HIGH SCHOOL OBSERVATIONAL LEARNING

Thank you for your interest in an observational learning experience at University Hospitals Portage Medical Center in Ravenna, Ohio. We offer experiences in a variety of healthcare career areas. Volunteer Services will try to accommodate your request, although placement cannot be guaranteed. Observational learning requests for high school students are available monthly and will provide approximately 3 hours of actual observation with a health care professional.

STEPS TO APPLY:

1. To begin the process, complete the High School Observational Learning Request and Agreement forms. Please keep pages 1-2 for your information.

2. Select on the application the healthcare career that you wish to observe from the approved list of shadow areas.

3. Select on the application the observation date that you prefer. Applications must be received a minimum of 1 week prior to a requested date.

4. Once the completed forms are received, you will be contacted by Volunteer Services to confirm the date and appropriate department for your observational learning experience.

5. All shadow students must attach proof of a negative 2-step TB test within the past 6 months to their application. In addition, if you are observing during flu season months (October through April) you will need to attach proof that you have received a flu vaccination for the current season or bring it with you on the day of your experience. Please be aware, you will NOT be allowed to participate if you can’t provide proper documentation (vaccine record receipt from drug store or physician documentation).

6. Because observation dates are held on weekdays during school, you will need to arrange with your school and parents to be excused from classes on the date of your observational experience. Documentation can be provided to students for school requests, if required.

Please return items to:

Volunteer Services, UH Portage Medical Center
6847 North Chestnut Street, Ravenna, Ohio 44266

Questions can be directed to Volunteer Services by calling (330) 297-2591.
Observation in a healthcare setting brings you into a professional environment where patients are being treated and guests are being cared for. It is important to read the information below and adhere to all steps when you come to the hospital.

**ON THE DAY OF YOUR OBSERVATION:**

1. Arrive on time, prior to **8:30am** to the Main Lobby of UH Portage Medical Center at 6847 N. Chestnut St., Ravenna. Please check in with the volunteers at the desk and have a seat.
2. At 8:30am, a staff member from Volunteer Services will meet all observation students for the day in the Main Lobby and escort you to a classroom.
3. Arrive dressed appropriately and ready for a professional setting. This is a requirement! Students will be dismissed if they do not follow dress code, as follows:

   **Dress Code and Personal Appearance:** Students are expected to dress appropriately for a professional hospital setting. Approved dress includes: solid color dress or khaki style pants, dress shirt, and clean and comfortable closed-toed shoes. Please do not wear denim jeans, capris, leggings, athletic wear, shorts, sleeveless blouses, t-shirts, sandals, or any attire that shows undergarments.

4. Your day will be very full, including a group learning experience prior to meeting your preceptor, then approximately 3 hours matched with a health care professional.
5. Observational experiences are strictly “hands off”, meaning you are encouraged to observe and ask questions, but not permitted to provide any hands on patient care. Students must stay with their assigned preceptor at all times during the experience.
6. Lunch is provided for students at 12:00 pm in the hospital cafeteria. Students will meet and eat as a group during this time to discuss their experiences and have time for questions.
7. Students will be excused from UH Portage Medical Center promptly at 1:00pm. Please arrange for pick up by 1:00pm from the Main Lobby.
STUDENT INFORMATION (Please Print)
First Name________________________ Last Name________________________
Address________________________ City________________ State________ Zip________
Phone Number (        )________________________
Email___________________________ (confirmation will be sent to this email)

SCHOOL INFORMATION
Currently Attending________________________________________________________

Current school status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

EMERGENCY CONTACT INFORMATION
Name________________________ Phone Number (        )________________________
Relationship:________________________________________________________

REQUESTED DEPARTMENT
Observational learning opportunities are available in the departments listed below. Please rank up to
3 selections in priority order (#1, #2, #3). Every effort will be made to assign you to your first
choice department, although this cannot be guaranteed. Limit of one department per shadow date.

Nursing ____ Occupational Therapy____ Pharmacy____ Radiology ____
Physical Therapy ____ Respiratory Therapy____ Cardiology____ Laboratory____

Choose a date you would like to attend below. Application must be received at least one
week prior to requested date.

