

OBSERVATION APPLICATION

Where would you like to complete your observation? *Please choose one.*

- ☐ St. Anne Hospital (Burien) ☐ St. Anthony Hospital (Gig Harbor) ☐ St. Clare Hospital (Lakewood)
☐ St. Elizabeth Hospital (Enumclaw) ☐ St. Francis Hospital (Federal Way) ☐ St. Joseph Medical Center (Tacoma)
☒ St. Michael Medical Center (Silverdale)

Why are you interested in completing this shadow? *Please choose one.*

- ☐ Considering Career Change ☐ Graduation Requirement ☐ Prerequisite for Schooling

LAST Name: _____ FIRST Name: _____ Nickname: _____

Email: _____ Cell Phone: _____ Home Phone: _____
☐ OK to call me here ☐ OK to call me here

Home Address: _____ City: _____ State: _____ Zip: _____

Are you over the age of 16? ☒ YES ☐ NO

You must be at least 16 years of age in order to complete a job shadow. Please note that some departments are closed to persons under the age of 18 including Emergency, Labor & Delivery and Surgery.

Are you a student? ☒ YES ☐ NO If yes, where are you attending school? Kitsap County EMS

If this observation is required by your school, complete the following:

Teacher's/Professor's Name: _____ Phone Number: _____

of hours required: 8 *Observations are limited to a maximum of 8 hours & must be completed in a day.*

What job or department are you interested in shadowing: Emergency Room

If there is a specific employee you are hoping to shadow, please list a name. _____

Please indicate the days you are available to complete a shadow:

Time of day:

- ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

- ☐ Morning ☐ Afternoon

Participants must provide documentation confirming two MMR (Measles/Mumps/Rubella) vaccinations or Titer Test results confirming immunity to MMR. Must provide documentation of one COVID vaccination (J&J) or two COVID vaccinations (Moderna or Pfizer). During flu season (November-April), participants must provide documentation of a current flu vaccination. Virginia Mason Franciscan Health does not provide any health insurance coverage to shadow participants. Please list someone we may contact in case of an emergency (illness, injury or immediate medical attention).

Name: _____ Phone 1: _____ Phone 2: _____

In being granted permission to observe at this Virginia Mason Franciscan Health facility, I agree to:

1. Abide by the Virginia Mason Franciscan Health mission, vision, values and policies.
2. Follow the rules and the directions of the employee that I am assigned to do my observation.
3. Remain in the area where I am assigned.
4. Protect the privacy of every patient and keep confidential all that I view and hear while observing.

Applicant's Signature

Date

FOR PARTICIPANTS UNDER AGE 18, PARENTAL OR GUARDIAN PERMISSION & SIGNATURE IS REQUIRED BELOW.

I give my permission for my child to participate in observing at this Virginia Mason Franciscan Health (VMFH) facility. I understand that as a participant, my child may be subjected to viewing procedure or patient that may involve visible wounds, bodily fluids and nudity. By allowing my child to participate, I will not hold VMFH responsible or liable. In the event I cannot be reached, I give permission to VMFH to provide any necessary treatment to my child in case of illness or injury.

Parent's Name (please print)

Parent's Signature

Date

OBSERVATION CONFIDENTIALITY AGREEMENT

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law imposed on all health care organizations that requires us to take measures to safeguard patient information. Any **Protected Health Information (PHI)** about a patient that is written on paper, saved on computer or spoken needs to be safeguarded and is considered confidential.

Protected Health Information (PHI) includes and is not limited to: name, address, city, precinct, zip code, telephone number, birth date, social security number, medical record number, health plan beneficiary number, account number, certificate, license number, vehicle and serial number, license plate number, biometric identifiers, device identifiers/serial numbers, fax number, email address, internet protocol number, web universal resource locator (URL), admission date, discharge date and date of death.

Authorizations

Organizations must obtain authorization from a patient before using or sharing their PHI. A patient may revoke an authorization at any time by making a written request.

Notice of Privacy Practices

Patients receives a copy of this notice. It informs the patient with all of the ways our organization uses and shares patient information. It also explains the patient's rights to confidentiality and access to his/her information.

Confidentiality

- ✓ Keep information you hear about a patient to yourself.
- ✓ Do not discuss patient information.
- ✓ Do not look at any patient information unless you are asked to.

Penalties for Anyone Violating These Privacy Rules

- ✓ Criminal penalties: a felony with maximum of 10 years in jail and up to \$250,000 in fines
- ✓ Civil penalties: maximum fine of \$25,000 per violation

I understand and agree that all patient information is strictly confidential and is protected in every form, including written records, reports, correspondence, oral communications computer programs and applications In being given the privilege of observing at this Virginia Mason Franciscan Health facility, I understand and agree to keep all information and confidential and never refer to a patient's identify, diagnosis, condition or treatment.

I understand and agree that staff information is confidential. Staff addresses, phone numbers, work schedules and all other personal information shall not be shared with anyone without the permission of the staff member.

