Thank you for your interest in the observational learning/shadow 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 experiences are typically limited to a maximum of 4 hours. It is at the discretion of departments to allow extended observational experiences.

Note: Requests for physician, physician assistant and nurse practitioner observations require an observer to independently contact and get approval for an observational experience in advance, and then complete the other steps of the process. A list of healthcare professionals who may accept observations is attached.

STEPS TO APPLY:

1. To begin the process, complete the Observational Learning Request Form so that we can place you appropriately. Please keep pages 1-2 for your information. Requests must be received at least 2 weeks prior to a requested date.

2. If you are shadowing during flu season months (typically October through April) you will need to attach or bring that day proof of receiving a flu vaccination for the season. You will NOT be allowed to observe if you do not bring proper documentation (vaccine record receipt from drug store or physician documentation).

3. If you are observing for more than one day, proof of a negative TB test performed within the past year must be submitted.

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.

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, 15 minutes prior to your observation time and report to the Volunteer Services office to pick up a Visitor Badge (unless alternate arrangements have been made to accommodate arrivals during non-business hours). Volunteer Services staff will be happy to escort you to your observation area.
2. If not submitted in advance with your application, please bring a copy of a current flu vaccine (October - April) and a copy of a negative TB test within the past year (only required if observing more than one day).
3. Lockers will be available in Volunteer Services for your use to lock up any valuables, phones, purses, etc., if needed.
4. Arrive dressed appropriately and ready for a professional setting. This is a requirement! Observers will be dismissed if they do not follow dress code, as follows:

**Dress Code and Personal Appearance:** Observers 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.

5. Lunch is available in the cafeteria *at the observer’s expense.*
6. 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. Observers must stay with their assigned preceptor at all times during the experience.
7. After your experience, please return the Visitor Badge and attached Observational Learning Completion Form to the Volunteer Services office.
OBSERVATIONAL LEARNING REQUEST FORM

PERSONAL INFORMATION
First Name ___________________________ Last Name ___________________________
Address ___________________________ City __________ State _______ Zip __________
Phone Number ( ) ___________________________ Email ________________________________
_____ College Student _____ Adult Learner

SCHOOL INFORMATION
Currently Attending ______________________ Major ____________________________
Current school status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Out of School

EMERGENCY CONTACT INFORMATION
Name________________________ Phone Number ( ) __________________________

REQUEST
If you have already arranged an observational learning experience with a UH Portage Medical Center employee or department, please list their contact information below.
Employee Name: _______________________ Job Title: ____________________________
Department: __________________________ Date/Time Arranged: ______________________
What job(s) or occupation(s) are you interested in observing. List choices in priority order.
1st choice: ________________________________________________________________
2nd choice: ________________________________________________________________
3rd choice: ________________________________________________________________
What date or day of the week do you prefer to do the observation?
_____/_____/______ or week of ________________________________
* A 2 week notice is required for an observational experience*
What days of the week are you available to shadow?
☐ Monday ☐ Saturday
☐ Tuesday ☐ Sunday
☐ Wednesday *Saturday & Sunday shadows are not available in many departments*
☐ Thursday
☐ Friday
What time are you available for an observation?
☐ Between 8-noon
☐ Between 1-5pm
☐ Other ______________
*Most experiences are limited to a maximum of 4 hours*

For Office Use Only
Contact Person __________________________
Contact Info __________________________
Department __________________________
Date __________ Time __________
Student Badge ☐ Computer Check ☐
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 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. tuberculosis) 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. **You should 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.

- If observing during flu season months (October-April), I have attached proof or will bring documentation on the day I'm scheduled to observe of receiving a flu vaccine for the current season.

- If observing for more than one day, I have attached proof or will bring documentation on my first scheduled observation day of a negative TB test performed within the past year.
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, or 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 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 \hspace{2cm} Signature of Observer \hspace{2cm} Date

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

__________________________________________________________________________________________

Print Name \hspace{2cm} Signature of Parent or Legal Guardian \hspace{2cm} Date
Observational Learning Completion Form

Please complete this form and return it to Volunteer Services upon completion of your shadow hours along with your hospital issued “Visitor” badge.

Observer Name: ___________________  Observation Date(s): ___________________

School: ___________________________  Major: _____________________________

Total Hours Observed: ______________

Preceptor Name: ___________________  Position: _____________________________

Department of observation: _________________________

Preceptor Signature: ______________________________

______________________________________________________________________________

Please rate your shadow experience on a scale of 1 (poor learning experience) to 10 (excellent learning experience):  1  2  3  4  5  6  7  8  9  10

What is something new that you learned from this experience?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Physicians:
Access www.uhportage.org – Find a Doc
Use Zip Code 44266 and put in desired specialty or name to obtain contact information

Nurse Practitioners

Svetlana Borishchak, CNP
Akron Children’s Hospital Pediatrics
330-297-8824

Annamarie D’Orazio-Skowronski, ND, CRNP
Ulrich Professional Group
330-673-9501

Lori Kreitzburg, CNP
Portage Internal Medicine
330-673-6235

Jenna Seavey, CNS
Ravenna Primary Care
330-296-9606

Kimberly Stutz, CNP
Northeast OH OB/GYN
330-296-4165

Local Physician Assistants:

Christopher J. Walker, PA-C
Akron Nephrology Associates, Inc
330-436-3150

Shervan N. Mohan, PA
Island Medical Management
330-656-5911

John B. Archer, PA-C
Physician Emergency Services, Inc.
330-297-2850

Melissa C. D’Ambrosio, PA-C
Physicians Emergency Services, Inc.
330-297-2850

Amy C. Newman, PA
Physician Emergency Services, Inc.
330-297-2850

James E. Voyk, PA-C
UHMSO Portage Cardiology
330-297-6110