



**Dear Applicant,**

Thank you for your interest in the UCHealth Shadowing or Observership experience. UCHealth is very proud of the care provided to our patients. The program builds on UCHealth's desire to educate future clinical, administrative, and research leaders. This opportunity facilitates knowledge sharing in a variety of areas in addition to demonstrating quality and innovation in healthcare.

### **Shadowing and Observership Application Process**

Decide which program is right for you. Shadow (up to 12 hours), Observership (up to one month).

- Shadowing and Observerships are educational only and provide no hands-on experiences.
- Observers will not physically engage with any patients or advise on any cases.
- This is a voluntary opportunity and cannot be used for school credit.
- Please read the Shadowing and Observership documents carefully before submitting your application to ensure you are a good candidate for this program.
- It is the responsibility of the participant to arrange and confirm their Sponsor and the dates of their observation.

To apply, follow the steps below:

- Please take the time to review the steps once more before submission. You must turn in ALL required documents to be considered. If all completed documents are not properly executed, the entire email will be sent back to you which will delay your experience.
- Please be aware, sponsor signatures are required on their agreement so be mindful of your timing. The contract indicates the dates and length of your Shadowing or Observership as well as your responsibilities and the responsibilities of your sponsor.
- If you are applying for shadowing, your information is due at least one week prior to your experience. If you are applying for the Observership program, your information is due at least one month prior to your experience.

### **Instructions**

**Step One:** Find your Sponsor. If you don't have someone in mind, you may go to [uchealth.org](http://uchealth.org) and at the bottom of that page under Patient Support, you can find a doctor, location and specialty. You will need to contact them directly to inquire if they will allow you to shadow/observe and who your Sponsor will be.

**Step Two:** Read and complete the material below which contains the orientation information, application, and the agreements. For ease of completion on your computer, the forms have been set up in a PDF containing form fields. You will need to download and save this entire document to your desktop, and complete the fields. **Save again so you don't lose your entered information.**

**Step Three:** Send the completed packet to your Sponsor for the required signatures ([Sponsor Agreement Link to Signature Page](#)). Please remind them, that after they sign their portion, **they also must save** on their computer in order to email it back to you. Once received, you can now continue to Step Four.



**Step Four:** Required additional information:  
**Shadowing and Observerships:**

- Proof of age: Driver's license, passport, state identification or visitor visa.
- Season flu vaccination (October-May).
- Varicella, tDap and MMR.
- Negative TB Status or Chest X-Ray (taken within the last 12 months).
- COVID Vaccination.

**Observerships must add these additional documents:**

- Current CV or resume.
- Results of Background Check in home country.
- Hepatitis B vaccination.
- Results of a 10-panel drug screen.
- Copy of Health Insurance coverage for the duration of your observation period.
- Copy of Office of Inspector General (OIG) exclusion, using this link [Inspector General Exclusion Database](#), enter your name click "Search" and print or download the results and return with your packet.

**Step Five:** Please email this entire document and the additional information upon completion to:  
Longs Peak Hospital- [LPHVolunteers@uchealth.org](mailto:LPHVolunteers@uchealth.org) or Broomfield Hospital- [BroomfieldVolunteers@uchealth.org](mailto:BroomfieldVolunteers@uchealth.org)

***In order for your application to be accepted and reviewed, be sure to indicate the facility, department and sponsor name in the subject line. Multiple emails will not be accepted.***

**Step Six:** You and your sponsor will receive a confirmation that your email has been received. It is your responsibility to finalize location and time to meet your sponsor. This is when they will provide you a Shadowing/Observership badge.

<b>Shadowing and Observership</b>	
<b>Effective Date:</b> 5/2021	<b>Replaces Policy:</b> BH: none GH: Observership Program GVH: Educational Observation Experience HRH: Educational Observation Experience LPH: none MHC/MHN: Educational Observation Experience PPRH: Educational Observation Experience PVH/MCR: MS-30 Observership Program UCH: Educational Observation Program & Extended Academic Observership YVMC: Shadowing, SportsMed, Med Prep & Observership Program UCHMG: Extended Academic Observership
	<b>Policy Owner:</b> Clinical Policy Advisory Group

**Introduction:**

The purpose of this policy is to define the process for Shadowing and Observerships for UCHealth hospitals and facilities. As part of the mission of an academic health care system, shadowing and observations are foundational learning opportunities and will be conducted with the rights, dignity, and best interests of the patients in mind.

**Scope:**

View the [UCHealth Policy Scope Statement](#) to see where this policy applies.

- I. Applicable to all Shadowing (short-term) and Observerships (long-term).
- II. Shadowers and Observers may not use this experience to fulfill clinical rotation requirements or an internship with an accredited academic facility.
  - a. Shadowing for academic credit should route through Professional Development.
  - b. Those who wish to shadow and are a UCHealth vendor or qualify as a vendor must adhere to the Vendor policy.

**Policy Details:**

**I. Define Shadowing and Observation:**

- A. Shadowing is defined as an opportunity for individuals to briefly experience the performance of clinical and/or non-clinical role functions, systems, or processes. The Shadowing experience involves following a UCHealth staff person or UCHealth medical staff for up to 12 hours, annually.

