



NUMBER: 3.1.42

DATE: 10/23/2008

REVISION: 1/12/2011

PAGE: 1 of 8

SECTION: ADMINISTRATION

AREA: GENERAL ADMINISTRATION

SUBJECT: JOB SHADOWING

PURPOSE

In furtherance of UAMS's mission to provide excellent educational opportunities, the purpose of this policy is to establish a program for students age 16 and over who are not yet enrolled in a healthcare-related education program but who have an interest in pursuing a healthcare education and career to participate in job shadowing, while ensuring that safeguards are in place to protect the confidentiality of patient information and other Confidential Information as defined by this policy.

SCOPE

This policy applies only to students who meet the definition of Student Shadower (below). It does not apply to shadowing by UAMS students, employees or volunteers, or to visiting physicians, foreign medical students or residents, or others who are already enrolled in a healthcare educational program or who are already healthcare providers.

DEFINITIONS

Confidential Information includes information concerning UAMS research projects, confidential employee information, information concerning the UAMS research programs, proprietary information of UAMS, and sign-on and password codes for access to UAMS computer systems. Confidential information shall include Protected Health Information.

Student Shadower means an individual interested in pursuing a career in the healthcare field, who (a) has completed the training and forms required by this policy, (2) has been approved by a Department, and (3) has been assigned an employee or Faculty member to shadow. Student Shadower does not include students enrolled in an academic program at UAMS, volunteers, patients, or family members or friends visiting or accompanying patients. Student Shadower does not include any health care provider, such as a visiting nurse or physician, regardless of their credentials.

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer.

UAMS Workforce means, for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, are under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy:
<http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf>

POLICY

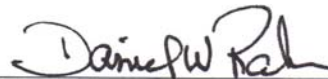
It is the policy of UAMS to allow students age 16 and over who are interested in pursuing careers in the medical field the opportunity to shadow employees and/or faculty of UAMS for one day, when the safeguards of this policy are followed. An individual who wishes to shadow an employee or faculty member at UAMS must request advance permission and meet the requirements of this policy. UAMS is not required to grant such permission, and such permission may be rescinded at the discretion of head of the Department in which the student is to participate in job shadowing. It is the responsibility of the Department where the individual will shadow to ensure that patients' protected health information and other Confidential Information is properly safeguarded in accordance with UAMS policies and state and federal confidentiality laws, including HIPAA.

PROCEDURES

1. **Department Responsibility:** Departments, faculty members and staff who sponsor an Observer are responsible for the supervision of the Observer and agree to ensure that the Observer complies with all UAMS policies. The decision to sponsor an Observer is at the sole discretion of the Department supervisor. If, during shadowing, the Observer will be spending a substantial amount of time in another Department, the sponsoring Department will also obtain permission in advance from the supervisor of the other Department. Departments may have stricter requirements for participants, such as a higher age limit, additional training, minimum GPA, or further limitations on Observer access to patient areas.
2. **Application:** Applicants wishing to shadow must be at least sixteen (16) years old. Applicants under the age of eighteen (18) must provide written permission from a parent or legal guardian. Applicants must give at least one (1) week notice prior to participating in job shadowing. The applicant must submit a Request to Shadow form (**Appendix A**) to the department where shadowing is to occur. The Department supervisor may allow or disallow the shadowing, or place further restrictions on the student, for any reason or for no reason; however, applicants will be accepted and assigned without regard to race, color, religion, marital status, national origin, or disability.
3. **Training & Required Forms:** Once an applicant has been accepted, and prior to the applicant participating in job shadowing, the Department must provide the applicant with training that covers the relevant HIPAA policies at UAMS, the HIPAA training sheet (**Appendix D**), and a confidentiality and hold harmless agreement (**Appendix B**). The applicant shall complete the training, review the packet, and return the signed confidentiality and hold harmless agreement to the Department. If the applicant is under the age of eighteen (18), the confidentiality and hold harmless agreement must be signed by the applicant's parent or legal guardian (**Appendix C**). All agreements must be on file the day the shadowing begins, and must be kept by the Department for a period of three (3) years.

4. **Job Shadowing:** The Student Shadower is not an employee of UAMS and will not be compensated. The Student Shadower must be accompanied by a UAMS employee at all times while on the UAMS campus. The Student Shadower must wear a name badge, identifying themselves as a participant in the job shadowing program. The Student Shadower shall not wear any clothing (such as a lab coat) or do anything that might indicate that they are a healthcare provider or UAMS employee, unless it is determined by the Department that protective clothing is necessary for the safety of the Student Shadower or the patients. The Student Shadower will present an appropriate professional appearance and act in compliance with the UAMS Code of Conduct and the UAMS dress code. The Student Shadower may not perform any task that would normally be performed by a healthcare provider. Student Shadowers are prohibited from observing in the following areas: mental health, sexual assault, communicable disease, emergency department, and children under the age of eighteen (18) unless parent permission is obtained. The job shadowing must not exceed one twelve-hour shift. If during the course of the job shadowing, the Department wishes to terminate the shadowing, it may do so for any reason.

5. **Patient Confidentiality:** Proper use and disclosure of PHI is the responsibility of the Department, staff, and faculty member sponsoring the Student Shadower. Patients should be informed that job shadowing is taking place, and be asked if they consent to having the Student Shadower present during their exam. The patient shall not be asked to give their consent in the presence of the Student Shadower. If the patient does provide consent, it is recommended that the consent be in writing. If verbal consent is obtained, the individual obtaining the consent should document that the patient agreed to the Student Shadower's presence during the exam. The patient must be informed of their right to, at any time, change their mind and request that the Student Shadower not be present. In situations where the patient may be unable to provide consent, shadowing should not occur. Student Shadowers are not permitted to use, disclose or obtain copies of PHI. The staff or faculty member sponsoring the Student Shadower shall minimize the amount of PHI disclosed to the Student Shadower.

