

Mid-MO AHEC



Heather Light, MHA Executive Director

January 1, 2003

Dear UMR Student,

Congratulations on choosing to job shadow a health care profession. Please call me at the Mid-MO AHEC office at 573-364-4797 and set up a date, time and area to shadow. Enclosed are the forms you need to participate in the Job Shadowing Program for 2002-2003. Please read carefully, fill out all the required information, sign and return to the Mid-MO AHEC office prior to shadowing. Your parents/guardians must sign some of the forms if you're under 18.

Keep the Shadowing Report, the Student Learning Objectives, the Shadowing Etiquette information and the Site Coordinator Evaluation form. After you finish your shadowing experience, fill out the Shadowing Report and return to Mid-MO AHEC, 1103 West Twelfth St., Rolla, MO 65401. Also, give your preceptor the Site Coordinator Evaluation form and ask him/her to fill it out and return to the above address. When you read the appearance portion of the shadowing etiquette, note that nice pants or slacks mean no blue jeans.

When shadowing at Phelps County Regional Medical Center, before your shift begins, go to the registration desk in the main lobby by the gift shop and pick up a nametag to wear while you're in the hospital. Return the nametag to the registration desk after your shift is finished. If you fail to return the nametag, you will be billed \$5.00. You must have your Student ID with you at all times regardless of your job-shadowing site. When shadowing at another site, please follow their directions for identification prior to beginning your shadowing rotation.

We hope you enjoy your job shadowing experience and will find it helpful in making a career choice. If we can help you in any way, please call 573-364-4797.

Sincerely,

Carolyn McDonough
Recruitment Coordinator

Enclosures

MID-MISSOURI AREA HEALTH EDUCATION CENTER

1103 West Twelfth Street • Rolla, MO 65401 • 573-364-4797 • FAX 573-364-8972

Phelps County Regional Medical Center • 1000 West Tenth Street • Rolla, MO 65401 • 573-364-8899 x2006, x2008 • Fax 573-341-2117

ACES+ Undergraduate programming

Purpose: The AHEC Career Enhancement Scholars in conjunction with the Primary Care Initiative for Missouri (PRIMO) provides career planning and assistance programs for undergraduate students interested in Primary Care healthcare careers in underserved areas.

Implementation:

- Targeted students
- Graduating ACES students
- PRIMO scholars
- Undergraduate students enrolled in pre-health clubs

The application, interviewing and acceptance process will be administered on a regional basis using state-wide standardized forms and copies of applications will be submitted to KCOM for tracking.

Forms:

- ACES/PRIMO Brochure(s)
- ACES+ Application
- Consent/Contract
- ICP- Individual Career Plan
- ACES+ Data Form

Program Guidelines: minimum program service

- Initial meeting- create ICP, updated annually
- Ongoing monitoring, contact, services and goal assessment through the academic year- must have face-to-face with student twice per academic year
- Student participation and assessment file
- Regional data tracking submitted to KCOM

Programs and Services: minimum program service

- Health Profession Shadowing
 - 40 hours per academic year required & documented
- Academic Enrichment Activities
 - 1 regional event per academic year required & documented
 - Workshops, roundtables, lectures and student sessions on topics such as:
 - Career Exploration, Study Skills, MCAT/DAT Prep, PRIMO Loans,
 - Financial Aid & Scholarships, Leadership and Primary Care Skills
- Mentoring
 - AHEC staff will help identify, establish and document relationships
- Community Leadership
 - 1 community leadership activity per academic year required & documented
 - Projects may be health-care or non health-care related
- Resources & Networking
 - Non-AHEC regional or statewide undergraduate healthcare program listing

MID-MISSOURI AREA HEALTH EDUCATION CENTER, INC. AGREEMENT WITH

FOR SHADOWING COMPONENT OF THE PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI (PRIMO)

1.0 Parties to the Agreement

This agreement is made and entered into by and between the Mid-Missouri AHEC,
_____ (Health Care Facility), the Missouri Area
Health Education Centers Office, and _____ (student).

2.0 Purpose

The purpose of this agreement is to establish a temporary work site for the student that will provide an observational learning opportunity that will enhance pre-college health professions preparation.