## **UCHealth Shadowing and Observership**

1. Shadowers include potential hires (up to 12 hours.) Shadowing is offered as part of a job interview when it would be beneficial to help the applicant to better understand the role.
  2. Shadowing may include UCHealth staff, UCHealth medical staff, as well as those without a UCHealth affiliation.
- B.** Observation is defined as an opportunity for individuals to have a more in-depth experience of the performance of clinical and/or non-clinical role functions, systems, or processes. It is limited to a 30-day consecutive time frame and may be repeated annually. Observerships are not designed for intermittent experiences for longer than 1 month.

### **II. Requirements, Eligibility and Standards for Shadowers and Observers:**

- A. Age:**
1. Be at least 18 years of age and provide proof of age in the form of a driver's license, passport, state issued identification card, or visitor visa.
- B. Employment Status:**
1. Both the Sponsor and the Shadower/Observer agree that the individual participating in this experience is in the role of a Shadower/Observers and is not an employee of UCHealth. Participation in this program is voluntary and solely for the purpose of engaging in an educational experience.
  2. Shadowers/Observers must not engage in any form of patient care or hospital procedures, either clinical or non-clinical in nature.
- C. UCHealth responsibilities:**
1. UCHealth is responsible for confirming all mandatory elements are complete prior to UCHealth Shadowing or Observation badge being issued.
  2. UCHealth is responsible for tracking the number of shadowing/observation hours.
  3. UCHealth is responsible for maintaining records indicating shadowing/observation hours for up to 7 years. These records will be maintained in the office responsible for shadowing/ observation experiences.
- D. Shadower requirements:**
1. Must attest to being in good health and free from contagious conditions which may risk patient safety.
  2. Must be provided at the participants own expense:
    - a. Documentation of seasonal influenza vaccine (during influenza season).
    - b. Documentation of immunization status for varicella, tDAP and MMR.
    - c. Documentation of negative TB screen (quantiferon or PPD) or chest X-ray with absence of signs of active TB, within the last 12 months.
    - d. When UCHealth staff or UCHealth medical staff are shadowing, immunization records are maintained by Employee Health.
  3. Find their own Sponsor- a UCHealth staff person or UCHealth medical staff person who is willing to take responsibility for the Shadower. UCHealth will not make arrangements on shadower/observer's behalf
  4. The Shadower must have completed all elements of the application, including health verification, training, and signatures at least 1 week prior to the start of requested experience. In some situations, such as shadowing for a potential job offer, an application can be facilitated more quickly. The manager who oversees shadowing must approve the exception.
  5. Dress appropriately in professional attire consistent with the UCHealth professional appearance policy and wear a UCHealth-provided badge. White

## **UCHealth Shadowing and Observership**

coats or other attire that would create the impression that the shadower/observer is a member of the healthcare or medical staff are not permitted. The UCHealth- provided badge must be returned at the end of the shadowing experience.

### **E. Observer requirements:**

1. All of the Shadower requirements plus the additional requirements below:
  - a. Observers must have English language proficiency sufficient to complete training and be able to respond to the direction of their Supervisor in an emergency.
  - b. Arrange the educational experience at least 1 month in advance for domestic Observers and 2 months in advance for international Observers through the Sponsor at UCHealth.
  - c. Provide a Curriculum Vitae (CV) or resume.
  - d. Provide documentation of citizenship or valid visa consistent with I9.
  - e. Provide a completed a background check. Foreign nationals of countries or territories that do not allow for criminal background investigations to be conducted by US companies are ineligible to participate. Any costs incurred will be covered by Observer.
  - f. Not be excluded from participation in the Medicare, Medicaid, or Champus/TriCare programs, nor have any such exclusion pending. Provide proof of a query of the OIG and NPDB databases to assure not on exclusion list. Validation will be completed by UCHealth.
  - g. Provide documentation of Hepatitis B.
  - h. Provide documentation of a 10-panel drug screen.
  - i. Provide documentation of health insurance for the period of the Observership. In the event of an onset of illness or injury during the educational experience, appropriate emergency care, as provided to employees, will be provided to the visiting individual by UCHealth. The Observer agrees to maintain insurance coverage during the observation period and the Observer will be liable for the cost of such care and obtaining appropriate follow-up care, if needed.
  - j. The application/contractual agreement, outlining dates and anticipated hours of observation, must be signed by the clinical department chair, manager of clinical area, Sponsor, and Observer.

### **F. Sponsor requirements:**

1. The Sponsor must request permission from the manager or supervisor of the department for an individual to shadow/observe in advance of the scheduled day and time.
2. The Sponsor must be selective in sharing any information about patient care to ensure there is no confidential information divulged. No information can be removed from the premises by a Shadower/Observer including photographs or recordings.
3. The Sponsor will assume responsibility for the Shadower/Observer's behavior and compliance with this policy and the UCHealth Standard of Performance. The Shadower/Observer will be in the presence of the Sponsor for the entirety of the experience.
4. Sponsor must obtain verbal permission from the patient prior to having the Shadower/Observer in patient care areas. The patient has the right to refuse to have a Shadower/Observer present for any aspect of care delivery.

