



Educational Observation Process or Shadowing at UCHealth– Anschutz Campus

UCHealth University of Colorado Hospital receives many requests for "shadowing" – where a UCHealth visitor 18 years old and older, observes doctors, nurses, therapists, technicians, and other healthcare providers as they care for patients or perform their day-to-day duties.

The Educational Observation Program (EOP) or Shadowing at UCHealth is designed to provide a structured educational experience for those visitors.

Sponsors and observers

In order to participate in the program, visitors to UCHealth ("participants" or "observers") must have a **sponsor** – a UCHealth employee who has made arrangements for the observation and who will accompany the observer at all times during the visit.

- Observers must be at least 18 years old and a high school graduate.
- There is a lifetime limit of 12 hours for observers.
- Any UCHealth employee can be a sponsor – the sponsor does not have to be a clinician.

Information on Educational Observation Program EOP (aka: Shadowing)

What are the steps if someone wishes to observe?

- Determine where you would like to observe and who you would like to shadow.
- Contact the potential sponsor and ask to shadow him/her.
- Print out and complete the paperwork; **1) the contract, 2) the information sheet, 3) the test, and 4) the confidentiality document.**
- Watch the Facility Orientation PowerPoint slide show and complete the test.
- Determine how you will get the signature of the sponsor on the contract. You may scan and email the document back and forth between you and your sponsor.
- Set a location, date and time for the EOP experience.
- **At least 1 week prior to the date, send an email with all completed, scanned documents to the Volunteer Services office.** (Jennifer.Ricklefs@uchealth.org)
No incomplete paperwork will be accepted and you will not be allowed to shadow.
- Your name, date and time of EOP/Shadowing will be sent along with your badge to the AIP1 (Anschutz Inpatient Pavilion) Information Desk.
- On the day of EOP/shadowing, go to AIP1 (Anschutz Inpatient Pavilion) Information Desk and check out a badge to wear for the day. No other badge may be worn with the EOP badge. Meet your sponsor or an assigned individual. Accompany them to the clinic/unit/surgery, etc.
- Return the badge to the Information Desk at the end of the day of EOP.



What are the steps if a UCHealth staff/UCD physician wishes to sponsor an observer?

- Review the Algorithm to determine if EOP/shadowing is suitable or if the observer should be referred to a different program. If a potential observer wishes to observe for many weeks, they may want to become a volunteer.
- Sometimes it is helpful to read the UCHEALTH EOP policy online. Go to the Source, click on policies and search on EOP.
- Ensure manager/director of the clinic, unit or area is informed and approves of the observation visit. No one, including a physician can bring an observer into UCHEALTH without permission.
- Be clear with the observer that this is a short observational experience, (i.e. 1-3 shifts for a total of 12 hours maximum.) UCHEALTH cannot accommodate long term observation experiences.
- The observer must be 18 years of age and a graduate of high school.
- Establish a date and time for the EOP/shadowing.
- Direct the participant to www.uchealth.org. Tell them to scroll down to the bottom of the first page and click on Volunteers. Then, click on University of Colorado Hospital. Then, click on Shadowing Opportunities. They will need to print out and complete the paperwork; **1) the contract, 2) the information sheet, 3) the test, and 4) the confidentiality document**. They must watch the Facility Orientation PowerPoint to complete the test.
- The contract may be scanned and emailed back and forth to get it completed.
- At least 1 week prior to the EOP/shadowing date, the observer should scan all the completed documents and email them to the Volunteer Services office. (Jennifer.Ricklefs@uchealth.org) The paperwork will be reviewed to ensure it is complete. Incomplete paperwork will not be accepted and the observer may not shadow. The name of the observer along with the EOP badge will be taken to the AIP1 (Anschutz Inpatient Pavilion 1) Information Desk. The observer will check out the EOP badge to wear, there.
- On the day of shadowing arrange for someone to meet them at the AIP1 Information desk and accompany them to the clinic/unit/surgery, etc.
- The badge must be returned at the end of the day.

Day of EOP experience

- Park anywhere it says patient visitor parking.
- Walk into the main door of the hospital. The building says Anschutz Inpatient Pavilion. Walk to the Information Desk. It is immediately on the left.
- Your name and the badge you will wear are there. Please sign in and receive EOP badge.
- Dress appropriately in business casual. No jeans or shorts. No gum, food or drink while shadowing.
- Turn off cell phone– no pictures or recordings of the experience.