3.0 Goals and Objectives

Program goals are to provide a meaningful learning opportunity for students interested in health professions and to nurture these students' interests through interactive experiences with Missouri's health professionals. Health Care Facility, Mid-Missouri AHEC, and MAHEC expect that, at the conclusion of the shadowing experience the student shall be able to describe:

- 3.1 the roles and responsibilities of the health profession of their current interest;
- 3.2 the training and education necessary to prepare for that health career;
- 3.3 the skills, knowledge, and attitudes necessary to succeed in that health career;
- 3.4 how that health profession functions in the work setting in which the student is assigned.

4.0 Student Responsibilities:

As a participant of this shadowing experience at the Health Care Facility, the student agrees to:

- 4.1 complete the scheduled shadowing experience as requested or required
- 4.2 maintain conduct which is professional with regard to spoken and written communication, behavior, punctuality, dependability, and physical appearance
- 4.3 submit confidentiality guidelines, medical release, and consent for participation forms signed by the student and parent or guardian to the Mid-Missouri AHEC or the school counselor's office prior to reporting to the Health Care Facility
- 4.4 submit Data Form E and Data Form M* to the Mid-Missouri AHEC
- 4.5 meet and comply with the requirements of the Center for Disease Control and OSHA guidelines prior to beginning work at the Health Care Facility
- 4.6 submit to Mid-Missouri AHEC a Shadowing Report, evaluating the shadowing experience at its conclusion

5.0 Health Care Facility Responsibilities

The Health Care Facility shall:

- 5.1** provide instruction regarding OSHA Bloodborne Pathogens and Tuberculosis regulations before the student begins clinical experience in the Health Care Facility
- 5.2** provide on-site supervision of the student
- 5.3** as needed, coordinate with Mid-Missouri AHEC and the student to ensure that students are meeting their responsibilities
- 5.4** Complete the Site Coordinator Evaluation at the end of the shadowing experience (Packet B).

6.0 Mid-Missouri AHEC Responsibilities

The Mid-Missouri AHEC shall:

- 6.1** monitor student's performance through phone calls and/or evaluation review
- 6.2** maintain periodic contact with the Health Care Facility
- 6.3** serve as the contact point for complaints from either the Health Care Facility or the Student
- 6.4** maintain a file on the student in the shadowing experience program containing the name, address, and dates of contact with the student, the Health Care Facility in which the student was placed, and evaluations completed by both the student and the Health Care Facility.

Signed and agreed to on behalf of the Mid-Missouri Area Health Education Center, Inc., by:

Name, Executive Director

Date

Signed and agreed to on behalf of the Health Care Facility by:

Health Care Facility Representative

Date

Signed and agreed to by the Student and his/her parent or guardian by:

Student

Date

Parent or Guardian of Student (if under 18)

Date

* Data Form M needs to be completed prior to your first PRIMO Experience only

Mid-Missouri Area Health Education Center, Inc.
Agreement with
Student and Parent
For Shadowing Experience Component of the
PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI (PRIMO)

Consent for participation

I hereby consent that my child may participate in the PRIMO Shadowing Experience which will include observing patients in a health care setting, and observing medical and laboratory procedures. I do hereby release the Mid-Missouri Area Health Education Center, the Missouri Area Health Education Centers Office, the PRIMO Program and the Health Care Facility and their staff and sponsors from any responsibilities of injury or accident as a result of shadowing Experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I hereby agree to be in compliance with the requirements of the Center for Disease Control and OSHA Guidelines as follows:

1. Student shall receive instruction provided by the Health Care Facility regarding OSHA Bloodborne pathogens and Tuberculosis regulations before beginning clinical experience in the Health Care Facility.
2. Upon request of the Health Care Facility, Student shall submit evidence of having an initial physical examination and current TB skin testing or chest x-ray.
3. Upon request of Health Care Facility, Student shall submit evidence that he/she has had a rubella immunization or a positive Rubella Titer (if placed in the obstetrics department).
4. Upon request of the Health Care Facility, student shall submit evidence of having received Hepatitis B vaccinations or sign a waiver registering he/she is aware of the risks without vaccination.
5. Mid-Missouri AHEC agrees to assist the Health Care Facility by requiring that the Student meet the above requirements as a condition of placement at the Health Care Facility for the shadowing Experience

Parent/Guardian Signature

Date

Medical Release

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as a parent or guardian of _____ for emergency treatment or procedure necessary by the professional staff of the closest hospital available.

