

# ✝ St. Luke's

## Job Shadow Program



Thank you for your interest in job shadowing at St. Luke's Hospital.  
This job shadow program holds true to our mission:

**We are dedicated to providing exceptional care to every patient every time.**

## St. Luke's Hospital Job Shadow Program

If you are interested in a future career in healthcare, you may experience St. Luke's through our Job Shadowing program. Job shadowing at St. Luke's Hospital is a great way to get a "behind-the-scenes" look at the daily role and responsibilities of healthcare professionals.

In providing this opportunity, we hope you gain insight about professions that interest you as well as other jobs that interact with the person you are shadowing.

We have two locations: **Chesterfield and Des Peres, Missouri**. We are not affiliated with any other hospital system.

**Job shadowing is available for individuals ages 16 and older.** In addition to high school and college students, the nursing divisions offer shadowing to individuals considering a 2nd career in healthcare.

This shadowing program is intended to provide a snapshot of healthcare careers by offering a **one-time** shadowing opportunity of up to 4 hours. Due to demand, we cannot schedule repeat visits.

To participate in our Job Shadow Program, you must review the contents of this packet carefully, then, complete and sign the forms included, take the short quiz and return them to St. Luke's Hospital, Attention: Job Shadow Program via email: [Sherry.Diggs@stlukes-stl.com](mailto:Sherry.Diggs@stlukes-stl.com) or via fax: 314-336-5438.



# Policies, Procedures & Health and Safety Information

## Dress Code

Job shadow participants should present themselves in a manner that directly correlates with our patient's perceptions of our professionalism, competency and quality of care. All job shadow participants must adhere to the following guidelines. St. Luke's reserves the right to dismiss a job shadow participant if their appearance is inappropriate or offensive to the staff or patients.

- Nametags stating you are job shadowing must be worn visibly on the front of outer garments.
- Hair must be clean and neat.
- Personal hygiene is important. Each job shadow candidate is expected to maintain good grooming habits and hygiene to prevent body odor/bad breath.
- Perfume, cologne or other fragrance substances will not be worn.
- Clothing must be neat, clean, and in good condition. Attire is business casual (shirts with collars, blouse, dress pants, khakis). Blue jeans and shorts are not allowed. Nursing students may dress in school scrubs.
- Closed-toe shoes must be worn. Shoes should be kept clean and in good condition. No sandals or boots.
- Jewelry and accessories must be minimal and unobtrusive. Hats will not be worn indoors.
- No chewing gum is allowed.
- At times of increased contagious disease, St. Luke's may require that a disposable durable procedure or isolation mask or an N95 respirator mask must be worn at all times. If you do not have an approved mask, St. Luke's will supply you with one.



## Electronic Devices

- Electronic devices, including but not limited to cell phones and tablets may not be used during the job shadow experience. Devices should be placed on silent or vibrate.

## Promptness & Reliability

- It is important that you arrive at the time agreed as staff members are anticipating spending the scheduled time with you. If you are not able to attend on the scheduled day, please contact your Shadowing Coordinator to cancel or reschedule.

## Professionalism

- Maintaining a professional manner and decorum while shadowing is expected. Depending on where you are observing, you may see some unexpected things, and/or you may be with patients who are very sick. If you feel lightheaded or sick, you should quietly leave the room. Your mentor will make every effort to prepare you in advance and will be happy to discuss your questions at an appropriate time.

## Personal Protective Equipment (PPE)

PPE is protective clothing or equipment that is designed to protect the wearer from injury or infection. PPE includes, but is not limited to gloves, gowns, masks and protective eyewear.

All individuals participating in the shadowing program will be required to abide by St. Luke's Hospital's PPE Guidelines. PPE required is based upon the area in the hospital you are shadowing and the type of patients you will encounter.

Types of PPE may include:

- Isolation/surgical mask
- N95 mask
- Goggles or face shield
- Gloves
- Isolation gown



## Infection Control

If you have a fever, cough, cold, or feel ill, do not come for shadowing. Contact your shadowing coordinator or follow the cancellation instructions you were provided.

