

Career Exploration Program



St. Elizabeth Healthcare is proud to offer a Career Exploration Program to provide realistic experiences and learning opportunities to individuals interested in pursuing a career in healthcare. Within the Career Exploration Program, participants will learn more about health career options, as well as the skills and education that are required for different occupations.

Through the Career Exploration Program our goal is to provide participants with the following:

- Opportunity to observe daily routines of healthcare workers
- Assist with identifying career interests in healthcare
- Educate participants on the academic, technical and personal skills required in healthcare professions
- Observe a variety of health careers and work environments
- Understand the educational requirements to achieve professional goals

To participate in the Career Exploration Program, you will need to apply online and review the website content and packet carefully. Once you've reviewed all requirements within the Career Exploration booklet, return all required forms to Human Resources in a minimum of three weeks prior to the time you wish to shadow a healthcare professional.

For more information or if you have additional questions, contact:

Human Resources
 20 Medical Village Drive, Suite 271
 Edgewood, KY 41017
 (859) 301-5169
career.exploration@stelizabeth.com

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Dress Code

All career exploration participants are asked to adhere to the following guidelines. St. Elizabeth Healthcare reserves the right to dismiss a career exploration participant if their appearance is inappropriate or offensive to staff and/or patients.

Name Badge

- A photo identification nametag will be provided to all career exploration participants the day of their scheduled shadow
- The name badge is to be worn on their upper body with their name easily seen
- Upon completion of shadowing, the student is required to return his/her photo identification nametag to the manager on their designated unit

Shoes

- Flat, solid color, closed-toe shoes are required in any patient department or area
- Sandals, dress sandals, flip-flops, Crocs, etc. are not to be worn

Slacks

- Dress/skirt/shorts/skortis should be worn at a moderate length.
- Slacks are to be ankle length
- Slacks are to be a solid color
- Stirrup pants, leggings, sweatpants, capri pants or exercise pants are not appropriate
- Slacks are not to be made of denim or nylon

Tops

- A dress or casual shirt or top is to be worn
- Tight clothing, low cut blouses or clothing that allows undergarments to show through may not be worn
- Tops showing an individual's mid-section may not be worn
- No t-shirts, hoodies or sweat shirts
- No sleeveless tops

General

- Tattoos/body art are to be covered and not visible
- Clothing should be of appropriate size and fit, so as to not to be too tight
- Hose/Socks/Shoe must be worn at all times to cover any exposed leg area
- Accessories, including jewelry and facial piercings, must be minimal and unobtrusive. Earrings, necklaces, rings etc. should be worn in moderation
- Hair must be clean and neat

Electronic Devices

The Career Exploration Program is a unique opportunity for you to explore your healthcare career of choice. During this time, electronic devices including, but not limited to, cell phones, tablets and pagers may not be used.

Hand Washing

It is well known that hand hygiene is one of the most important factors in preventing the spread of infection.

To minimize the risk of cross contamination via the hands of healthcare workers, hand hygiene is performed with either soap and water hand wash or antiseptic hand sanitizer.



Antiseptic hand sanitizer

- When arriving on nursing unit
- Upon entering and leaving patient's room
- Before having direct contact with a patient
- After contact with a patient's intact skin
- After contact with inanimate objects in the immediate vicinity of the patient (e.g. items likely to be touched by the patient)



Apply recommended amount of product to palm of one hand and rub hands together covering all surfaces until hands are dry — approximately 15 seconds.



Soap and Water for 15 seconds:

- Before and after you eat something
- After using restroom
- When your hands are visibly dirty



Wet hands. Apply recommended amount of soap and rub hands together vigorously for at least 15 seconds covering all surfaces of hands and fingers.

Rinse with water and dry thoroughly with a paper towel.
Use towel to turn off faucet.

Fire Safety (Code Red)

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

- R** RESCUE
- A** ALERT
- C** CONTAIN THE FIRE
- E** EXTINGUISH THE FIRE

If you are NOT in the area of the fire; stay where you are and listen for further instructions.