Signature:  _____

Date: February 24, 2011

APPENDIX A

Request to Shadow

DATE: _____

Name: _____

Date of Birth: _____

Age: _____

Address: _____

Telephone Number: _____

Parent(s) Name (if
under 18): _____

Location/Department at
UAMS where you wish
to shadow _____

UAMS Employee or
Faculty member
sponsoring shadowing: _____

School where you are
currently enrolled (if
applicable): _____

Proposed date of
shadowing: _____

Please complete this form at least one week prior to the proposed date of shadowing and send to the Department where job shadowing is to take place.

APPENDIX B

Confidentiality Statement and Hold Harmless Agreement

I, the undersigned, hereby request permission to participate in job shadowing program at the University of Arkansas for Medical Sciences (UAMS) Campus. I agree to abide by all rules and requirements requested by UAMS and to conduct myself in an appropriate manner.

I understand that in the course of this program I may have incidental exposure to confidential information. Confidential information means all patient, employee, student information and information of a proprietary, trade secret or confidential nature. I will maintain the confidentiality of this information at all times. I agree not to disclose the confidential information in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted at UAMS. I agree to the assumption of those risks and to not hold the University of Arkansas or its officers, board members, agents or employees responsible for any harm or injury, from any cause, which may befall me related to or arising out of participation in the program, and hereby release said entities and persons from any liability relating thereto. I further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on my behalf, or in their own right, arising out of said participation. I similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I understand and agree that this Agreement is not intended to include a release from harm caused by an individual's criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against UAMS policy and therefore outside the scope of the person's employment or relationship with UAMS for which UAMS is not vicariously liable. I agree that these conditions and agreements are binding on all of my heirs, executors, administrators, representatives, assignees and successors in action.

I have read and understand the above and willingly agree to said terms and conditions.

Signature: _____ Date: _____

Printed Name: _____

APPENDIX C

Confidentiality Statement and Hold Harmless Agreement (Minor)

The undersigned parent(s) or legal guardian(s) of _____, a minor child, do(es) hereby consent to the participation of said child in the job shadowing program at the University of Arkansas for Medical Sciences (UAMS) Campus. Said child is to abide by all reasonable rules and requirements of appropriate cooperation and conduct.

I (We) understand that in the course of this tour said child may be incidentally exposed to confidential information. Confidential information means all patient, employee, student information and information of a proprietary, trade secret or confidential nature. I (We) agree that said child will not disclose the confidential information in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I (We) understand that there are certain risks associated with the facilities and activities of patient care and research conducted at UAMS. I (We) agree to not hold the University of Arkansas or its officers, agents or employees responsible for any harm or injury, from any cause, which may befall said minor child related to or arising out of participation in the tour of UAMS, and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on said child, or in their own right, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I (We) agree that these conditions and agreements are binding on all of my (our) heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions.

Signature _____ Date: _____

Printed Name: _____

Signature _____ Date: _____

Printed Name: _____

APPENDIX D



HIPAA TRAINING CONFIDENTIALITY AND PROTECTION OF PATIENT INFORMATION For Observers in Job Shadowing Program

IT'S THE LAW - Patient information is confidential! There are laws protecting the patient's information, and UAMS and other hospitals and physicians are required by law to keep the information from being disclosed to unauthorized persons. One of the laws in place is a federal law called **HIPAA**, which is a short name for the Health Insurance Portability and Accountability Act. HIPAA is designed to ensure the security and privacy of all information about a patient, also called "Protected Health Information" or "PHI." **This federal law has criminal penalties, as well as civil penalties - imposing fines and possible jail time for violations.**

IT IS YOUR RESPONSIBILITY TO FOLLOW THE LAW and UAMS POLICIES. Since you may see or hear about a patient while you are participating in this program, *it is your responsibility to keep all patient information confidential and not to repeat it to anyone. And that means NO ONE!* In other words, do not share with your friends, fellow students, family members or anyone else information about UAMS patients or other confidential UAMS information. **ALSO**, do not access information, unless authorized by UAMS to do so. That means, do not look at charts or other documents related to patients, and do not use UAMS computers to access any PHI.

THE TYPE OF INFORMATION THAT IS CONFIDENTIAL. If the information you observe is information that could identify a person as being a patient of UAMS, then that information is "PHI," is confidential, and you cannot disclose that information to anyone. Some examples of information that might identify a patient and must be protected include the patient's name, social security number, birth date, street address, hometown, phone number, photograph, and other identifying information. **A specific and very simple example is as follows:** You see your neighbor's name on a document, and it shows that the neighbor had heart surgery. You did not know this. You go home and tell someone in your family. This is **NOT PERMITTED** because you learned this information only by virtue of participating in this program.

DO

- ☺ Ask yourself, “Do I need to know this as a part of this program?” before looking at patient information.
- ☺ Avoid discussing patient information where others can overhear you. Speak softly when discussing patients if others are present.
- ☺ Tell your supervisor if you see patient information in an area that is clearly visible or accessible, such as an open trash container.
- ☺ Keep computer screens turned where people passing by can’t see them and log off programs when finished. Remember you may not use UAMS computers to access any PHI.

DON'T

- ☹ Look at or otherwise access any patient information outside of the program.
- ☹ Talk about patients in public places, such as elevators or cafeteria lines.
- ☹ Let faxes or printed e-mails with patient information lie around - file them or dispose of them appropriately (in a shredder or shredding bin) before anyone else can see them.
- ☹ Leave medical information open where others can see it. Close it or turn it face down.
- ☹ Remove any patient information from UAMS.

If you have questions or observe information being shared inappropriately, please talk with the person supervising your program or call the HIPAA Office at 603-1379.