☐ Wednesday, October 23, 2019
☐ Wednesday, November 20, 2019
☐ Wednesday, January 8, 2020
☐ Wednesday, February 5, 2020
☐ Wednesday, March 4, 2020
☐ Wednesday, April 8, 2020
☐ Wednesday, May 6, 2020
☐ Wednesday, July 22, 2020

For Office Use Only
Contact Person________________________
Department _____________________________
Record of contact _____________________________
Date confirmed ☐ Paperwork complete ☐
Flu shot record attached ☐ TB record attached ☐
OBSERVATIONAL LEARNING AGREEMENT

Career observation in a hospital is different in many ways compared to other professional settings. Listed below are important things to keep in mind while you are here. If you have any questions on the day of your experience, please ask your preceptor, the supervisor of the department in which you are assigned, or Volunteer Services staff.

Please read, check each box, sign and return along with the High School Observational Learning Request Form to the Volunteer Office.

☐ Patient Rights/Confidentiality:
Persons seeking services at UH Portage Medical Center have the right to have all information about their visits remain confidential. That means you cannot share information about any patient. You cannot tell anyone that a person is or is not a patient. Remember, what you see and hear stays here. Patients also have the right to privacy. Please be respectful and offer privacy if the situation arises.

☐ Smoking:
UH Portage Medical Center is a non-smoking facility. Smoking is not allowed on hospital grounds, including the parking lots.

☐ Cell Phones:
Cell phones are not permitted to be used during your observational experience. Phones, purses, backpacks or personal items can be stored in lockers in the Volunteer Services office.

☐ Emergency Pages:
You may hear different overhead codes while at UH Portage Medical Center. Do not be alarmed. The overhead pages and explanations are listed below:

☐ Code Red: Fire
☐ Code Adam: Infant/Child Abduction
☐ Code Black: Bomb/Bomb Threat
☐ Code Gray: Tornado/Severe Weather Threat
☐ Code Orange: Hazardous Material Spill/Release
☐ Code Blue: Medical Emergency- Adult and Pediatric
☐ Code Pink: Medical Emergency- Infant
☐ Code Yellow: Disaster
☐ Code Violet: Violent Person
☐ Code Silver: Person with Weapon, Hostage Situation
☐ Code Brown: Missing Adult Patient
During a **Code Red**, double doors located throughout the hallways of the hospital will automatically close. No one should go through a closed smoke door until an “all clear” message is announced by overhead announcement. Do not use the telephones.

**Tornado Warning** - You should go to the innermost part of the building on the lowest floor and stay away from windows. Do not use elevators because the power may fail, leaving you trapped.

**Personal Safety:**
UH Portage Medical Center employees and visitors enjoy a relatively safe environment. Because this is a public area, we would like you to be aware of personal safety concerns.
- Do not park in handicapped designated areas.
- Store purses and other valuables in designated areas.
- Wear your provided visitor badge at all times while you are in the building.

**Infection Control:**
Please be aware that a hospital serves both those individuals who may have an infection (e.g. influenza) and people at risk to pick up infections (e.g. a newborn baby or person being treated for cancer). For these reasons, we request that you practice basic infection control procedures. **Please wash your hands frequently while in the hospital.** Hand washing is the single most important thing you can do to prevent the spread of infection. You should wash your hands at the following times:
- As you enter and leave the building
- Before you handle food
- Between any patient contact
- After using the restroom
- After coughing or sneezing

Please observe the signs on patient rooms. **DO NOT** enter a patient room with an infection control warning sign. If you see a sharp object, **DO NOT** attempt to pick it up; notify an employee to pick up a sharp object.

**If you are ill, please stay at home.** Notify Volunteer Services at (330) 297-2591.

**Hazardous Materials:**
Some areas of the hospital use chemical or radioactive materials. Please observe any department’s specific instructions. **DO NOT** enter any rooms with the radioactivity symbol sign on the door.

