



Dear Shadow Applicant:

Thank you for your interest in the INTEGRIS Health Student Shadowing Program. We are excited that you are willing to take the time to learn more about the many exciting and rewarding opportunities in healthcare. This program provides **short term shadow/observation** opportunities in a variety of clinical areas (see questionnaire) and **may not exceed 3 days**. You must be **16 years** or older to participate in this program.

Enclosed you will find the following INTEGRIS Health documents:

- Caregiver Health services, locations, and fee schedule
- Student Shadowing Checklist
- Student Shadowing Experience General Information and Guidelines
- Emergency Codes
- Hand Hygiene
- Student Shadowing Questionnaire
- STUDENT OBSERVATION PARTICIPATION & CONFIDENTIALITY AGREEMENT

Please read all of the information carefully, **incomplete applications will not be considered**.

Health immunization records can be obtained from either your physician's office or the City-County Health Department. This request can take several weeks so do not delay in requesting copies of your records. **It is your responsibility to obtain these records.**

Again, thank you for your interest in Health Careers at INTEGRIS Health. We look forward to having you in our facility.

Sincerely,

A handwritten signature in cursive script that reads "Tara J. Vogt".

Tara Vogt, MS, RN, CMSRN
Nursing Shadow Coordinator
Tara.vogt@integrisok.com



Jim Thorpe Clinical Development
Therapy Shadow Coordinator
therapystudents@integrisok.com





Caregiver Health

You will be required to provide proof of the following to be cleared to shadow:

- 2 MMR Vaccines or a positive titers for Rubella, Rubeola and Mumps
- 2 Varicella Vaccines or a positive titer for Chickenpox
- 2 TB tests, one in the last 90 days and another in the last 12 months
- *TB tests will not be administered if you have received a live vaccine with in the last 4 wks.*
- Flu Vaccine or documentation during flu season. (September through March)
- COVID Vaccine complete series

The following will be provided to you **BY APPOINTMENT ONLY** at the listed prices. Vaccines, including influenza, are not given at this clinic.

PRICE LIST

TB Screen	Free (<u>Call Caregiver Health first to verify availability</u>)
Rubella Titer	30.00
Rubeola Titer	30.00
Mumps Titer	30.00
Varicella Titer	30.00

Payment by credit / debit card ONLY. No Cash or personal checks will be accepted.

For your convenience, Caregiver Health is here to meet your needs to assist you in the shadowing process by appointment only. However, you may use your Primary Care Provider to obtain the required testing.

Please refer to the locations listed below to call and make your appointment.
(If the participant is a minor, less than 18 years old, or has a legal guardian, a parent or legal guardian must be present at the visit.)

Caregiver Health Metro and Regional Locations and Contact Information:

Metro-North Office
 INTEGRIS Baptist Portland Ave.
 5501 N Portland Ave,
 Oklahoma City, OK 73112
 Phone: 405-951-2903

Metro-South Office
 INTEGRIS Southwest Medical Center
 4200 S. Douglas, MOB Suite 214
 Oklahoma City, OK 73109
 Phone: 405-951-2903

Regional Campuses:
 INTEGRIS Miami Hospital: 918-540-7674
 INTEGRIS Grove Hospital: 918-787-3489
 INTEGRIS Bass Baptist Health Center (Enid): 580-548-1562



Student Shadowing Experience General Information and Guidelines

As a participant in the INTEGRIS Health Student Shadowing Program you will come in contact with patients, family members, volunteers and staff members. You will be expected to follow these guidelines:

APPEARANCE

All clothing will be properly fitting, clean and pressed and in good repair. Shoes must be worn with socks or hose, and have a closed heel and toe. Personal hygiene must be maintained in a manner not offensive to fellow employees, patients or visitors. Hair will be neat and clean and not allowed to interfere with job tasks. If colognes, aftershaves, or perfumes are worn, they may only be lightly scented. No more than two earrings per ear may be worn. No jewelry may be worn in any other parts of the body that may be seen by the public, i.e., eyebrows, tongue, nose, or lip. Tattoos must be covered.

Please obtain your shadow identification badge at the nurses station/front desk when you report for your observation experience. The ID badge must be worn and visible at all times and returned at the end of your observation experience.