## Respiratory Etiquette

- Cough into your arm rather than your hand, or use a tissue if available
- Dispose of tissues after use
- Wash hands frequently or use hand sanitizer

## Hand Washing

Hand washing is the single most important measure in the prevention and transmission of infection(s). Hand washing must occur:

- At the start and end of the workday
- Before and after patient contact
- After using gloves
- After using the restroom
- After wiping your nose or touching your face
- After touching contaminated surfaces

### Hand Washing Technique

- Wet hands with warm water
- Retrieve soap from soap dispenser
- Rub hands together for about 40-60 seconds, covering all surfaces or hands and fingers
- Rinse hands with warm water
- Dry hands thoroughly with disposable towel
- Use towel to turn off faucet



## FIRE SAFETY (CODE RED)

St. Luke's fire code word is "Code Red".

**R.A.C.E.** If you discover fire/smoke.



**R** = Rescue those in immediate danger  
(if safe to do so)

**A** = Activate alarm (pull manual alarm)

**C** = Contain the fire (close doors)

**E** = Extinguish the fire (if safe to do so )  
or Evacuate

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## Fire Extinguisher Use

When using a fire extinguisher, think PASS

**P** = Pull the pin at the top of the extinguisher

**A** = Aim the hose or nozzle toward the base of the fire

**S** = Squeeze the handle

**S** = Sweep the spray from side to side



## The HIPAA HUSH

HIPAA is the acronym for **H**Health **I**nsurance **P**ortability and **A**ccountability **A**ct. These are the federal laws regarding patient privacy. HUSH reflects the variety of ways patient information is shared.

**H** = Hearing information

**U** = Using patient information

**S** = Speaking/Seeing patient information

**H** = Help Line (ext. 6544) to call if you have questions

### Consider the following situations and circle the best answer:

1. The staff member you are shadowing (your mentor) is approached by another staff member to ask advice about a patient. Later in the day, you and your mentor go into this patient's room. Remembering the earlier conversation, you have a question about the patient's diagnosis. What will you say?
  - a. "Is this the patient with XYZ that the other nurse asked you about this morning"?
  - b. You say nothing and wait until you leave the room to ask your mentor the question.
2. While shadowing, you see a neighbor in a gown in the Radiology waiting area. The neighbor sees you and smiles. Later that week, you see the neighbor at the store with her adult daughter. What will you do?
  - a. Be polite and say "hello" to the neighbor and her daughter.
  - b. You say "Hi Mrs. Jones, so I see you again."

### Answers:

1. The correct answer is "**b**". (a. is inappropriate, you would not ask about the diagnosis because the doctor has or will be discussing that with the patient.)
2. The correct answer is "**a**". (b. may put your neighbor on the spot. She may not want to discuss the test with her daughter. When you say "hi", and if she comments about seeing you at the hospital, then it is okay to talk about the opportunity you had to shadow.)

Protect patient privacy. Give the patient the same respect and privacy you would want if YOU were the patient.

Know your audience. Whenever you discuss a patient, be aware of who might overhear you. When asking questions, speak in a softer tone if possible so others cannot overhear you.

## Remember these tips...

- Treat all privileged information as confidential and sensitive.
- Conversations can be overheard. Private conversations should be held in private places.
- Speak softly and try to avoid excessive use of the patient's name.
- Use confidential shred bins when disposing of documents containing any medical or patient information.
- Do not allow medical information on terminals to be visible to patients and passers by.
- Do not discuss patient information with anyone in a social conversation – not here, not anywhere.
- If anyone asks you for information about a patient, politely respond "That information is confidential."
- Continue to maintain the confidentiality of any information learned while job shadowing.

## Directions

St. Luke's Hospital is located north of Hwy 40 on Route 141 in Chesterfield. Please visit our [Locations and Directions page](#) for a map of the hospital campus and driving directions. (Hyperlink)





## Job Shadowing Quiz (Required)

All job shadowing applicants must complete and submit the following quiz to verify understanding of key safety, confidentiality and privacy requirements.