Parent/Guardian Signature

Date

Insurance Company

Policy Number

Student/Parent Information

Student Name

Parent/Guardian Name

Home Phone Number

Work Phone Number

Address

City, State, Zip

PRIMO CAREER SHADOWING CONFIDENTIALITY GUIDELINES

A hospital is a place where a variety of events take place; happy events such as the birth of a baby, or sad events such as the death of a loved one or the diagnosis of a devastating disease such as cancer.

When entering a hospital, a patient has entrusted the hospital with a variety of information, some of which is very personal. Maintaining patients' privacy is as important as the medical care provided. Therefore, all case discussions, consultations, examinations and treatments are confidential and are to be conducted discreetly. Any unauthorized disclosure of hospital information, records or patient information can result in suspension or immediate discharge of an employee (or in this case, a student shadower).

Career shadowing offers you an opportunity to spend time “on-the-job” with a practicing health care professional. This unique experience may place you in the position of overhearing or observing confidential information, oral or written. To prevent the unauthorized disclosure of any patient information, please review the following procedures concerning patient confidentiality:

1. Any confidential information obtained from the hospital, clinic, or health department's files, records, or computers must remain just that - **CONFIDENTIAL!** Anyone involved in the care of a patient should refrain from discussing the patient outside the hospital, clinic, or health department. Even casual conversations can be misunderstood and could even cause legal action against the hospital and the individuals involved. Remember, you **NEVER KNOW WHO IS LISTENING!**
2. Gossiping about any patient is unprofessional and totally unacceptable. Never discuss the personal life of any patient with anyone. If professional matters concerning the patient must be discussed, please do so with a doctor or a nurse, in a private area.

We hope that you enjoy your career shadowing experience. You will have the opportunity to observe and learn many new things about the health care field. Please make every effort to protect patients' right to privacy by maintaining confidentiality.

You have been given the privilege to shadow a physician; very few high school and college students have this opportunity. To best meet the needs of the hospitals, clinics, and health departments where you will do your shadowing, we ask you to sign this contract, stating that you understand and will abide by these guidelines. Any disregard of these rules may result in the discontinuation of your shadowing experience.

Student

Date

Parent or Guardian of Student (if under 18)

Date

Shadowing Site Coordinator Evaluation

Thank you for providing this applicant with a career shadowing opportunity. Your cooperation is very much valued and appreciated. The applicant has signed a waiver of confidentiality. All information you supply will be confidential. The following is a list of characteristics, which we feel are required for a student to successfully complete training in the allied health programs. Please complete the following evaluation by giving us your honest opinion of this experience and return to Mid-MO AHEC, 1103 West Twelfth St., Rolla, Missouri. Please return this evaluation as soon as possible to allow the applicant to complete the enrollment requirements.

Applicant Name: _____ Date of Shadowing Experience: _____

Affiliation: _____ Preceptor's Name: _____

Address: _____ Phone: _____

5 - Outstanding

2 - Needs Improvement

4 - More than satisfactory

1 - Unsatisfactory

3 - Satisfactory

N/A - Not observed

Description	5	4	3	2	1	N/A
Interest - motivated and eager to learn						
Participation - participated in activities						
Punctuality - arrived on time and prepared						
Attitude - positive approach to staff and others						
Appearance - clean, neat and professional attire						
Professional behavior - positive toward others						
Stress Response - maintains composure and able to function						
Maturity - demonstrates common sense, tact and empathy appropriate for patient care						

Would you like to see this applicant in your facility as a student for clinical rotation?