- *The following are not acceptable:*
 - Ø Jeans
 - Ø Tank tops/spaghetti strap tops
 - Ø Shorts
 - Ø Open toed shoes

CONDUCT/GENERAL INFORMATION

- Do not bring unassigned friends or family with you to shadow sessions.
- Never enter a room marked "ISOLATION".
- Wash hands frequently for your protection as well as the patients'.
- Visitation of hospitalized friends or family should be arranged at a time other than your scheduled shadow session.
- Remember to act in a quiet and dignified manner at all times. Be respectful and courteous.

- **During your shadow experience you should never be asked or allowed to do any of the following:**
 - Ø Transfer or transport of patients
 - Ø Any "hands on" patient care
 - Ø Handling of blood, body fluids or any hazardous chemical
 - Ø Stay alone with a patient for any reason
 - Ø Be exposed to an unclothed or uncovered patient













- Be cautious about entering a room when the door is closed. Knock before entering and do not go in at all if a doctor or nurse is working with a patient unless accompanied by your mentor. If a doctor enters while you are in the room, leave quietly and return later if necessary.
- Stay at assigned area unless asked by mentor to go elsewhere.
- Personal telephone calls should not be made while in a shadowing session. Cell phones and pagers must be turned off.
- Smoking, alcohol, and/or substance abuse are not permitted at INTEGRIS facilities.
- If you have a cold, elevated temperature or an infectious or contagious illness, do not come to your session.

CONFIDENTIALITY

- All students must read and sign the **Student Observation Participation and Confidentiality Agreement**, included in this application, prior to participating in a shadow experience.
- Any thing seen or overheard relating to the hospital, a patient, or a doctor must be kept confidential.
- Never discuss hospital affairs with anyone. If anyone asks you about a patient, tell him or her you do not have this information.
- Do not discuss a patient's illness with him.
- Refer any criticisms of the hospital or its staff members to the shadowing coordinator.

**TO REPORT EMERGENCIES
DIAL *911**
or call (405) 917-4768
if normal phone system is down

**INTEGRIS
EMERGENCY
CODES**

Code Red		FIRE: All employees take appropriate action. R.A.C.E.: Rescue, Alert, Confine, Extinguish P.A.S.S.: Pull, Aim, Squeeze, Sweep
Code Blue		Cardiac / Respiratory Arrest: Initiate CPR. Code Blue Team Activated. All Personnel Refrain From Using Elevators.
Code Broselow		Pediatric Cardiac / Respiratory Arrest: Initiate Pediatric CPR. Code Broselow Team Activated. All Personnel Refrain From Using Elevators.
Code Pink		Missing Infant or Child – Phase 1 & 2: Designated Staff to secure exits. Follow department plans.
Code Orange		Chemical Incident in the Community – Phase 1 & 2*: Call *911 immediately to alert HAZMAT Team. Do NOT let contaminated patients enter building.
Code Black		Severe Weather: Phase 1 –Watch issued. Heighten awareness Phase 2 – Warning - Move Patients to safe location Tornado – Move patients away from outside walls/windows Floods – Highest elevated locations
Code Yellow		External Disaster – Phase 1 & 2*: Disaster has occurred in the community. Disaster Plan Activated. Prepare for influx of patients.
Code White		Internal Disaster – Phase 1 & 2*: (e.g., loss of utilities, internal flood) Hospital Incident Command activated. Departments will receive information & respond as directed.
Code C		Communications Disruption: Phone and /or Information Services impaired. Activate paper systems, cell phones may be distributed.
Code 10		Disruptive Patient or Family Member, No Overhead Page: Call *987 to activate code 10 team. Calmly and quietly clear the area of non-essential persons.
Bomb Threat		No Overhead Page – Keep person on the line, Call Facility Emergency number. Follow guidelines in emergency plans manual
Security Lockdown		Security Event (i.e., Armed and/or Violent Intruder, Serious Threat) Follow Run-Hide-Fight training recommendations. Be alert and listen for overhead paging. Call Facility Emergency Number when it is safe to do so to report relevant observations.