**UCHealth**  
**Shadowing and Observership**

5. Ensure the Shadower/Observer is dressed appropriately, including providing scrubs if needed for shadowing, and wearing the UCHealth provided shadowing badge. The Sponsor is responsible for ensuring the shadowing badge is returned at the end of the experience.
6. A Sponsor cannot agree to supervise anyone who is a relative.

**III. Compliance, Safety, Infection Prevention, and HIPAA.**

- A. The Shadower/ Observer provides:
  1. Signed Code of Conduct.
  2. Complete an orientation process. This orientation includes information on hand hygiene, codes, diversity, environment of mutual respect and hospital patient safety procedures.
  3. Complete a HIPAA test and sign the HIPAA confidentiality agreement.
    - a. Observers will not document in the medical record nor access a medical record independently.
  4. Signed UCHealth risk waiver.
- B. Non-adherence to policy:
  1. The relevant clinical or non-clinical department is responsible for adherence to this policy.
  2. The Sponsor is responsible for the conduct of the participant. Deviations from this policy shall be reported to the relevant department. Non-adherence to the terms of the policy may result in loss of future privilege to participate in the Shadowing program or disciplinary action.

**Definitions:**

Shadower/Observer: Individuals who are approved to participate in shadowing or observerships, who are in a UCHealth facility for a specific time period for the purpose of observing the performance of clinical and/or non-clinical role functions, systems or processes.

Sponsor: A UCHealth employee or UCHealth medical staff who agrees to supervise the individual participating the Shadowing or Observation program.



## **Orientation Information**

### **General Safety**

UCHealth offers 24/7 Security Services for their facilities. The lots will be patrolled to assess security and compliance. Front doors are locked during evening hours with visitor entry through the Emergency Department entrance.

- Be aware of your surroundings at all times.
- When walking through the parking lot or even on the sidewalk, focus on your walking and avoid distractions such as cell phones. Please do not use your cell phone while driving in the parking lot.
- Report any suspicious persons to Sponsor immediately. Watch for persons in uniforms without identification. Even a person in uniform may not belong.
- Leave your valuables at home.
- Do not leave purses or wallets in the open.

### **Sexual Harassment**

Unwelcome behavior of a sexual nature is known as sexual harassment. Sexual harassment is more than just bad manners or unacceptable behavior; it is against the law. Sexual harassment may be verbal, visual, or physical. Although it is often an intentional abuse of power, harassment may simply be due to insensitive behavior. Unwelcome sexual behavior is unacceptable. Verbal harassment can be spoken, which includes unwanted pressure for dates, sexually oriented comments, and jokes based on gender. Visual harassment can be materials brought to the hospital. This includes calendars, posters, and cartoons of a suggestive nature. Physical harassment involves invasion of personal space. It includes cornering, leaning over, brushing against, or touching a co-worker. If you feel you are being harassed, immediately notify your Sponsor.

### **Emergency assistance:**

Dial "81111" for all locations within the Hospital  
Dial "9-911" for all locations off-site

Emergency codes and the locations are announced on the overhead paging system. When the situation is resolved, an "All Clear" is announced.

The Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law that requires us to provide a medical screening examination for any person who comes to us with an emergent medical condition (including psychiatric). This means any UCHealth property including parking lots and public sidewalks that are part of our property.

- If someone approaches you needing help for a medical condition, take them to the Emergency Department.
- If you find a person who you think may have an emergency (for example a gunshot wound), dial "81111" right away and stay with the patient.





## **CODES**

**Bomb Threat:** No overhead announcement will be made

- If you receive a bomb threat by phone, try to keep the person on phone and alert staff member to get help.
- If you receive a bomb threat, call "81111" immediately.
- Inform the operator that you have received a bomb threat; give your location.
- Notify administration or supervisor immediately, and DO NOT discuss the call with other persons.

**Code Yellow: Disaster/Emergency**

- Indicates an internal or external disaster.
- Listen to overhead announcement and wait for directions.
- Unless at the hospital, must remain at home until contacted.
- STAY – Sit Tight Awaiting Your call.
- If you hear of an area-wide disaster through the media, follow the STAY rule. Do not report to the hospital unless called to do so.

**Code Blue: Cardiac Arrest**

- A person has stopped breathing/heart has stopped beating.
- An Emergency Team will respond.
- Stay clear of the area and to the side of the hallway.

**Code Pink: Infant/Child Abduction**

- Security will respond.
- Staff will look in restrooms and stairwells for someone changing out of scrubs.
- Staff will go to exits – watch for individuals carrying something in which a baby could be concealed. A staff member will look in personal items for infant.
- Don't put yourself in jeopardy, but try to get make, model, color, and license plate number of car.
- Staff will search their immediate area for the infant/child and/or abductor.
- Departments located near building exits will send staff to observe these locations.

**Code Grey: Emergency staff assists**

- Listen to location on overhead page.
- Do not go to location.
- If near location, vacate as soon as possible.

**Security Assist: Violent Intruder**

- Dial "81111" or "9-911" off site and report as many details about the situation as possible.
- Remove as many people from the immediate area as possible. Stay clear of area.