Yes

No

ADDITIONAL COMMENTS:

Signature of Preceptor: _____

Date: _____

Shadowing Report

Please complete this report within two weeks of the completion of your shadowing experience and return to the Mid-Missouri AHEC Center, 1103 West Twelfth Street, Rolla, MO 65401

Your Name: _____

Health Care Provider's Name: _____

Hospital/Clinic/Health Department (name and location):

Date(s) and Time(s) of Shadowing Experience(s):

1. What did you do?

2. What did you learn?

3. What did you like or dislike about the experience?

4. Before others participate in shadowing, they should know:

5. My preceptor gave me valuable insight into his/her profession (circle one):

POOR 1 2 3 4 5 GREAT

6. Overall, I would rate my experience (circle one):

POOR 1 2 3 4 5 GREAT

7. I would recommend this shadowing program to others (circle one):

YES

NO

MAYBE

Additional comments?

SHADOWING DATA FORM

*Please Type or Print***STUDENT INFORMATION**

NAME: _____

ADDRESS: _____

CITY, ZIP: _____

COUNTY: _____ PHONE NO: _____

SOCIAL SECURITY NO: _____ BIRTHDATE: _____

ETHNICITY:MAIN

☐ AFRICAN AMERICAN
☐ ASIANPACIFIC ISLANDER
☐ NATIVE AMERICAN
☐ CAUCASIAN
☐ OTHER _____

SUB-ETHNICITY

☐ AFRICAN AMERICAN
☐ ASIANPACIFIC ISLANDER
☐ NATIVE AMERICAN
☐ CAUCASIAN
☐ OTHER _____

GENDER

MALE

FEMALE

EDUCATION LEVEL
☐ ELEMENTARY ☐ MIDDLE SCHOOL ☐ JUNIOR HIGH ☐ HIGHSCHOOL ☐ UNDERGRADUATE

SCHOOL NAME/ADDRESS: _____

EXPECTED DATE OF GRADUATION: ____/____

HOW DID YOU LEARN ABOUT THIS PROGRAM? _____

SITE INFORMATION

NAME: _____

ADDRESS: _____

CITY, ZIP: _____ COUNTY: _____

PHONE NO: _____ FAX: _____

CONTACT PERSON & TITLE: _____

PRECEPTOR: _____

START DATE: _____ END DATE: _____

HOURS PER WEEK _____ RATE OF STIPPEND: _____

ACES Student Shadowing ACES+Student

EXPERIENCE DESCRIPTION: _____

FOR OFFICE USE ONLYREVIEWING AHEC STAFF MEMBER: Carolyn McDonough DATE: _____

Please specify funding source for student activity (PRIMO, Federal AHEC, Local, etc.): _____

AHEC CENTER: ☐ NEMO ☐ SEMO ☒ MID-MO ☐ NWMO
 ☐ SWMO ☐ ECMO ☐ WCMO

SHADOWING ETIQUETTE

1. Appearance

A hospital, clinic or health department is a professional work setting. Therefore, your dress and appearance should be professional. Clothing should be neat and clean; do not try to make extreme fashion statements. Women should wear nice pants or skirts (of a conservative length), while men should wear a shirt and tie with nice pants. And please, no hats. Keep in mind that you may be standing for long periods of time, so you may want to wear comfortable shoes (but not running shoes). Hairstyles should be neat. Women with long hair may want to pull back their hair, so that it will not disturb either them or a patient. Also, be sure that your hands, fingernails, etc. are clean.

2. Knowledge of PRIMO

Doctors, nurses, other health care providers, and patients may ask you about PRIMO. Be prepared to provide them with a brief explanation about the purpose and benefits of the PRIMO Program.

3. Arrival to Shadowing Site

Plan to arrive at least 5 minutes early to each of your shadowing experiences. Health care workers are busy people, and they do not want to spend their time waiting for you; they are already doing you a big favor by letting you shadow them. If, for some reason, you are late, be sure to telephone the preceptor and let him/her know what time you will be arriving. When you arrive, introduce yourself to the secretary or receptionist and wait patiently for the preceptor. Do not be surprised or disappointed if the doctor is late. Physicians frequently encounter emergency situations, making it difficult for them to stay on schedule. While your shadowing experience is important to them, please be mindful of unexpected emergencies that are a part of a physician's daily routine.