*Phase 1 = Awareness of Situation | *Phase 2 = Activate Plan & Respond

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HAND HYGIENE

INDICATIONS FOR HANDWASHING AND HAND ANTISEPSIS INCLUDE:

- Wash hands with hospital approved soap and water when hands are visibly soiled or contaminated with proteinaceous material
- If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands.
- If the health care worker is intolerant to the waterless antiseptic agent an antimicrobial soap will be offered for that health care worker.
- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

HAND HYGIENE TECHNIQUE:

- When decontaminating hands with a waterless antiseptic agent such as an alcohol-based hand rub, apply products to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations on the volume of product to use. If an adequate volume of an alcohol-based hand rub is used, it should take a minimum of 15 seconds for hands to dry.
- **Routine Handwashing:**
 - Remove jewelry.
 - Turn on faucet; adjust the flow and temperature of the water.
 - Wet hands to the wrists holding hands down.
 - Apply liquid soap to hands.
 - Rub hands together, using friction, for ten (10) seconds.
 - Wash between fingers and around nails.
 - Rinse hands thoroughly under running water.
 - Dry hands with a paper towel.
 - For a hand-controlled faucet, turn off faucet using the towel.
 - Discard the towel.

Reference:
CDC Guidelines for Hand Hygiene





Student Shadowing Checklist

Please use the following checklist to ensure you have completed **ALL** of the requirements in order for us to schedule your shadow experience. **Once you have obtained all of your records and completed the application, call Caregiver Health to schedule an appointment for your health records to be reviewed. You will need to take your completed application along with the supporting documents to this appointment. If you do not have the required documentation with you at the time of your appointment, you will need to reschedule.**

- Obtain copy of current health immunization records:
 - o Required health immunization records are as follows:
 - Tuberculosis (TB) screening (2 tests within the past 12 months, with one test being done within the past 90 days)
 - Rubella titer or immunization
 - Rubeola titer or immunization
 - Mumps titer or immunization (2 vaccines required)
 - Varicella titer or immunization (2 vaccines required)
 - Seasonal influenza vaccination (September – March)
 - COVID Vaccine complete series
- Completed “Student Shadowing Questionnaire”
- Signed “Student Observation Participation and Confidentiality Agreement”
- Review Hand Hygiene sheet and Metro Emergency Codes and sign below.
- Review dress code/appearance guidelines.
- Submit application with required health records to **Caregiver Health** at scheduled appointment (student observer must call to make the appointment: **405-951-2903**).

Please initial below:

_____ I have read and understand the information provided on Infection Control and Emergency Codes. Please keep this information for your future reference.

_____ I have read and agree to follow the guidelines of the INTEGRIS Health Student Shadowing Program. Please keep this information for your future reference.

_____ (Participant’s signature) (Date)

_____ (Parent’s signature if participant is under the age of 18 years) (Date)

Attn. Caregiver Health: Please return this form to Tara.vogt@integrisok.com OR therapystudents@integrisok.com



INTEGRIS Health Student Shadowing Questionnaire

Please take a moment to answer the following questions. This will assist us in placing you in the most appropriate area for your shadow experience.

Name _____ Date of Birth _____

Address _____

Telephone Number _____ Email _____

Emergency Contact _____ Phone Number _____

1. Which profession are you interested in shadowing?

- | | |
|------------------------------|----------------------------|
| _____ Registered Nursing | _____ Speech Therapy |
| _____ Radiology Technologist | _____ Music Therapy |
| _____ Ultrasonography | _____ Physical Therapy |
| _____ Respiratory Therapy | _____ Occupational Therapy |
| _____ Dietary | _____ Recreational Therapy |

2. Which campus (hospital) would you like to complete your shadow experience?

- _____ INTEGRIS Baptist Medical Center
- _____ INTEGRIS Baptist Medical Center Portland Avenue
- _____ INTEGRIS Canadian Valley
- _____ INTEGRIS Southwest Medical Center
- _____ INTEGRIS Health Edmond
- _____ INTEGRIS Miami Hospital
- _____ INTEGRIS Grove Hospital
- _____ INTEGRIS Bass Baptist Health Center (Enid)

3. Have you already made contact with someone at INTEGRIS Health who has agreed to allow you to shadow him or her? _____ Yes _____ No If yes, please identify:

Name _____ Dept. _____
Telephone # _____

4. Briefly explain why you think you might be interested in a profession in healthcare.

5. How did you hear about the INTEGRIS Health Student Shadowing Program?

***Note:** Due to the large number of nursing students participating in clinicals at INTEGRIS Baptist Medical Center, shadow experiences with a registered nurse may be limited to the following dates:

- Spring Break (last two weeks in March)
- Summer Break (third week in May – second week in August)
- Winter Break (third week in December – first week in January)
- Limited weekend shifts