### **Code Silver: Active Shooter**

- Listen to location on overhead page
- Do not go to location.
- If near location, vacate as soon as possible.
- Follow active shooter protocol: Run, Hide, Fight.
- Your first priority is YOURSELF.
- Please watch the following video on **Run, Hide, Fight:**
  - <https://www.youtube.com/watch?v=5VcSwejU2D0>

### **Code Red: Fire**

- Listen for location and directions on overhead page
- Stay clear of area
- If near location, vacate as soon as possible
- Authorized Personnel only are allowed to cross a closed fire door unless instructed.
- Your first priority is YOURSELF.

### **During a Code Red**

- The overhead paging system will announce “Code Red” and the location of the fire.
- Fire doors will close automatically and strobe lights will flash in hallways.
- Do not use elevators.
- Do not go through closed fire doors.
- When the emergency has passed, “Code Red All Clear” will be announced.

### **ACTION: WHAT TO DO IF YOU DISCOVER A FIRE**

If you discover a fire in your area, what would you do? What is “RACE”?

- R** – remove all affected persons
- A** - access fire alarm by: pulling nearest alarm (if available)
- C** – confine the fire by closing doors and windows
- E** – evacuate area if necessary – extinguish only if possible

### **Remove**

- Help move patients, visitors, and staff who are in life-threatening danger.
- The hospital is divided into compartments by fire construction techniques. Fire doors mark the beginning of the next compartment. Move the shortest distance to safety, beyond the next set of fire doors.
- If you must enter a room with smoke and fire, crawl below the smoke and heat.

### **Alarm**

- Pull the nearest fire alarm box (usually located near stairwells and exits).
- Now would be the time to notify the facility where you are and the exact location of the fire:
- dialing “81111” to report exact location
- dialing “9-911” if off-site



## **Contain**

- Close doors and fire doors which do not close automatically.
- Do not go through closed fire doors unless you are evacuating. If evacuating, feel the door before opening it – if it is too hot to touch, DO NOT open it.

## **Extinguish**

- If the fire is small enough to handle, fight it with a fire extinguisher.

## **Fire Extinguishers**

Fire extinguishers are located in corridors and stairwells. Use the PASS acronym. Stand approximately 10 feet away from the fire, set the extinguisher upright and:

- P** – Pull the pin
- A** – Aim at the base of the fire
- S** – Squeeze the handle
- S** – Sweep from side to side

## **General Fire Safety Rules:**

- Know the location of fire exits and fire extinguishers
- Do not attempt to extinguish a fire unless you feel safe doing so
- Do not extinguish an electrical fire with water

## **Experiencing/Reporting Incidents**

- Cooperate with the criminal's demands. Do not try to take matters into your own hands. Contact Security immediately.
- Try to remember descriptive features to help identify the criminal.
- Cooperate with Security and police who are investigating a crime.

## **Hazards**

There are many chemicals in our healthcare environment that may pose a hazard. A Material Safety Data Sheet (MSDS) is kept for every hazardous chemical in each department (books on each unit). UCHealth believes you have a "right to know" about the toxic materials you might encounter during the course of your work or that are in your working environment. That's why we support regulations issued by the Federal Occupational Safety and Health Administration (OSHA) that provide important information and training guidelines about hazardous chemicals on the job. If you smell a chemical, you are inhaling it, and doing so may be harmful to the respiratory tract. However, some chemicals can be sensed at levels well below that which is harmful, so detecting an odor does not mean that you are inhaling harmful amounts. On the other hand, just because you cannot smell a chemical does not mean it is not present. Some chemicals cannot be sensed even at levels that are harmful. If you have any concerns, ask your sponsor.



## Waste Disposal

When disposing of waste in the hospital, it is very important to ensure that all waste is put in the appropriate place. Paper with any type of patient and/or confidential information must go into the shred box. Only regulated medical waste should go into "Red Bag" trash containers.

## Latex Allergies

Latex is of special concern in healthcare because it poses a risk to both healthcare workers and patients who may be allergic to this material. Symptoms of an allergy can be local (skin) or systemic (whole body) and can occur right away or many hours after contact with latex. If you see someone with latex balloons in the hospital you should politely ask them to remove the balloons from the premises and explain that many patients are allergic to latex.

## Infection Control

The Center for Disease Control and Prevention has developed "Precautions" to reduce the spread of infection. You will hear the term "Standard Precautions." These precautions state that you, as a member of the healthcare team, should be aware that all patients, staff, visitors, and other volunteers could potentially infect you. This means you should always take appropriate measures to protect yourself. Standard Precautions means treating all blood and bodily fluids as potentially infectious.

When a patient is known or suspected to have a disease that is transmitted by contact or through the air they are placed in special "Transmission Precautions." These rooms are marked by isolation signs. Do Not Enter these rooms.

### Infection Control

- Please do not report to duty if you are ill or have contagious cold sores.
- Wash your hands before and after assisting clients/patients; before and after eating. Wash your hands frequently during your Shadowing/Observership assignment and use antiseptic gels (waterless hand disinfectants) often.
- Never handle needles or any sharp objects.
- Observers must wear gloves when cleaning any area which might put them at risk of contact with body fluids or blood.
- Observers are **not allowed in isolation rooms**.
- Observers must wear gloves when transporting lab specimens. Ensure all specimens are placed in a container prior to transporting them.

