Policy Name: Shadowing/Career Observation

Policy Statement:

All individuals who desire to gain exposure in our organization by observing healthcare industry employees are required to process their request through the facility specific Volunteer Services Department. (For the physician organization, dial 412-578-7256). This will exclude clinical technical support/sales representatives, medical students, residents, visiting physicians and student experiences contractually arranged with affiliated schools.

Medical residents will process their request through Graduate Medical Education at 412-359-3166

Medical students, Physician Assistants and Nurse Practitioners shadowing /observing at AGH, WPH and Forbes will process their request through Student Affairs Office at 412-359-6671 or 412-359-4335

Medical students, Residents, Physician Assistants and Nurse Practitioners shadowing /observing at AVH will process their request through Medical Staff Services at 724-226-7007

Physicians will process their requests through Medical Staff Office at 412-359-3369

Policy Purpose:
To ensure organization and patient safety and compliance of all participants.

Policy Definitions:
Shadower/observer is an individual who will shadow/observe a healthcare industry employee. The individual will not provide any hands on care or perform any work related to the role being observed.

Policy Guidelines:
A. The observation opportunity will occur for a recommended daily minimum of four hours to a recommended maximum of eight hours for high school students (16 years of age or older) and college students in each calendar year.
B. Interested candidates will contact the facility specific Volunteer Services Department to initiate the request.
C. The Director of Volunteer Services will serve as the liaison between the shadower/observer and the area of interest within the hospital excluding medical students, residents, physician assistants, nurse practitioners and physicians.
D. The Director will direct the person requesting the experience to complete the required documentation and submit it to the Volunteer Services Office. The documentation must be completed and submitted to the Volunteer Services office two weeks prior to the requested observation date. The date of the observation is subject to change based on operations and ability of the department to provide the experience.
   The required documentation includes:
   1. Information Sheet
   2. Conditions of Participation
   3. Confidentiality
   4. Observation Quiz
   5. Proof of TB test and required immunity(Rubella, Rubeola, Varicella and mumps)
a. If necessary, Proof of Immunity will be forwarded by Volunteer Services to the Employee Health Nurse for review. Based on the review, the observation experience will be postponed/cancelled if:
   1. Documented results are not available or there is a positive TB test (tuberculosis) result within the past 12 months.
   2. There is questionable immunity to childhood diseases listed on the Proof of Immunity form.

E. Once the documentation is received, the Director of Volunteer Services will review and verify that the documentation is complete. If complete, the director will send an email to the shadower/observer candidate and the manager of the department noting that the process may proceed. The director will contact the department manager of the shadow/observer candidate’s area of interest. If an observation opportunity is available, Volunteer Services will send an email which contains the contact information for both the shadow/observer candidate and the manager of the department. The email will direct the interested shadow/observer candidate to contact the department manager to arrange details of the experience.

F. If the received documentation is incomplete, the Director will send an email to the candidate noting that the documentation is incomplete and therefore, the process cannot proceed. The candidate may choose to resubmit the required documentation.

G. Once the host manager receives the email from the Director of Volunteer services noting that the process may proceed, the manager is responsible for coordinating the shadow/observer’s schedule, the shadow/observer’s arrival and selecting a staff member who will facilitate the shadow/observer experience. The manager will email the date and time of the observation to the Director of Volunteer Services.

H. Once the Director of Volunteer services receives the date, she/he will provide a badge for the manager to give to the shadow/observer upon arrival to the department. The badge shall include: Name of the Shadower/Observed, Unit/Department being observed, Date of Observation, Time of Observation (ie, 7am-330pm), and Authorized by (which will be the Director’s name). All shadower/observers must wear the identification badge during the shadow/observation period.

I. No one shall make changes to the badge. The badge is valid only the date noted on the badge. If the date of the shadow experience changes, the manager must notify the Director of Volunteer Services in order for a new badge to be made. The staff member facilitating the shadow experience must collect and destroy the temporary badge at the end of the observation period.

J. If the shadow/observer candidate presents with symptoms such as a sore throat, runny nose, cough, muscle pain, fever, blood shot eyes or rash, the shadow/observation will be cancelled and may be rescheduled at a later date.
K. Requests will be first come, first serve and completion of a packet does not guarantee a shadow experience or a shadow experience in an area of interest/choice or within a specific period of time.

L. All observers must abide by the hospital dress code.

M. All shadowers/observers will abide by the smoking policy.

N. Students under the age of 18 are prohibited from shadowing in radiation exposure areas.

Addendum: Additional Information for Resident Observers

Residents from accredited training programs outside of the West Penn Allegheny Health System/Allegheny Health Network may participate in an observership at Allegheny General Hospital and West Penn Hospital once a sponsoring physician on the medical staff has been identified by the resident (the Graduate Medical Education office does not help in identifying the sponsoring physician), the resident observer has completed and signed the application for observership, and has provided all documentation as listed below to the Graduate Medical Education office:

1) General Observation Packet including results of TB test and titers
2) Letter of good standing from the resident’s program director
3) Resident Observership Application

The observership period will be time limited and should not exceed two consecutive weeks. The resident must contact the Graduate Medical Education Office directly of their intent to participate in an observership no less than 30 days prior.

On the observer’s first day, he/she must report to the Graduate Medical Education Office and provide the required documentation. The resident observer will be taken to Human Resources for an observer ID badge and then taken to the unit/department to meet with the sponsoring physician. The sponsoring physician is responsible for providing the resident an Orientation to the unit/department.

The sponsoring physician must sign and provide to the Graduate Medical Education Office a Sponsor’s Authorization and Endorsement prior to the observer arriving at the Hospital.

No benefits or credit toward residency training are given to the observer for this period of time.

Addendum: Additional Information for students entering a medical program within twelve months, Nurse Practitioners and Physician Assistants:

The length of the observership shall be determined by the Office of Student Affairs.

Observers shadowing longer than 7 days shall be required to obtain a photo ID badge.
These observers shall complete the general shadow packet. In addition the following information must be submitted:

- 2-Step Negative PPD Tuberculin Skin Test or Negative Chest X-ray completed within the last year
- Immunization Record
- Titer Lab Results showing positive immunity to Measles (Rubeola), Mumps, Varicella, Rubella and Hepatitis B
- 15 Panel Urine Drug Screen
- Act 33/34 and Act 73
- Proof of Medical Insurance
- Current CPR
- Universal Precautions Training as defined by the CDD and Operative Issues
- HIPAA
- Malpractice Insurance Certificate provided by the University

**Addendum : Additional Information for Physicians:**

Physicians /Licensed Independent Practitioners will be required to complete the general shadow packet as well as the Application to Observe at Allegheny General Hospital packet. The observation period shall be no longer than 30 days unless approved through the Medical Staff Office. Observers shadowing longer than 7 days shall be required to obtain a photo ID badge.