Do Not Enter Rooms With Isolation Sign On Door



CONTACT PRECAUTIONS

PATIENT SHOULD NOT VISIT PUBLIC AREAS, CAFETERIA, GIFT SHOP OR SMOKING AREA.



GOWN AND GLOVES: Must be worn to enter the room. Hand hygiene after removal of gloves. Place used gown in soiled laundry.



EQUIPMENT: Clean and disinfect reusable equipment upon removal from room or send to Central Supply for processing.

VISITORS: Wash hands or use hand sanitizer upon entering and leaving the room. Wear gown and glove when assisting with care.

For questions regarding isolation, please call the Infection Control Office.
Edgewood (859) 301-2155 | Florence (859) 212-4399 | Fort Thomas (859) 572-3688



SCENARIO:

You are shadowing and a doctor or nurse invites you into an isolation room.

It is OK to: Explain to them that because you are shadowing and have not gone through the proper training, you are not allowed into an isolation room.

It is NOT OK to: Enter the room. Never enter an isolation room under any circumstances.

HIPAA

The Health Information Portability and Accountability Act (HIPAA) regulates how Protected Health Information (PHI) is used and disclosed by those who have access to that information. HIPAA applies to ALL health care providers: hospitals, physicians, insurance companies, labs, home care companies and surgery centers. HIPAA also covers ALL forms of protected health information in the form of oral, written, or electronic.

While shadowing a St. Elizabeth Healthcare employee you may have the ability to view confidential patient information, or may learn information of confidential nature during your shadowing experience. HIPAA mandates that healthcare employees and individuals shadowing do not share information about a patient admission, condition or case with ANYONE outside of job description guidelines. Every individual shadowing has a legal and ethical obligation never to discuss any patient or anything about a patient's diagnosis, care or treatment with any individual, in or out of the hospital, including the patient's family.

At St. Elizabeth Healthcare it is our policy to treat patient information of any nature strictly confidential. This includes information from or about medical records, test results, appointments, referrals and billing information.

Why are we, in the shadowing program, involved with HIPAA training?

It is everyone's responsibility to take the confidentiality of patient information seriously. As part of the law, anytime an individual shadowing comes in contact with any patient information, or personal health information that is written, spoken, or electronically transmitted, they are in some facet of HIPAA regulations. Training awareness is required for all healthcare personnel and individuals shadowing.



A few tips to avoid problems:

- Remember that conversations can be overheard. Private conversations should be held in private places.
- Speak softly over the telephone to try to avoid excessive use of patient's name.
- Use confidential trash bins when disposing of documents containing any medical or patient identifiable information.
- Do not allow medical information on computers to be visible to patients and passersby.
- Do not discuss patient information with anyone in a social conversation, not here, not anywhere.
- If anyone asks you about patient information, politely respond, "that information is confidential."

What is Protected Health Information (PHI)?

- Name
- Address
- Date of birth
- Fax number
- E-mail address
- Social Security number
- Medical record number
- Health plan beneficiary number
- Account number
- Diagnosis
- Genetic information
- Finger or voice prints
- Facial photographs
- Any other unique identifying number, characteristics, or code
- Age greater than 89

PRACTICE SCENARIOS:

During the course of your job shadow experience you are walking down the hall and overhear health information being discussed between a family and a care provider.

It is OK to: Continue with your regular duties keeping all information you overheard confidential related to the family and the patient.

It is NOT OK to: Assume you can share the information and approach them in regards to what they are discussing.

You are having lunch with someone in the cafeteria with fellow students and friends and someone asks you, “did you know that Steve is in the Emergency Department?”

It is OK to: Politely stop the conversation and remind your fellow peer that sharing personal health information for non-work related purposes is not something we do. A reminder to all that we need to be cautious of HIPAA would be a very appropriate comment.

It is NOT OK to: Talk about any person’s health information, without authorization.