### Hand washing

- The easiest and most effective way to prevent the spread of germs. When washing your hands, use warm water and soap, rub hands vigorously for at least 20 seconds, rinse well, use paper towel to turn off faucets and use a piece of toweling to open the restroom door. Wash your hands with soap and water:
  - At the start of your shadow.
  - After removing gloves.
  - After touching potentially contaminated objects.
  - Before and after each patient contact.
  - Before eating, applying cosmetics, etc.



- After using the restroom, coughing, sneezing, blowing your nose, etc.
- As you exit the building.
  
- The use of waterless hand sanitizer is just as effective as washing with soap and water. Use the waterless product when hands are not visibly soiled. Apply a thumbnail size amount in your palm and rub hands together until dry. It is very important to wash or sanitize your hands before and after every patient contact and frequently throughout the day.

### **COVID-19 Information**

Awareness on current available information and clinical expertise (CDC), older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based on what we know now, those at high-risk for severe illness from COVID-19 are: People 65 years and older, People who live in a nursing home or long-term care facility, People with chronic lung disease or moderate to severe asthma, People who have serious heart conditions. People who are immunocompromised: Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. People with severe obesity (body mass index [BMI] of 40 or higher), People with diabetes, People with chronic kidney disease undergoing dialysis, People with liver disease. Approved protocols and competencies must be followed while Shadowing/Oberving at any UCHealth facilities. For the most up to date information please refer to the CDC [www.cdc.gov/coronavirus/2019-nCoV/index.html](http://www.cdc.gov/coronavirus/2019-nCoV/index.html)

### **Influenza Awareness**

Flu is a serious contagious disease. Each year in the United States, on average more than 200,000 people are hospitalized from flu complications; 20,000 of those hospitalized are children younger than 5 years old. The single best way to protect against the flu is to get vaccinated each year. The “flu shot” – an inactivated vaccine (containing killed virus) is given with a needle, usually in the arm. The flu shot does not cause the flu. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. All healthcare workers, including volunteer shadows, observerships, and staff working in a hospital are considered high risk for the flu. Flu shots are required.



## **Protected Health Information and Confidentiality**

Patient information is referred to as Protected Health Information (PHI). Examples of PHI include Name, Address, Birthdates and Dates of service, Phone numbers, E-mail addresses, social security numbers, Health insurance plan information, and photos to name a few. Confidential information is information that is not generally known in the community. It includes: Patient information, medical information, personal information, financial information, and computer access and information.

Any information you obtain from your experience which is not public knowledge is to be kept confidential.

It is breach of confidentiality for you to access confidential information if you do not need the information to perform your job, for example:

1. You may not review a patient's medical record if you are not caring for the patient or are not involved peer review activities.
2. You may not access information in the computer about a patient, even if the patient is your best friend, mother, brother, or baby-sitter!

## **Patient Access to Medical Records**

Patients, in most instances, have a right to read their medical record and to obtain copies. People other than the patient and those involved in the patient's care, usually need to the patient's consent before information in the medical record can be released to them.

### In-house patients:

1. Patients may inspect their own record within a reasonable length of time, not to exceed 24 hours, of the request.
2. Call the Medical Record Department to make arrangements.
3. Notify the patient's doctor of the request.

### Discharged inpatients or outpatients:

1. The patient should be directed to the Medical Records Dept. to make a request for records.
2. Proof of identification will be requested.

## **HIPAA**

Health Insurance Portability and Accountability Act, was implemented April 2003. HIPAA sets national standards for the protection of patient information. It deals with the privacy and security of protected health information, known as "PHI". The enactment of HIPAA gives patients the right to control their health information and have it kept private and secure. HIPAA makes it illegal to release health information to inappropriate parties or to fail to adequately protect health information from accessing when you aren't doing so for your job. HIPAA is not just for doctors and nurses. HIPAA also applies to our employees, volunteer, shadows, students and observers. There can be severe consequences for non-compliance with the law. We keep our patient's protected healthcare information private by making sure that patient information is not let sitting out where passers-by can easily see it, e.g. not on counter or office desk, also by not discussing patient information in public areas such as hallways.



## Shadowing/Observership Application

\*You must be at least 18 years of age.

Name \_\_\_\_\_  
First Last

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Shadowing Sponsor Information:

Name \_\_\_\_\_  
First Last

UCHealth Department \_\_\_\_\_ Sponsor Title \_\_\_\_\_

Sponsor Email \_\_\_\_\_ Sponsor Phone \_\_\_\_\_

### Other Information:

Are you personally acquainted with a UCHealth volunteer or employee at this time? If yes:

Employee Name \_\_\_\_\_ Employee Dept. \_\_\_\_\_ Employee Phone \_\_\_\_\_

Have you ever been convicted of any law violation? Include a plea of guilty or no contest. Exclude minor traffic offenses.  
Yes No

If yes, explain:

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
(eSignature)

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.



## **UCHealth Shadowing and Observership Participant Agreement**

### **Introduction**

This agreement provides an understanding regarding a supervised Shadowing or Observership at UCHealth. It does not include any individual enrolled in a formal educational program that requires a clinical affiliation agreement. This agreement covers individuals observing at UCHealth. Shadowing and Observership participants must not be engaged in any form of patient care or hospital procedures, either clinical or non-clinical in nature.