- Be on time. If more than 15 minutes late, shadowing will be cancelled for the day.
- Sponsor will explain the rules and regulations about observing (i.e. sponsor must ask patient first and document in EPIC.)
- At the conclusion of the agreed upon time, the observer will return to the Information Desk and check the EOP badge back in.



Educational Observation Program

PARTICIPANT INFORMATION SHEET

Date of Visit: _____ Hours for Visit: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Are you under age 18? Yes _____ No _____ *No participant may be under age 18*

Emergency Contact: (Name) _____ Phone: _____

College attending (if applicable): _____

Area of Interest:

The reason(s) why you would like to Job Shadow at the University of Colorado Hospital:

Other job shadowing or volunteer experience: _____

Have you ever been convicted of a felony? Yes _____ No _____

Do you have any felony charges outstanding? Yes _____ No _____

If yes, please give date, charge, and current status.

I certify that all responses on this document are true to the best of my knowledge. I agree that this information may be verified by UCHEALTH Volunteer Services. I understand that any misrepresentation of information constitutes cause for separation or termination from the Education Observation program participation.

Signature: _____ **Date:** _____



Education Observation Program

CONFIDENTIALITY AGREEMENT FOR EOP PARTICIPANT

University of Colorado Hospital employees, students, trainees, contractors, and vendors, and all other individuals who have access to UCHEALTH’s confidential information are required to keep the information confidential. Patient information, employee records, computer passwords, and proprietary business information are all examples of confidential information. Confidential information may not be removed from a facility and shall not be shared or disseminated to individuals who do not need the information in order to perform their jobs. The fact that someone is working at the UCHEALTH does not mean that the individual has a right to confidential information if it is not required for job-related purposes. Each individual must at all times act carefully, in good faith, in a manner which promotes the best interests of the University of Colorado Hospital and its patients and research subjects, and in a way which recognizes and promotes ethical considerations and the duty of loyalty that each individual owes to the Hospital.

Patient information, employee records or proprietary business information may be disclosed only in accordance with the policies of University of Colorado Hospital. If in doubt, you should act to preserve the confidence of the information requested until the policies can be verified. You should refrain from discussing or disclosing confidential information except to those with a legitimate need to know the information. Disclosing confidential information in violation of policies or in violation of law may result in disciplinary action up to and including termination of access to UCHEALTH information systems and/or facilities. There are various federal and state laws which mandate that patient information be kept confidential and, in some instances, impose civil or criminal penalties for a breach of confidentiality.

No individual is permitted to realize any personal gain as a result of disclosing or using confidential information. This duty of nondisclosure and the obligation not to benefit from confidential information learned during the course of your visit continues indefinitely.

Statement of Understanding:

I have read and understood the above Confidentiality Statement and I agree to comply with it. I understand that a violation of any part of the Confidentiality Statement may result in disciplinary action up to and including termination of access to the University of Colorado Hospital’s information systems, and/or facilities.

Visit Date(s)

Signature of EOP Participant

Date

Printed Name



1.0 INTRODUCTION

This Contract provides a supervised **short term** educational experience at University of Colorado Hospital (UCHEALTH). This contract does not include any individual enrolled in a formal educational program that requires a clinical affiliation agreement. A formal clinical affiliation experience is covered under a separate type of contractual agreement. Physicians desiring an educational experience must contact the Medical Staff Office. This contract covers individuals observing at UCHEALTH who are **not** engaged in any form of patient care or hospital procedures, either clinical or non-clinical in nature.

2.0 TERM PERIOD AND RENEWAL

This Agreement will remain in effect for ___ hours, starting at (time) _____ and ending at _____ (time) on _____ (date).

3.0 EMPLOYMENT STATUS

Both parties agree that the individual participating in this experience is in the role of an observer, and is not an employee of UCHEALTH while participating in this program. If the individual is an employee of UCHEALTH who wishes an observer experience, they must participate on their own time and follow all procedures of this policy as if they were not a UCHEALTH employee. Participation in this program is solely for the purpose of engaging in an educational observation experience.