Career Exploration Program Agreement

STATEMENTS

A career exploration experience is a learning tool where the participants observe a St. Elizabeth Healthcare employee in his/her clinical/work environment. It involves no hands-on patient contact with the tasks being observed. The career exploration experience takes place over a 2-4 hour concentrated period (up to a day) of time in a St. Elizabeth Healthcare department. The department liaison will review the participant's objectives for appropriateness and assist the participant in completing these objectives in so far as the department setting allows.

PARTICIPANT RESPONSIBILITIES

- A. Respect the rights and confidentiality of patients and families at all times.
 - B. Sign a confidentiality agreement with St. Elizabeth Healthcare and complete HIPAA training.
 - C. Adhere to established dress code, including wearing a name badge while on the premise.
 - D. Follow good hand-washing techniques.
 - E. Wear personal protective equipment if there is a potential of coming into contact with blood or other body fluids.
 - F. Inform career exploration liaison if at any time the participant feels nauseous, dizzy or otherwise ill during the shadowing activity.
 - G. At all times remain where directed and leave the areas when requested to do so by a physician, nurse, or administration.
 - H. Participant will schedule the hours spent in the department with the department liaison once cleared by Human Resources.
 - I. Observers are prohibited from all hands-on experiences related to direct patient care. No touching, management, counseling, or therapeutic interaction with patients or families will be allowed.
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LEARNING OBJECTIVES

- A. Participant will develop an awareness of the technology and procedures used in the career field.
 - B. Participant will identify skills and knowledge of the profession.
 - C. Participant will learn about individual and team contributions to the care of the patient.
 - D. Participant will identify the connection between classroom learning and practical application in the work environment.
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AGREEMENT

- A. I recognize that observing in the healthcare setting and any complication thereof may be emotionally distressing. I also recognize the primary responsibility of the physicians and personnel is to the patient; therefore, it may not be possible to provide immediate attention to me should the need arise.
 - B. I understand the patient right to confidentiality, and agree to respect that right, by not disclosing information regarding any patient or regarding the organization/administration.
 - C. In consideration of the permission granted, I hereby release the physicians, the organization, and its employees from any claims or liabilities, physical injury and/or damage including emotional distress, injury or mental anguish which may be sustained by me or the patient as a result of the presence of myself in the hospital setting.
 - D. I am age 16 or older.
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Participant Signature _____ Date _____

Career Exploration Parent/Guardian Consent Form

Participants Name: _____

School: _____

Observation Site/Department: _____

- My child has my permission to participate in the Career Exploration Program at St. Elizabeth Healthcare.
- I am aware that participation in this program requires travel to St. Elizabeth Healthcare and I release St. Elizabeth Healthcare from any liability associated with that travel.
- This is a St. Elizabeth Healthcare sponsored program in which my child understands the need for professional and respectful conduct and attire during all times of this program.
- I have reviewed the St. Elizabeth Career Exploration Booklet with my child.
- I give permission for my son/daughter to be photographed or videotaped during the program to be used later for promotional or educational purposes.
- Should it be necessary for my child to have medical treatment while participating in the St. Elizabeth Healthcare Career Exploration Program, I hereby give St. Elizabeth Healthcare staff members permission to use their best judgment in obtaining medical services for my child. I give permission to any attending physician to render whatever medical treatment he/she deems necessary and appropriate.
- In consideration of the permission granted, I hereby release the physicians, the organization, and its employees from any claims or liabilities, physical injury and/or damage including emotional distress or injury or mental anguish which may be sustained by me or the patient as a result of the presence of myself in the hospital setting.
- In case of such a situation, parent/guardian will be the contact at this (these) phone number(s): _____

I agree to the above statements and consent form.

Signature of parent or guardian

Date

Please print name

Initial Health Questionnaire

Print Name: _____ Date of Birth: _____

Please provide a copy of your Immunization Records in addition to completing this form.

HAVE YOU HAD THE FOLLOWING DISEASES?