### **Term and Renewal**

This Agreement will remain in effect for the time period beginning on \_\_\_\_\_ (date) and ending on \_\_\_\_\_ (date) for approximately \_\_\_\_\_ (total number) hours at the \_\_\_\_\_ location.

### **Employment Status**

Both parties agree the individual participating in this experience is in the role of an Observer, and is not an employee of UCHealth while participating in this program. Participation in this program is solely for the purpose of engaging in an educational shadow or observership experience. I understand that I will not be compensated for any Shadow/Observation hours.

### **Responsibilities of UCHealth**

UCHealth will provide a supervised educational experience according to agreed-upon objectives. UCHealth retains the right to terminate the educational experience when violations of UCHealth rules, regulations, policies or procedures occur. UCHealth reserves the right to take immediate action when necessary to maintain operation of its facilities free from interruption.

In the event of an onset of illness or injury while observing, appropriate emergency care, as provided to employees, will be provided to the visiting individual by UCHealth. The participant agrees to maintain insurance coverage during the observation period and the participant will be liable for the cost of such care and obtaining appropriate follow-up care, if needed.

**The individual participating in Shadowing or Observership must be supervised by the Sponsor who will facilitate the educational experience.**





## **Responsibilities of Sponsor**

The sponsor will meet the participant in the designated area to pick him/her up at the start of his/her experience (or send an identified designee). They will keep the participant under their supervision at all times during the shadowing experience. They respect patients and/or family's wishes regarding privacy and exclusions from being observed. If at any time the shadow participant is not behaving appropriately per UCHealth policies and procedures, the shadow participant will be dismissed by sponsor from the shadowing experience. The sponsor will escort participant out of the facility to ensure the participant is no longer in the hospital/clinic environment. Contact the Volunteer Services department to document the circumstances of the dismissal. Sponsor will ensure the participant is returned to the designated area at the close of the shadow experience, and retrieve their badge.

## **Responsibilities of the Shadowing or Observership Participant**

It is understood that Observing at UCHealth must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHealth. The Observer is required to adhere to UCHealth rules, regulations, policies and procedures while on its premises, including all policies related to confidentiality, patient rights and responsibilities, and ethical conduct. I understand that all UCHealth campuses are smoke-free.

The individual coming to UCHealth to shadow or observe is required to do the following:

- Arrange the shadow experience in advance through the sponsor at UCHealth. The shadow participant must know of a sponsor and make this arrangement with the sponsor, since UCHealth is not responsible for coordinating or matching an individual desiring this shadowing experience with a potential sponsor.
- Complete the UCHealth facility specific application process.
- Complete UCHealth facility specific orientation process. This orientation includes information on hand hygiene, codes, diversity, and UCHealth patient safety procedures.
- Sign the HIPAA Confidentiality Agreement and complete the provided HIPAA test
- Dress in conservative, appropriate attire: no shorts, no open toed sandals, no short skirts, t-shirts or jeans. Sweat suit apparel and logo clothing, hats, perfume, after shave lotion or heavy jewelry is not permitted. No odor of smoke permitted. Surgical mask required.
- Wear a UCHealth issued ID badge at all times while on the premises. The badge will clearly state the wearer is a participant in the Shadowing/Observership program.
- Obey instructions by sponsor while on the premises.
- Defer from participating in the program when experiencing an infectious disease condition including cough, runny nose, sneezing, sore throat, rash, flu, diarrhea, vomiting, or when other diseases that are communicable are present.
- Silence cell phone at all times. Agree not to take photos, video, or record any conversations while on UCHealth premises.
- Understand that the shadow experience at UCHealth must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHealth. The shadow participant is required to adhere to UCHealth rules, regulations, policies and procedures while on its premises, including all policies related to confidentiality, patient rights and responsibilities, and ethical conduct.



**Compliance With Laws and Regulations**

Services covered by this agreement shall be and shall remain in compliance with the Health Information Privacy and Protection Act, all applicable federal, state and local laws and Regulations, and Joint Commission on Accreditation of Healthcare Organizations standards.

**Confidentiality**

Performance of health care services includes a duty by UCHealth to safeguard certain information, including, but not limited to patient information, from inappropriate disclosure. Therefore, access to UCHealth information shall be strictly limited for visiting individuals. Participants may not review confidential patient data. Participants may not have access to EPIC.

**Participant Attestation**

Attest to the conditions of this contract for Shadowing and Observership participation by signing below:

- Be in good health and free from contagious conditions which may risk patient safety.
- Observing only for educational purposes as a participant in the specific program.
- Adhere to hand hygiene before and after each patient encounter consistent with UCHealth standards.
- Be dressed appropriately in professional, conservative attire consistent with the UCHealth professional appearance policy. White coats or other attire that would create for patients the impression that the Observer is a member of the medical staff are not permitted.
- No photos, videotaping or tape recording permitted.
- The participant may not document in the medical record nor access a medical record. No portion of the medical record or patient information may be removed from any UCHealth facility.
- I will be dressed appropriately per the guidelines of the shadow program.
- I understand if I am more than 15 minutes late, or have not adhered to all requirements, I will not be able to shadow that day.

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Signature of Shadowing or Observership Participant

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Date

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.