4.0 RESPONSIBILITIES OF UNIVERSITY OF COLORADO HOSPITAL

UCHEALTH will provide a supervised educational enrichment experience according to agreed upon objectives. UCHEALTH retains the right to terminate the educational experience when violations of UCHEALTH rules, regulations, policies or procedures occur. UCHEALTH reserves the right to take immediate action when necessary to maintain operation of its facilities free from interruption. In the event of an onset of illness or injury during the educational experience, appropriate emergency care, as provided to employees, will be provided to the visiting individual by UCHEALTH. The visiting individual will be liable for the cost of such care and obtaining appropriate follow-up care, if needed. **The individual participating in this experience must be accompanied by the sponsor who agrees to supervise the educational enrichment experience at all times.**

5.0 RESPONSIBILITIES OF THE PARTICIPANT

The individual coming to UCHEALTH for an educational experience is required to do the following:

- Arrange the educational experience in advance through the sponsor at UCHEALTH and the Office of Volunteer Services. The participant must know of a sponsor and make this arrangement with the sponsor, since UCHEALTH is not responsible for coordinating or matching an individual desiring this EOP experience with a potential sponsor.
- Complete an online UCHEALTH facility orientation which includes information on the federal privacy act HIPAA, take a post test, and sign the HIPAA Confidentiality agreement. This orientation also includes information on hand hygiene and UCHEALTH hospital patient safety procedures. The test and signed confidentiality agreement must be submitted to the Volunteer's Office along with this form and the information sheet at least One (1) Week in advance of the shadowing experience.
- Dress in conservative, appropriate attire: no shorts, no open toed sandals, no short skirts, t-shirts or jeans. Sweat suit apparel and logo clothing, hats, perfume, after shave lotion or heavy jewelry is not permitted.
- Wear a hospital issued name badge with name and title "Participant in the Educational Observation Program" at all times while on the premises.
- Obey instructions by personnel and sponsor while on the premises.
- Defer from participating in the EOP program when experiencing an infectious disease condition including, cough, runny nose, sneezing, sore throat, rash, flu, diarrhea, vomiting, or when other diseases that are communicable are present.
- Silence cell phone at all times. Agree not to take photos, video tape, or tape record any conversations while on UCHEALTH premises.



It is understood that the EOP experience at UCHEALTH must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHEALTH. The EOP participant is required to adhere to UCHEALTH rules, regulations, policies and procedures while on its premises, including all policies related to confidentiality, patient rights and responsibilities, and ethical conduct.

6.0 COMPLIANCE WITH LAWS AND REGULATIONS

Services covered by this contract shall be and shall remain in compliance with the Health Information Privacy and Protection Act, all applicable federal, state and local laws and regulations, and The Joint Commission on Accreditation of Healthcare Organizations standards.

7.0 CONFIDENTIALITY

Performance of health care services includes a duty by UCHEALTH to safeguard certain information, including, but not limited to patient information, from inappropriate disclosure. Therefore, access to UCHealth information shall be strictly limited to visiting individuals. Participants in this educational experience may not review confidential patient data.

8.0 PARTICIPANT ATTESTATION

Attest to the conditions of this contract for EOP participation by initialing in agreement as follows:

1. I will be observing only for educational purposes as a participant in the EOP _____
2. I will not take any photographs, video or recordings during my experience _____
3. I have reviewed the UCHEALTH Code of Conduct and signed the Confidentiality Agreement. _____
4. I have taken the HIPAA and online orientation. _____
5. My immunizations are up-to-date. _____
6. I do not have a cold, fever, or communicable disease that would pose a risk for others. _____
7. I will be dressed appropriately, wear the EOP badge, and comply with registering and exiting the educational experience day per requirements. _____
8. I agree to comply with any requests by UCHEALTH personnel or credentialed MDs to ensure patient safety and confidentiality. _____

9.0 SPONSOR ATTESTATION

If you are willing to be a sponsor for this Participant in the EOP, initial in agreement as follows:

1. I will meet the participant at the AIP Information Desk to pick them up at the start of their experience (or send an identified designee).
2. I will keep the participant under my supervision at all times during their educational observation experience. _____
3. **Prior to the EOP participant** accompanying me into a patient or clinic room. If the patient agrees to the participant accompanying me I will document it in the electronic medical record. _____
4. I will ensure the participant is returned to the AIP Information Desk at the close of the experience to sign out and return their badge. _____
5. If at any time the EOP participant is not behaving appropriately per UCHEALTH policies and procedures, the participant must be dismissed from the learning environment. In this situation, as their sponsor, I will:
 - Escort the EOP participant back to the Volunteer Office . _____
 - Return the participant's badge to the Volunteer Office, where the circumstances of the dismissal will be recorded. _____
 - Escort participant out of the facility to ensure the participant is no longer in the hospital/clinic environment. _____



UCHEALTH Sponsor / Designee Signature

EOP Participant Signature

UCHEALTH Sponsor / Designee Printed Name

EOP Participant Printed Name

Title

Date

Date