	YES	NO	Don't know
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles (10 day/old fashioned).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a positive TB skin test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had close contact with anyone who has or has had TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU HAD THE FOLLOWING IMMUNIZATIONS?

There are specific immunizations required for anyone (born after 1957) working or volunteering in a hospital facility. If you do not have these immunizations, we will be in contact with you to determine how you can complete this requirement.

	YES	NO	DATES (If Documented)
Tetanus/Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	_____
Varicella (Chicken Pox).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles, Mumps, Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING SYMPTOMS?

	YES	NO
Productive Cough (3 weeks +)	<input type="checkbox"/>	<input type="checkbox"/>
Persistent weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Persistent low grade fever.....	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats.....	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite.....	<input type="checkbox"/>	<input type="checkbox"/>
Coughing up blood.....	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath.....	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>

If you marked "yes" to any of the above symptoms, please comment: _____

Signature of Participant: _____

Date: _____

FOR CAREER EXPLORATION OFFICE USE ONLY

Recommendations: _____

Reviewed by: _____ Date: _____

St. Elizabeth Healthcare Participant Confidentiality / Non-Disclosure Agreement

As a St. Elizabeth Healthcare participant, I am responsible for maintaining the confidentiality of information relating to patients/residents/clients and fellow associates. Unless it is necessary to complete my job responsibilities, information about the present condition, performance, or personal affairs of patients/residents/clients or other associates will not be repeated or discussed either inside or outside St. Elizabeth Healthcare.

When confidential information must be discussed in the course of my work, I will use discretion to keep such conversations from being overheard by others who are not directly involved. I am aware that there are both state and federal laws that protect health information and other confidential information from unauthorized access. I also realize careless or thoughtless release of confidential information can result in disciplinary action, including termination and also could result in legal action being taken against St. Elizabeth Healthcare.

As a St. Elizabeth Healthcare associate, I will be obligated to attend/complete training courses directed at ensuring my understanding of St. Elizabeth Healthcare privacy policies in relation to protecting confidential information.

Confidential information includes but is not limited to: (1) information about patient/resident/client's condition or treatment; (2) aggregate clinical data; (3) employee records; (4) employee patient/resident/client records (5) marketing plans; (6) product or service plans; (7) strategies/forecasts; (8) patient/resident/client lists; and/or 9) financial information.

Confidential information can be obtained through hearing it, seeing it, viewing the medical record, or accessing it in the computer system.

While creating, accessing and/or utilizing confidential information I agree to abide by the following:

- I agree to keep confidential all information I access.
- I agree to access only the minimum necessary to perform my duty.
- I agree to access only that information for which there is a "Business Need to Know." I understand that my access may be monitored.
- I understand that I may not use the St. Elizabeth Healthcare computer system to access the medical records or financial records of myself, my children, my spouse, my neighbor(s), my co-workers or anyone, without a business based reason to do so. I also understand I may not look at paper records of any of these individuals without a business-based reason to do so.
- I agree to keep my password confidential. I understand that providing my password to another individual may result in disciplinary action up to and including termination.
- I agree to protect data at all times, which includes data in electronic, paper, film, images, video or other forms. I will protect data during its creation, entry, processing, distribution, storage, and disposal.
- I agree to protect data from unauthorized access, modification, destruction or disclosure.
- I understand that upon my termination from St. Elizabeth Healthcare my ability to access St. Elizabeth information will end. I agree that I will not attempt to access St. Elizabeth Healthcare systems or disclose any confidential information to any person or entity after my termination.

I have read this document and understand that my signature constitutes my acceptance of the terms of the "Confidentiality/Nondisclosure" agreement.

Participant Name (Print)

Department

Participant Signature

Date

Career Exploration Checklist

Name: _____

Department: _____

Date: _____

Task	Date Completed
Complete online application	
Review of Career Exploration handbook	
Signed career exploration forms	
TB skin test/screening within one year	
Immunization records	

Send all requirements to career.exploration@stelizabeth.com or fax to (859) 301-5179.