## Shadowing and/Observership Risk Waiver

I wish to participate in UCHealth's Shadowing and/or Observation program to observe the activities of health care professionals at \_\_\_\_\_. I understand I am not permitted to provide diagnosis, care, or treatment to a patient, even under supervision. I also understand I am not permitted to document in a medical record or advise patients or patients' family members regarding care. I further understand I will be under the supervision of the Sponsor I am observing and I understand I must be accompanied at all times while in clinical or patient areas. I have read and agree to comply with the UCHealth Policy. I understand I may be asked to leave the program for any suspected violation of UCHealth policy, and agree to do so if asked.

I understand I may be exposed to certain risk of bodily injury and other dangers by being in a hospital and around patients, including but not limited to, communicable diseases, exposure to blood-borne pathogens, biological waste, and chemicals or instruments that may be dangerous. I am aware of these risks and voluntarily assume these and any other risks associated with being in a hospital and around patients. For and in consideration of UCHealth allowing me to observe the activities of its health care professionals to further my educational, career, or other goals, I hereby release and forever discharge UCHealth and its officers, trustees, agents, employees, volunteers, and members of its Medical Staff, from all claims, demands, rights, and causes of action of whatever kind or nature arising from and by reason of any and all known, foreseen, and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, those specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the Shadowing and/or Observership activities at UCHealth. By signing this Release and Waiver of Liability, I certify I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

\_\_\_\_\_  
Signature of Shadowing or Observership Participant

\_\_\_\_\_  
Date

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures



## UCHealth Shadowing and Observership COVID-19 Acknowledgement

Under CDC guidelines, UCHealth has established the following COVID-19 protocols. Each participant will review and agree to the safety requirements and expectations.

1. I will wear a mask when entering and while in the hospital or any of our facilities until such time that it is determined by Infection Prevention that we no longer have to wear masks. I understand that UCHealth will provide a surgical mask for me to wear during my Shadowing/Observation. I understand that I cannot remove or touch my mask during my shift.
2. I will check in with my supervisor when I arrive for any updates.
3. I will follow the 6 feet social distancing guidelines while in my assignment and traveling through the facility in am at. I will also respectfully assist others to do the same.
4. I will follow hand hygiene by washing my hands and using hand sanitizer as required. I will disinfect my workspace and frequently touched surfaces. I will use the UCHealth provided disinfection materials and gloves will be made available for sanitizing.
5. I will launder clothes after each shift.
6. I am aware of the CDC COVID-19 guidance for individuals who may be at risk due to age or pre-existing conditions and know I may make my own choices. I also understand the possible risk of exposure in returning to service.
7. I understand that I may not enter units caring for COVID patients and I may not enter a room with a COVID patient. I will continue to abide by all HIPAA and confidentiality laws pertaining to the privacy of patient information. This includes information pertaining to any COVID patients.
8. I will stay at home and notify my sponsor if I have any COVID or flu-like symptoms; including but not limited to cough, shortness of breath or difficulty breathing, fever, chills, headache, sore throat, loss of taste or smell. I will contact my personal provider and follow their guidance.

I understand and agree to abide by these requirements. This is a condition to shadow/observe while under COVID 19 protocols. If I do not follow these protocols, I may be asked to leave and forfeit any future experiences.

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Signature of Shadowing or Observership Participant

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Date



## Confidentiality and HIPAA Test for Shadowing or Observership Participant

Please answer True or False:

1. Patients have a right for their medical information to be kept confidential and private.  
True            False
2. Access to patient information is restricted to a “need to know” basis. As a shadow participant you do not have rights to access patient information. This includes paper and electronic medical records.  
True            False
3. However, if you observe in a patient care area, you may be exposed to PHI (Protected Health Information). PHI includes but is not limited to, patient name, names of relatives, patient address, email address, or any other information that can be used to identify an individual.  
True            False
4. HIPAA (Health Insurance Portability and Accountability Act) regulations govern how patient information is handled. HIPAA applies to our entire workforce, including employees, students, medical staff and volunteers. It also applies to shadow and observerships participants.  
True            False
5. An improper disclosure of Patient Health Information occurs when patient information is accessed, used or disclosed without proper authorization.  
True            False
6. The only information you can share about your experience will be general information about the department you visited, types of procedures that are typically done, the education and skill level required for the jobs you observed.  
True            False
7. No information can be shared on any social media outlets  
True            False
8. There is absolutely no photography allowed during your shadowing opportunity in any of our UCHealth facilities.  
True            False
9. If you do see a patient that you know, it is okay to greet them and tell them you are part of a job shadow experience. However, you cannot ask why they are here or tell anyone that you saw them in the hospital. This includes parents, friends, teachers, etc.  
True            False



## HIPAA Non-Disclosure/Confidentiality & Code of Conduct Acknowledgement

As a shadow program participant, I understand that I may come in contact with confidential information, both patient and employee-related, through written records, documents, ledgers, internal verbal correspondence and communications, computer programs and applications.

I agree not to disclose this confidential information to anyone other than those persons at UCHealth that I am working with during my shadow experience.

I will not access, use or disclose this confidential information for any reason outside of my shadowing experience.

I will be responsible to secure confidential information in the work vicinity, dispose of confidential material in instructed areas and return confidential access codes/badges upon the end of my shadowing experience.