STUDENT OBSERVATION PARTICIPATION & CONFIDENTIALITY AGREEMENT

This Student Observation Participation & Confidentiality Agreement (the "Agreement") is effective on the day of the shadowing experience. _____ ("Student"), is participating in a Nursing Education and Research program to observe clinical activities performed at the Hospital. Student agrees to the following:

Observation Activities: Student will be responsible for transportation to the Hospital. Once there, Student will report to the assigned department as agreed upon by the student and the Nursing Education office. Student will be invited to observe only those clinical activities specified by the Hospital, to the extent authorized by written consent. Student agrees to wear appropriate attire, including an identification badge identifying him/her as a student, if requested by the Hospital.

Confidentiality: Student acknowledges that as a result of the observation, he/she may have access to confidential information, including the identity of the patient. Student shall hold confidential all patient, facility and hospital information obtained as a participant in these activities and not to disclose any personal, medical, or related information to third parties, family members, other students and teachers. Student is committed to protect and safeguard from any oral and written disclosure all confidential information that he/she may come in contact with. Student shall not be permitted to view or copy the surgery schedules and/or have access to patient medical records. Student agrees that he/she (a) will not use or further disclose PHI other than as permitted by this Agreement or required by law; (b) will protect and safeguard from any oral and written disclosure all confidential information regardless of the type of media on which it is stored (e.g., paper, fiche, etc) with which he/she may come into contact; (c) use appropriate safeguards to prevent use or disclosure of PHI other than as permitted by this Agreement or required by law; (d) will report to Hospital any unauthorized use or disclosure upon immediately becoming aware of it; (e) will indemnify and hold Hospital harmless from all liabilities, costs and damages arising out of or in any manner connected with the disclosure by Student of any PHI; (f) upon termination of this Agreement, for whatever reason, it will return or destroy all PHI, if feasible, received from, or created or received by it on behalf of Hospital which Student maintains in any form, and retain no copies of such information; and (g) will comply with all applicable laws and regulations, specifically including the private and security standards of the Health insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended from time to time. **Student acknowledges that any breach of confidentiality or misuse of information may result in termination of Student's access to Hospital, the potential termination of Hospital's relationship with Student's school and/or legal action.** Unauthorized disclosure may give rise to irreparable injury to the patient or the owner of the confidential information and accordingly, the patient or owner of such information may seek legal remedies against Student.

Fitness: Student shall provide evidence that Student is fit for participation for the observation activities, including, but not limited to the following: (i) 2 MMR Vaccines or a positive titers for Rubella, Rubeola and Mumps; (ii) 2 Varicella Vaccines or a positive titer for Chickenpox; (iii) 2 TB tests, one in the last 90 days and another in the last 12 months (***TB tests will not be administered if you have received a live vaccine with in the last 4 wks.***); (iv) Flu Vaccine or documentation during flu season. (September through March); and (v) disclosure of any exposure to infectious/contagious diseases within the last 21 days. Exposure within 21 days will prohibit entrance into the operating room. Student shall immediately notify Hospital should any illness or other health condition arise that may limit Student's participation in the observation activities.

Compliance with Policies and Rules: Student shall abide by all applicable rules, policies and instructions, whether verbal or written, while participating in the observation activities. Student shall review the INTEGRIS Health Oklahoma City Emergency Preparedness Information Brochure that includes information regarding blood borne pathogens, hazardous chemicals, TB prevention, fire safety, electrical safety, and emergency preparedness.

Release: Student shall hold harmless the Hospital, its parent INTEGRIS Health, Inc., and any and all of their affiliates, subsidiaries, employees, agents and insurers (collectively "INTEGRIS"), from any and all liability of whatsoever nature and from injuries, sickness or other damages, physical as well as emotional, suffered by Student during participation in the observation activities.

Limitation: Student understands that by signing this Agreement, Student is not guaranteed participation in any observation activities at Hospital. Eligibility of participation shall be determined exclusively by the Hospital, in its sole discretion.

Withdrawal of Unsatisfactory Student: The Hospital may immediately withdraw from the observation activities any Student whose conduct, demeanor, or cooperation is unsatisfactory to the Hospital, in the Hospital's sole discretion.

Student

Date

Parent or Legal Guardian if the student is under 18 years of age

Date

Attn. Caregiver Health: Please return this form to Tara.vogt@integrisok.com OR therapystudents@integrisok.com