I understand and agree that as an observer at this Virginia Mason Franciscan Health facility, any violation of this confidentiality policy will result in corrective action including termination.

I understand and agree that my obligations under this agreement continue after my observation ends.

Printed Name

Signature

Date

Child and Adult Abuse Information Act Background Check Authorization

- Yes ☐ No ☐ **Have you ever been convicted of a crime against persons? A crime against persons includes any of the following offenses:** aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first or second degree manslaughter; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future.
- Yes ☐ No ☐ **Have you ever been found, in a disciplinary action, domestic relations proceeding or disciplinary board final decision, to have sexually assaulted or exploited a minor or to have sexually abused a minor?**
- Yes ☐ No ☐ **Have you ever been convicted of (a) crime(s) related to drugs? "Related to drugs" means manufacture, delivery or possession with intent to manufacture or deliver a controlled substance.**
- Yes ☐ No ☐ **Have you ever been found in a dependency action to have sexually assaulted or exploited any minor or been found guilty of child neglect or abuse or to have physically abused any minor.**
- Yes ☐ No ☐ **Have you been arrested or convicted of any offense in the past seven (7) years?**
- Yes ☐ No ☐ **Have you been released from prison in the past seven (7) years?**

If your answer is YES to any of the above questions, please describe and provide the date(s) of the findings(s) and the penalty (penalties) imposed on the back of this paper. Attach additional pages as necessary.

We require your legal name and birth date, plus other information, to obtain from the Washington State Patrol criminal identification system, a report of your record and criminal convictions for offenses against persons, civil adjudications of child abuse and disciplinary board final decisions. A thumbprint may be required to later verify information received from the State Patrol. We will make a copy of the report available to you upon your request.

Applicant's Name: Last: _____ First: _____ Middle: _____

Alias or Maiden Name: _____ Date of Birth: _____ Sex: _____

Driver's License #: _____ State: _____ Expiration Date: _____

I understand that my observation status is conditional and requires a satisfactory report from the Washington State Patrol. I understand that I will not be accepted to observe for any misrepresentation or omission to the questions listed above. I confirm that the above information is true, accurate and complete.

Signature: _____ Date: _____

Observation / Shadow Information & Requirements

Virginia Mason Franciscan Health provides shadowing opportunities to individuals who are interested in pursuing a healthcare career. All shadow participants must meet the requirements listed below, complete an application packet and submit it and their immunization record to the Volunteer Services Office **at least two weeks prior to the requested date** of the shadow experience. After receiving the completed shadow application & immunization record, the Volunteer Services Coordinator will contact the preferred department to arrange the shadow. The Department Manager and/or Director has the discretion to accept or deny the placement. The Volunteer Services Coordinator will contact applicants regarding the status of their application.

CRITERIA

- **Must be a minimum age of 16.**
- **Must be a minimum age of 18 to observe in some departments including Critical Care, Emergency and Labor/Delivery.**
- **Must complete the application in its entirety & submit it to Volunteer Services.**
- **Must provide documentation of two MMR (Measles, Mumps, Rubella) vaccinations or Titer test results confirming immunity to MMR.**
- **Must provide documentation of one COVID vaccination (J&J) or two COVID vaccinations (Moderna & Pfizer).**
- **Must provide documentation of a current flu vaccination during flu season (November-April).**
- **Must be able to pass a criminal background check.**
- **Must be nicotine-free including no smoking or vaping use in the past six months.**
- **Must abide by Virginia Mason Franciscan Health values, policies & regulations.**
- **Must have excellent interpersonal skills.**
- **Must be able to read, speak & understand English for purposes of interaction & communication.**
- **Must be able to maintain physical stamina for extended period of times, which may include a great deal of walking and standing.**

LIMITATIONS

Shadowing is limited to a maximum of eight hours and must be completed in one day.

Applicants are not allowed to shadow any staff or employee who is a family member, friend or whom they have a personal relationship with.

Shadowing is strictly limited to observation only and is at the discretion of the staff.

- You are not authorized to do any tasks (patient care, clerical or incidental).
- You are not allow to interact with any patients (inquiring about injury, illness, treatment plan, etc.).
- You are not allowed to go into any isolation rooms.

Surgery observations are strictly limited to:

- ✓ VMFH staff observing surgical cases to improve patient care.
- ✓ Healthcare providers (i.e. therapists, practitioners, nurses, medical assistants, etc.).
- ✓ Healthcare providers representing industry or other technical services in an operating room.
- ✓ Students enrolled in healthcare programs (medical school, PA, surgical tech, nursing, diagnostic imaging, therapy, etc.).
- ✓ College graduates applying to post-graduate healthcare programs.

Undergraduate students are not eligible for surgery observations.

Observers must abide by the Virginia Mason Franciscan Health vision, values and policies and interact respectfully with patients, visitors and staff.

