



**Volunteer Services
Job Shadow/Practicum/Student Volunteer
Dress and Participation Standards**

Purpose: To reflect the organization’s commitment to professional excellence by establishing reasonable appearance expectations and guidelines for participation.

Policy: To ensure that Salem Hospital and West Valley Hospital’s professional reputations are maintained in part by the image students and volunteers present to patients, families, medical staff, and the general public during their participation in Volunteer Services programs.

Procedure: It is both important and expected that all volunteers and students will do their part in projecting and promoting a positive, business-like image and atmosphere by adhering to the following:

STANDARDS

1. Good judgment and common sense should be practiced in determining dress and appearance, as well as personal grooming habits.
2. Uniforms, if required, and clothing shall meet a business-casual dress code, and will be clean, neat, and appropriate in size at all times.
3. Appropriate hospital identification is to be worn visibly at all times. Photo ID must be worn close to the face with your name and photo showing.
4. Conservative business clothing is recommended for both ladies and gentleman. Dresses, skirts, and skorts must be modest in length (no more than a few inches above the knee).
5. Shoes and socks or nylons must be worn at all times and must be clean and appropriate for the work area. Any part of the foot or leg not covered by shoes or clothing must be covered with nylons or socks.
6. Comfortable shoes are recommended, and clean tennis shoes are acceptable. Open-toed shoes are not allowed for safety reasons.
7. Baseball caps, tee shirts with logos, sleeveless dresses or blouses, tube tops, shorts, see-through, provocative, or revealing clothing, stirrup pants, jeans, denim of any color, and spandex are a few examples of unacceptable attire for the hospital environment.
8. Jewelry should not be excessive and should always be worn in good taste. Facial jewelry, including tongue jewelry, is prohibited.
9. Tattoos that are visible to the public must be covered.
10. Hair must be neat, clean, and appropriately secured if shoulder-length or longer. Beards and mustaches must be kept clean and neatly trimmed.
11. Fingernails are not to extend beyond the fingertip for safety and sanitary reasons. Artificial nails are prohibited for anyone with patient contact.
12. Cell phones and other personal electronic devices are not to be carried or used while participating in Volunteer Services programs.
13. Patient care will be performed by the trained and licensed healthcare professionals at Salem Hospital and West Valley Hospitals, not students or volunteers.
14. Students must maintain good academic standing for continued participation.

Non-compliance with Standards: Volunteers and students who are dressed and/or groomed inappropriately will be sent home. Volunteers and students who fail to adhere to dress and participation standards shall be subject to disciplinary action, up to and including dismissal from Volunteer Services programs.

By my signature below, I confirm that I have read, understand, and agree to adhere to the conditions of the above standards for continued participation in Salem Hospital and West Valley Hospital’s Volunteer Services programs.

Name: _____ Date: _____

Signature: _____ Volunteer _____ Shadower _____

School/Organization (if applicable): _____

Parent/Guardian Signature (if student is under 18): _____



**Volunteer Services
Job Shadow/Practicum/Student Volunteer
Consent Form**

My son/daughter, _____, has my permission to participate in Salem Hospital and West Valley Hospital's Student Volunteer/Job Shadow/ Practicum/Internship program. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

I understand my child may be required to have a Tuberculin skin test prior to beginning his or her job shadow, practicum, internship, or volunteer work experience assignment and I give my permission for my child to have this test performed by Salem Hospital's Employee Health Department.

Participation in these programs will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I do hereby release Salem Hospital/ West Valley Hospital and their staff and sponsors from any responsibilities of injury or accident as a result of the Volunteer Services Programs. Any medical expenses incurred as a result of injury or accident will be my responsibility.

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 parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at Salem Hospital/ West Valley Hospital.

I also understand that it is my responsibility to find or provide transportation for my child to and from his or her assignment if my child is unable to drive him or herself. I understand that my child is expected to notify the appropriate person, in advance, if they are unable to report at the prearranged time and that several absences or failure to comply with program standards may disqualify them from participating in Volunteer Services programs with Salem Hospital and/or West Valley Hospital in the future.

Printed Name of Parent/Guardian (if student is under 18)

Relationship

Signature of Parent/Guardian (if student is under 18)

Date

Address of Parent/Guardian

Daytime Phone # Home Work

Mailing Address (If Different)

Evening Phone # Home Work

Emergency Contact Information:

Name of Emergency Contact (If other than contact above)

Relationship

Phone Number



Confidentiality Statement

Pacific Health Horizons

Employee, Agency, Volunteer, or Other Non-Employee Personnel

Confidentiality means protecting a patient’s privacy and sharing hospital business only with those who have a need to know. The “need to know” is defined as the need to have the information to perform your job. Confidential patient information includes, but is not limited to: patient’s presence, medical, financial, quality assurance/quality improvement/ performance improvement, and risk management data.

I agree to maintain absolute confidentiality of all Pacific Health Horizons information. This expectation pertains to patient, physician, employee, as well as my own personal medical records and those of my family members (including children, parents, spouses, siblings) and other non-workforce or business arrangement information.

I understand that this means that I will not discuss confidential patient information with others or access information, including online, unless it is required in the performance of my job duties, is the minimum necessary, and as identified in the level indicator that is associated with my job and/or service.