4. Language

Now is a good time to put into practice all of those polite phrases that you learned at home or in school. Words such as "excuse me," "sir" "ma'am," "please," and "thank you" should be second nature for you during your shadowing experience. In addition, make your English teacher proud; use correct grammar (i.e. "we were" not "we was"). Be sure to use proper titles with all of the hospital or clinic staff. Also, when you speak to people, remember that you are speaking to them and not to the wall or floor or ceiling. Eye contact plays a vital role in effective communication.

5. Manners

I have bad news for those of you who are avid gum chewers: you should not chew gum while shadowing. However, if you are worried about the welfare of those around you, an occasional breath mint is fine and may be appreciated. Moreover, if you smoke or chew tobacco (something that should concern you as a future health care worker), please eliminate any trace of smoke from yourself and your clothes.

Always remember that you are the guest. Treat everyone and everything accordingly: being overly polite is never going to harm you or anyone else. For example, obtain permission to use the telephone. Also, do not assume that you are free to wander on your own throughout the hospital or clinic, or that you can sit at any desk and use whatever equipment is there. Always obtain permission.

You should be polite around the patients as well. Medicine allows you to see certain emotional and physical aspects of people that may be hidden from public view. Never show disgust at touching or dealing with a particular patient. Do not gawk at anything. If you feel like you need to remove yourself from a situation (if you feel faint or ill), please do so politely and quickly.

6. Patient Confidentiality and Privacy

As explained above, during your shadowing experience you may be exposed to people's private feelings, actions, and body parts. Everything that you see and hear should be kept confidential both inside and outside the hospital.

You may have access to confidential charts and records. Please refrain from snooping. If you are interested in learning more about a patient's illness or case history, ask the doctor.

7. Polite Assertiveness

In order to make this an effective learning experience, you will want to show visible interest and excitement in whatever you are asked to do while shadowing. You will want to demonstrate confidence in your abilities and enthusiasm and commitment to medicine. If the opportunity arises, volunteer to do a variety of jobs. Be politely assertive.

8. Express Gratitude

After your first shadowing experience (and even if you will continue to shadow with the same preceptor), you will want to send a thank you card to the preceptor, letting him or her know how much you appreciated the opportunity and what you learned from the experience. If there was a person on the office or hospital staff who specifically helped you, you should mention that individual by name in your thank you card (or you could send them a thank you note directly).

9. Complete shadowing report

Following each series of shadowing experiences, please complete and mail the shadowing report form to the Mid-Missouri AHEC Center within 2 weeks. Your experiences may be included in the PRIM0 newsletter.

10. Complete shadowing report

If, at any time, you have questions or concerns, please contact your Mid-Missouri AHEC Center at 573-364-4797. Have a wonderful shadowing experience!

Student Learning Objectives

Sample Questions for the Health Care Provider:

One of the objectives of job shadowing is to help you become more aware and familiar with health care professions as a whole. Additionally, shadowing can provide you the opportunity to become more knowledgeable about a specific field of medicine. Before arriving at each of your shadowing experienced presentations, take a few minutes to think about what you would like to learn from this experience.

Please note that the sample questions are merely suggestions. You will probably want to add questions to this list.

1. Why did you go into health care?
2. What is a typical workday like for you?
3. What kind of education did you have to have to reach this point in your career? How long did you have to go to school?
4. While you were in high school, how did you prepare yourself for college?
5. What are some things I could do to become more informed about this Health Care Profession?
6. What is the background or history of this profession?
7. What do you like best about your job? What do you like least about your job?
8. What is the future outlook for this profession? (ex: is there a shortage, too many, what parts of the state/country are in need of people in this profession?)
9. If I decide not to go on to medical school, what other professions are available in the medical field that I might be able to pursue?

Shadowing Objectives:

Date of Experience: _____

Name and Title of Preceptor/Presenter: _____

Location of Site: _____

Make a list of objectives below and take this form with you to remind you of questions that you might ask the health professional you are shadowing. You may want to use the reverse side of this form to complete your list of questions.