Our vision is to be the center of excellence for healing and health care in the communities we serve. Our values provide focus and purpose, insight and inspiration. They include:

REVERENCE - Creating positive guest experiences through genuine human connections and responding to the expressed and unexpressed needs of our guests in a welcoming environment.

INTEGRITY - Accountability for being present with purpose, understanding our impact, anticipating, seeing and filling needs and embracing change with a 'YES' mentality.

COMPASSION - Providing patient-focused care by acknowledging all perspectives thoughtfully, utilizing shared expertise to support holistic care & providing undivided attention and consistent communication.

EXCELLENCE - Setting and achieving high expectations for ourselves and receiving the same from team through thoughtful, purposeful and respectful interactions and encouragement

Our dress code policy is a reflection of our values and standards of providing excellent service to our patients and staff. Shadow participants are expected to present themselves in a neat, clean and professional manner, which adheres to our standards and safety requirements. Those who are not dressed appropriately will not be allowed to observe.

These regulations must be followed during the observation:

- No scrubs, lab jackets or medical uniforms of any kind may be worn (unless required by the department).
- No denim jeans, stretch pant, leggings or sweat suits.
- Pants must fit around the waist or hip and must not sag or drag below the heel.
- No short (no less than four inches above the knee) skirts, split skirts and dresses.
- No halter tops, tank tops, sweatshirts, T-shirts, low-cut blouses or shirts with writing.
- No visible skin (i.e. mid-drift). Shirts must cover the entire upper body.
- No open toe shoes or sandals. Only wear clean, comfortable and safe shoes.
- Socks or hose must be worn with all footwear.
- No facial (nose, eye, tongue, etc.) or visible body piercings.
- All tattoos or body art must be covered.
- Hairstyles and colors must be professional in appearance. No unusual styles or unusual colors are allowed.
- Facial hair must be clean, neat and well-trimmed.
- No perfumes or colognes.
- No large earring or loose, protruding jewelry may be worn.
- No false or acrylic fingernails, gel polish or fingernails longer than 1/4 inch.

Smoking is prohibited in all our facilities and locations, including outside of any building.

Your cell phone must be muted or turned OFF during observation.

We do not allow our phones to be used for personal business. **Long distance personal calls are prohibited.**

In cases of emergencies or codes announced over the intercom system, you will need to follow the directions given by the assigned employee or the manager. An Emergency Preparedness Quick Reference packet is located in all departments. This color-coded folder provides more detailed instructions to follow for each of the codes listed.

Code Red:	FIRE
Code Yellow:	HOSPITAL-ONLY TRAUMA
Code Blue:	CARDIAC ARREST
Code Gray:	COMBATIVE PATIENT
Amber Alert:	INFANT OR CHILD ABDUCTION
Rapid Response:	PATIENT WITH RAPIDLY CHANGING CONDITION
Code Silver:	WEAPON OR HOSTAGE
Code 5:	SHELTER IN PLACE
Code Triage:	DISASTER RESPONSE (PHASE 1 – ALERT/PLANNING & PHASE 2 – ACTIVATE)

After completing the Shadow Application in its entirety, return it along with the required immunization record to the Volunteer Office at the site where you want to complete your observation. You may also scan & email these forms to the Volunteer Coordinator at the site listed below.

**ST. ANNE HOSPITAL
VOLUNTEER SERVICES
16251 SYLVESTER RD SW
MS 95-48
BURIEN WA 98166**

Fax: 206.248.5890

Phone: 206.988.5767

KimberlyCouret@chifranciscan.org

**ST. ELIZABETH HOSPITAL
VOLUNTEER SERVICES
1455 BATTERSBY AVE
MS 71-59
ENUMCLAW WA 98022**

Fax: 360.802.8659

Phone: 360.802.8650

VanessaGathen@chifranciscan.org

**ST. ANTHONY HOSPITAL
VOLUNTEER SERVICES
11567 CANTERWOOD BLVD NW
MS 53-70
GIG HARBOR WA 98332**

Fax: 253.530.2149

Phone: 253.530.2146

KristaSpane@chifranciscan.org

**ST. FRANCIS HOSPITAL
VOLUNTEER SERVICES
34515 9TH AVE S
MS 21-59
FEDERAL WAY WA 98003**

Fax: 253.944.7565

Phone: 253.944.4176

ToniMyhre@chifranciscan.org

**ST. CLARE HOSPITAL
VOLUNTEER SERVICES
11315 BRIDGEPORT WAY S
MS 41-62
LAKEWOOD WA 98499**

Fax: 253.985.2708

Phone: 253.985.6415

VanessaGathen@chifranciscan.org

**ST. JOSEPH MEDICAL CENTER
VOLUNTEER SERVICES
1717 S J ST
MS 01-123
TACOMA WA 98405**

Fax: 253.426.4577

Phone: 253.426.6785

SheriBebbington@chifranciscan.org

**ST. MICHAEL MEDICAL CENTER
VOLUNTEER SERVICES
1800 NW MYHRE RD
MS 319-64
SILVERDALE WA 98383
Phone: 564.249.3078**