I have attached proof of a negative 2-step TB test given within the last 6 months AND a copy of current flu vaccination (if observation is scheduled during flu season, October-April), or will bring documentation on the day of my scheduled observation. I understand that without this documentation I will be sent home and that I will not be permitted to complete my observation.
CONSENT FOR PARTICIPATION IN OBSERVATIONAL LEARNING EXPERIENCE PROGRAM AND CONFIDENTIALITY AGREEMENT

I understand that I/my child have/has been selected to participate in the Observational Learning Experience Program (the “Program”) at University Hospitals Portage Medical Center (“Hospital”). I understand that, in participating in the Program, I/my child will be exposed to the normal risks of any hospital visitor, as well as possible additional risk that arise because I/my child will be in patient care areas and observing patient care.

I understand and agree that I waive, for myself, my child, and any heirs and/or assigns, any and all claims, including any negligence claims which I or my child may have against the Hospital, or its agents or representatives, in any way arising from or relating to the Program, except for claims arising out of the gross negligence or reckless or willful misconduct of Hospital or its agents, or representatives. I hereby agree that I will not sue Hospital on behalf of myself or my child, nor will my child sue on his/her own behalf, and release Hospital from any claims I/my child, may have against it except for gross negligence or willful or reckless misconduct on the part of Hospital, its trustees, officers, agents, and employees.

In the event of exposure to blood or other bodily fluid from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgement of Hospital, at risk of carrying a contagious or infectious disease, Hospital shall, with my consent, administer immediate precautionary treatment to me/my child that is consistent with current medical practice without any further consent from me. I shall pay for the initial screening tests or prophylactic medical treatment and I acknowledge and assume the risk of me/my child observing or being in the immediate presence of patients at risk of carrying a contagious or infectious disease.

I certify that I/my child has no known physical or mental illness condition, including any contagious disease, which could be detrimental to the welfare or interfere with the care of any Hospital’s patients or staff. I certify that I/my child am/is currently covered by care insurance or Medicaid and that is shall remain in effect through the end of my/my child’s participation in the Program.

I understand that the Hospital does not view this observational learning experience program as an educational record and I/my child will be given no confidentiality considerations under the Family Educational Rights and Privacy Act (“FERPA”).

I/my child will wear appropriate attire for this Program. Participants may not wear open toe shoes, sleeveless shirts, jeans, exposed midriffs, heavy perfume or cologne, dangling, or jewelry in tongue or face piercings. I/my child will not be permitted to remain at the Hospital unless dressed appropriately.

I understand the following:

Confidential means that something is to be kept private or secret; that is not to be repeated to anyone or given to anyone.

Confidential Information means any and all information that I may learn about a patient at University Hospitals Portage Medical Center. This information is automatically private or secret. Confidential information about a patient includes: name, address, diagnosis, medical information, medical notes, resumes, pictures, and medical records including x-rays and medicines, as well as any descriptive that could cause any person become aware of the identity of a patient. Confidential Information also includes the name of any person at UH who is not a UH employee or volunteer, because all patients are not easily identifiable by where they are in UH or how they are dressed.

Disclosure means not sharing or telling someone something I know about someone that is private or confidential.
Nondisclosure means not sharing or telling someone something. It means not to write, speak, or gossip about any patient I see or talk to at University Hospitals Portage Medical Center.

Consent for Participation in Observational Learning Experience Program and Confidentiality Agreement

I understand that while I/my child am/is in the Hospital, I/my child may obtain Confidential Information about Hospital’s patients. I understand for myself/I shall instruct my child that Program participants are to maintain in strict confidence all information and data relating to Hospital’s patients, and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Additionally, Confidential Information is not to be removed from the Hospital or discussed with other participants in the same Program. I understand for myself/I will instruct my child that patient confidentiality is of such great importance that it is never to be disclosed to anyone outside of the Hospital no matter how long after participating in the Program.

By signing this form I agree that I have read, understand, and agree to the terms in both pages of this consent form and confidentiality agreement, or, in the alternative, that I have read this form to my child and he/she understands and agrees to its terms. I give my full consent to my child’s participation in the Observational Learning Experience Program at University Hospitals Portage Medical Center.

Observer:

____________________________________________________________________________________________

Print Name 		 Signature of Observer 		 Date

Print full name and address of parent/legal guardian if observer is under 18 years of age:

____________________________________________________________________________________________

Print Name 		 Signature of Parent or Legal Guardian 		 Date

Updated 9/2019