I further agree that if I require computer access, the user ID and password that will be issued to me are my means of accessing the computer system. It is to be used solely in connection with the performance of my authorized job function. I will take all necessary steps to prevent anyone from gaining knowledge of my login and password and I will not use anyone else’s login and password. The use of these unique codes by anyone other than the person to who they have been assigned is prohibited and will be reported to my supervisor when detected. I will sign-off each time I leave the terminal to ensure the security of my password and the information.

I agree that when it is necessary as part of my job duties or work assignment for me to discuss patient information with other employees that I will be certain the conversation is in a private area. I understand that I may not access my personal lab results, physician dictated reports, x-ray reports; in short, anything in my personal medical record is considered Protected Health Information (PHI). If I desire access to my medical record, I will sign an authorization form available in the HIM department and get such records from them. I further understand that I may not access my family members’ (including children, parents, spouses, siblings) medical records, and that these are also considered Protected Health Information (PHI).

Any breach of confidentiality is grounds for immediate withdrawal of onsite privileges, termination of my service and/or indemnification afforded me by Pacific Health Horizons, or corrective action up to and including termination of my employment and/or service.

I have read the above confidentiality statement of policy. I understand it, and I agree to comply.

Name of School or Affiliation: _____

Printed Name of Student or Vendor and Job Title: _____

Signature of Student or Vendor: _____ Date: _____

Signature of Parent/Guardian: _____
(if student is under 18)

Direct Supervisor/Manager/Director: _____ Date: _____

Please fill out this form to evaluate your shadow experience and turn it in to Volunteer Services before you leave the hospital. Your feedback helps us improve this program. Thank you for your participation.

Name: _____

Class and School/Organization: _____

Shadow Date: _____ Shadow Time: _____

Healthcare Professional's Name: _____

Healthcare Professional's Job Title and Dept: _____

THE SHADOW EXPERIENCE

1. Did you demonstrate integrity by arriving on time and acting in a professional manner?
2. How did you use your time wisely?
3. What 3 things did you like about your shadow experience?
4. What did you dislike about your shadow experience?
5. My assigned healthcare professional gave me valuable insight into his/her profession:
Absolutely – Somewhat – Not at All
Explain:
6. Did you hear any acronyms during your shadow you were not familiar with? What were they?
7. I would rate my overall experience as:
Great – Satisfactory – Unsatisfactory
Explain:

THE APPLICATION PROCESS

8. Was the Career Exploration Program website easy to use and helpful?
Yes – Somewhat – No
Explain:
9. Did you use any of the additional resources on the program website? If so, which one/s?
10. I would recommend the Career Exploration Program to others:
Yes – Maybe – No
Explain:

STUDENT

Please fill out the top portion of this form. Have your assigned healthcare professional complete the rest to evaluate your performance during your shadow. Once complete, this form must be turned in to Volunteer Services before you leave the hospital.

Name: _____

Class and School/Organization: _____

Shadow Date: _____ Shadow Time: _____

HEALTHCARE PROFESSIONAL

Please complete this form to evaluate your shadow student's performance based on the criteria below. Return the completed form to the student in the provided envelope, or place envelope into Interoffice Mail. Thank you for your support of the workforce of tomorrow through your participation in the Career Exploration Program.

Healthcare Professional's Name: _____

Job Title: _____ Department: _____

CRITERIA: 1 – Unsatisfactory; 2 – Needs Improvement; 3 – Good; 4 – Excellent; N/A – Not Applicable

Patient Interaction

Student is respectful of all patient rights and Patient FIRST Values 1 2 3 4 N/A

Focus

Student interacts appropriately with patients, staff, and visitors 1 2 3 4 N/A

Student demonstrates compassion in all interactions 1 2 3 4 N/A

Student is cooperative and courteous in all interactions with staff 1 2 3 4 N/A

Integrity

Student arrived on time 1 2 3 4 N/A

Student is appropriately dressed – in dress code, with nametag 1 2 3 4 N/A

Student behaves professionally at all times 1 2 3 4 N/A

Student stays within scope of job shadow 1 2 3 4 N/A

Resourcefulness

Student remains attentive during experience 1 2 3 4 N/A

Student provides own journal and evaluation forms 1 2 3 4 N/A

Student learned something valuable from me 1 2 3 4 N/A

Stewardship

Student asks appropriate questions at appropriate times and places 1 2 3 4 N/A

Student uses time wisely by completing paperwork or asking questions 1 2 3 4 N/A

Teamwork

Student demonstrates flexibility as workflow changes 1 2 3 4 N/A

Student readily accepts direction and guidance 1 2 3 4 N/A

Comments:

Sample Shadow Questions

Here are some sample questions you can ask during a job shadow at the hospital. These are meant to get you started with some ideas - you are not expected to ask all of these questions during your shadow. We encourage you to bring any other questions with you that will help you in your own career exploration.

What do you do on a typical day?

What are your responsibilities while you are at work?

What training and/or education are required for your job?

Is any type of prior work experience recommended?

What work experiences did you have before you entered this occupation?

Which of these have been most helpful?

Why did you decide on this career? What led you to this profession?

What is the best way to enter this occupation?

What other jobs can you get with this same background?

What is it like to work at your company?

What do you like most about your job? Least?

Do you expect to be doing this kind of work in five years?

What are the biggest challenges you face in your job?

What is the future outlook for careers in this area?

Has your profession changed since you started working? If so, in what ways?

What would you suggest I do if I want to pursue this career?

What qualities are important for a person to possess if they are going to enter your field?