Please check the correct answers	
1. Hand washing is the single most important measure in the prevention and transmission of infection.	<input type="checkbox"/> True <input type="checkbox"/> False
2. If I have a fever, cough, cold, or feel ill I should contact the shadowing coordinator to cancel my appointment.	<input type="checkbox"/> True <input type="checkbox"/> False
3. Respiratory etiquette includes coughing into my arm or use a tissue rather than using my hand	<input type="checkbox"/> True <input type="checkbox"/> False
4. I must wear a disposable procedure or isolation masks or an N95 respirator mask at all times during my job shadow experience.	<input type="checkbox"/> True <input type="checkbox"/> False
5. It is a breach of confidentiality to go home and tell my family that our neighbor is in the hospital.	<input type="checkbox"/> True <input type="checkbox"/> False
6. If anyone asks you for information about a patient, politely respond "That information is confidential."	<input type="checkbox"/> True <input type="checkbox"/> False
7. While I am job shadowing, I should wear clothing that is comfortable, yet neat and clean, and I should present a professional appearance.	<input type="checkbox"/> True <input type="checkbox"/> False

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Job Shadow Participant

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Date

## Confidentiality & Patient Privacy

Job shadowing students (hereafter referred to as “student”) shall mean patient and all other confidential information in compliance with applicable legal and ethical standards. Student may have access to confidential, sensitive and proprietary information. Every student and employee has an obligation to protect and safeguard confidential, sensitive and all other St. Luke’s information to prevent its unauthorized disclosure. All students at St. Luke’s Hospital shall conduct themselves in accordance with the principle of maintaining the confidentiality of patient information and in compliance with all applicable laws and regulations. Therefore, St. Luke’s requires all students to read and agree to the following confidentiality procedures:

- I understand that patient care information, whether in written, verbal, or electronic form, may be accessed only by authorized St. Luke’s employees and other authorized individuals.
- I understand that I may be exposed to private patient information and must guard it appropriately. Reasonable safeguards include, but are not limited to, keeping patient information secure, private, and out of public viewing and not discussing patient-specific issues in public areas.
- I understand that all data and information, whether on computer, non-computer systems or media, is the property of St. Luke’s Hospital.
- I understand that all St. Luke’s information is to be maintained in strictest confidence and is not to be discussed with anyone other than the appropriate personnel, and may not be shared with others outside the shadowing assignment.
- I understand that if I have questions with respect to specific instances of release or discussion of confidential information, I will direct them to my shadowing partner.
- I agree to comply with all policies (fax, e-mail, etc.) regarding the release and disclosure of protected health information (PHI).
- I understand that violations of confidentiality will result in terminating my shadowing experience.

My signature acknowledges that I have read and understand the above and agree to abide by this Confidentiality Statement.

\_\_\_\_\_  
Student’s Name (Please Print)

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if student under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT OF RECEIPT

I \_\_\_\_\_, hereby acknowledge that I have received and read information on HIPAA, safety, and infection control from St. Luke's Hospital.

My signature below indicates that I am in agreement with St. Luke's policies and procedures pertaining to HIPAA Regulations, Safety Compliance, and Infection Control policies and procedures.

\_\_\_\_\_  
Job Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian (if Participant under 18)

\_\_\_\_\_  
Date

Reviewed 10/2017, 4/2021

## WAIVER OF LIABILITY

### Job Shadowing Program

1. In consideration for being given the opportunity to participate, I, on behalf of myself and my representatives, heirs, executors, guardians and administrators, do hereby absolutely, fully and forever release, relieve, waive, relinquish and discharge St. Luke's Hospital, its physicians, employees, representatives, administrators, successors, officers, directors, and affiliates from any and all actions or causes of action, actual or alleged claims, judgments, demands, debts, liability, damages, which I may now have claim to have, or which may involve or be related to my participation in the St. Luke's Job Shadowing Program.
2. I understand that my activities at St. Luke's Hospital are strictly limited to that of Observer, that I will receive no wages or financial remuneration, and that I will not perform any direct patient care.
3. I agree to abide by all policies, practices, procedures and regulations of St. Luke's Hospital.
4. I understand that as a participant, I may be exposed to patient care information during the Job Shadowing Program. This confidential information, whether in written, verbal, or electronic form, is to be maintained in compliance with applicable legal (HIPAA/HITECH) and ethical standards and may not be shared with anyone.
5. I understand and agree that St. Luke's Hospital can cancel this agreement at any time for reasons of health, unacceptable performance, or other causes at Hospital's sole discretion.

Signatures:

\_\_\_\_\_  
Job Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian (if Participant under 18)

\_\_\_\_\_  
Date