job shadowing during the flu season. For the safety of our patients documentation of flu vaccine is required during the flu season.

Applicant has received the Flu Vaccine:  \_\_\_\_\_ Signature of applicant or parent guardian if minor.

### To be completed by Student/Observer:

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

Are you 18 years of age or older? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ (zip)

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

School/Employer: \_\_\_\_\_ Grade/Job Title: \_\_\_\_\_

Name, address and phone number of person to be contacted in case of any emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have friends or relatives currently working/volunteering for Roper St. Francis Healthcare?

Yes  No If yes, give their name, relationship and Department: \_\_\_\_\_

Career Interests: (if known) \_\_\_\_\_

Is there anything we need to consider in placing you in a job shadowing role: \_\_\_\_\_

Date requested: \_\_\_\_\_ Alternate Date: \_\_\_\_\_ Time requested: \_\_\_\_\_ to \_\_\_\_\_

Department Requested: \_\_\_\_\_ RSF Staff Member Requested (if known): \_\_\_\_\_

**HIPAA/Confidentiality Statement:**

I will be under the supervision and direction of my assigned mentor. I understand that the confidentiality of the employees and patients of Roper St. Francis Healthcare must be respected at all times. I understand that information concerning patients, their illness or their families is private. Medical records are by law confidential and should remain private. I understand that a breach in confidentiality may be in violation of federal and /or state statutes and regulation and subject to prosecution under the law. I will respect and maintain patient confidentiality, both during my visit and after I leave the hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(observer)*

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**Minors: To be completed by Parent/Guardian if participant is under the age of 18:**

My daughter/son has permission to job shadow at Roper St. Francis as requested above. I release RSF from all claims that may arise from this observational experience. My child will only participate if he/she is free from infectious disease on the day of the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RSF Mentor: To be completed by RSF Employee Mentor:**

I, \_\_\_\_\_ agree to supervise and be responsible for \_\_\_\_\_ *(observer's name)* during his/her job shadowing experience, making sure Roper St. Francis Healthcare policies are followed and patient's privacy and safety is respected.

Employee: \_\_\_\_\_ Dept: \_\_\_\_\_ Date: \_\_\_\_\_

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**Complete this section and return to the Volunteer Office after your experience:**

What did you learn? We love to hear comments about your experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was any Roper St. Francis employee particularly helpful during your times with us? How?

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\_\_\_\_\_