

Job Shadowing Purpose and Guidelines

PURPOSE

To allow Citizens Memorial Health Care System employees and members of the community to learn new skills by allowing them to observe and participate in other functions of the organization on a voluntary basis.

GUIDELINES

- 1) Individuals who are interested in learning new skills or observe other functions will request to do so to the Human Resources Department. Requests will be forwarded to the Supervisor of the area that is wished to be job shadowed, and arrangements made if job shadowing is possible.
- 2) The job shadowing opportunity must be acceptable to the Supervisor responsible for the area wished to be shadowed. Supervisors may decline job shadowers if they do not meet regulatory requirements, the areas requires extreme confidentiality considerations, or other factors specific to that area.
- 3) The job shadowing experience should be a meaningful and learning experience. Efforts should be made to avoid utilizing the job shadower to do tasks not wanting to be performed by the regular members of the department.
- 4) The job shadowing experience may specify a specific length prior to implementation.
- 5) Employees may not job shadow in their own department.
- 6) Employees may not job shadow during their regularly scheduled hours, and should not job shadow at times that will affect their ability to work their shift.
- 7) Job shadowers may not be used to replace a regularly paid employee in the department.
- 8) Job shadowers will be required to follow the rules of the department/position, and will be removed from the job shadowing experience if the departmental rules are broken.
- 9) Job shadowing experience is not a guarantee of a position within that department should one become available, but will be used as a means of gaining experience and learning new skills.
- 10) Breach of patient confidentiality in the job shadowing experience will be handled in the same manner as if the employee were working their regular position.
- 11) Both the job shadower and the Supervisor will agree in writing the conditions of the job shadowing experience.

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

I agree not to divulge or disclose to anyone other than those persons of the healthcare system who have the "need to know", directly or indirectly, either during or after my association, any confidential information acquired during the course of my association.

I understand and acknowledge that, in the event I breach any provision of this agreement, Citizens memorial Healthcare in addition to any other legal remedies available to them, has the right to reprimand, suspend and/or terminate my association with or without notice at their discretion.

Job Shadower Please Print Your Name

Job Shadower Signature

Date

Supervisor Please Print Your Name
(For office use only)

Supervisor Signature

Date