I acknowledge that in the event I breach any provision of this agreement, UCHealth, in addition to any other legal remedies available to it, has the right to reprimand, suspend and/or dismiss me from the shadowing session.

**Required: Use this link to access and review the [UCHealth Code of Conduct](#)**

I understand that, in order to Shadow, I must follow the Code of Conduct which includes Diversity and the Environment of Mutual Respect.

### **Statement of Understanding:**

I have read and understand the Confidentiality Statement and Code of Conduct booklet. I agree to comply, and I understand that a violation may result in the discontinuation of my shadow or observership experience.

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Signature of Shadowing or Observership Participant

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Date



## **Sponsor Agreement**

### **1. Introduction**

This contract provides an understanding regarding a supervised Shadowing experience at UCHealth. This contract does not include any individual enrolled in a formal educational program that requires a clinical affiliation agreement. This contract covers individuals Shadowing or Observing at UCHealth. Participants must not be engaged in any form of patient care or hospital procedures, either clinical or non-clinical in nature.

### **2. Employment status**

Both parties agree that the individual participating in this experience is in the role of Shadower/Observer, and is not an employee of UCHealth while participating in this program. Participation in this program is voluntary and solely for the purpose of engaging in an educational Shadowing experience.

### **3. Responsibilities of UCHealth**

UCHealth will provide a supervised Shadowing experience according to agreed-upon objectives. UCHealth retains the right to terminate the educational experience when violations of UCHealth rules, regulations, policies, or procedures occur. UCHealth reserves the right to take immediate action when necessary, to maintain operation of its facilities free from interruption.

In the event of an onset of illness or injury during the experience, appropriate emergency care, as provided to employees, will be provided to the Participant by UCHealth. The Participant agrees to maintain insurance coverage during the Shadowing/Observation period and will be liable for the cost of such care and obtaining appropriate follow up care, if needed.

The individual participating in Shadowing and Observing must be supervised by the Sponsor who will facilitate the experience at all times.

### **4. Responsibilities of Sponsor**

The sponsor will meet the participant in the designated area to pick him/her up at the start of his/her experience (or send an identified designee). They will keep the participant under their supervision at all times during the shadowing experience. They respect patients and/or family's wishes regarding privacy and exclusions from being observed. If at any time the shadow participant is not behaving appropriately per UCHealth policies and procedures, the shadow participant will be dismissed by sponsor from the shadowing experience. The sponsor will escort participant out of the facility to ensure the participant is no longer in the hospital/clinic environment. Contact the Volunteer Services department to document the circumstances of the dismissal. Sponsor will ensure the participant is returned to the designated area at the close of the shadow experience, and retrieve their badge.

### **5. Responsibilities of the Shadowing and Observership Participant**

It is understood that the Shadowing experience at UCHealth must not interfere with the primary mission of the care and treatment of patients, which shall remain the responsibility of UCHealth. The Participant is required to adhere to UCHealth rules, regulations, policies, and procedures while on its premises, including all policies related to confidentiality, patient rights and responsibilities, and ethical conduct. The individual coming to UCHealth for a Shadowing





experience is required to follow all instructions and submit all required documentation prior to their experience.

**6. Compliance with laws and regulations**

Services covered by this contract shall be and shall remain in compliance with the Health Information Privacy and Protection Act, all applicable federal, state and local laws and regulations, and Joint Commission on Accreditation of Healthcare Organizations Standards.

**7. Confidentiality**

Performance of health care services includes a duty by UCHealth to safeguard certain information, including, but not limited to patient information, from inappropriate disclosure. Therefore, access to UCHealth information shall be strictly limited to visiting individuals. Participants may not review confidential patient data nor have access to EPIC.

**8. Participant Attestation**

- Attests to the conditions of this contract for Shadowing

**9. Sponsor Attestation**

- Attest to the conditions of this contract by signing this agreement.
- Participants of the Shadowing program must be always under the supervision of the Sponsor. The Sponsor is accountable for the actions of the Participant.
- The Sponsor is responsible for ensuring patient and visitor safety, patient confidentiality, and the protection of UCHealth proprietary information.
- The Sponsor must obtain permission from the patient prior to the Participant entering the presence of the patient. The patient has the right to refuse to have them present for any aspect of care delivery.
- At the conclusion of the experience the Participant must return their UCHealth badge. The Sponsor is responsible for assuring that this has occurred.

Sign here to indicate you have reviewed and agree to the terms of this document and approve this Shadowing experience. Please email this back to the Participate so they can move forward with the orientation process.

\_\_\_\_\_  
Sponsor Signature and Email address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Department Chair Signature (Observership Only)

\_\_\_\_\_  
Date

This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures

**• Applicant Reminder**

- Please review the steps once more before submission. You must turn in ALL required documents to be considered. If all completed documents are not properly executed, the entire email will be sent back to you which will delay your experience.
- Please be aware, sponsor signatures are required on their agreement so be mindful of your timing. The contract indicates the dates and length of your Shadowing or Observership as well as your responsibilities and the responsibilities of your sponsor.
- If you are applying for shadowing, your information is due at least one week prior to your experience. If you are applying for Observership program, your information is due at least one month prior to your experience.