

Dear Applicant,

The goal of this program is to enable participants to learn about health careers while shadowing/observing Carilion employees. Participants may **not** take part in hands-on patient care and may **not shadow** without doing as described below.

**Eligibility**

- Applicants must be 16 and older.
- Placement is not guaranteed and depends on staff availability.
- We schedule a maximum of three, four to eight hour visits, during a twelve month period. When we schedule visits on days the application lists as available, but the applicant is unable to attend, we do not reschedule.
- Due to concern for patient confidentiality and visitor safety, some departments do not provide shadow experiences. On some occasions, shadowing opportunities may be suspended for students under 18.
- TB screenings: If you will shadow in a patient area, you must complete and return the attached TB Screening Form with your paperwork. **We do not accept outside TB forms.**

**Dates and Deadlines**

- Complete the TB Screening Form first (remember to take the form with you to your visit. Then complete the other forms. An acceptable TB test is not a questionnaire.
- Pages two through six, the Code of Excellence and during certain times of the year, the flu shot attestation must be received at Visiting Student Affairs by the following applicable deadline.

If This Is Your Situation	Do This on the Application	Send Us the Paperwork At Least
You want to shadow a specific area within Carilion	include that area or a specific person's name on the application under "Requested Profession."	3 weeks in advance
A Carilion employee agreed to let you shadow	list the employee's name and dates or date range on the application under "Pre-Arranged."	1 week in advance
Neither of the above is true	complete all sections of the application except "Pre-Arranged."	3 weeks in advance

**Appropriate Dress**

- Business casual attire is required. That means that you, your hair and your clothes must be clean and neat. You may not wear jeans, shorts, leggings, sweats, Capri pants or t-shirts. You may not wear white lab coats, personal scrubs, perfumes or heavy jewelry. If you shadow in a clinical area, you must wear comfortable closed-toe shoes.

Questions about appropriate attire can be directed to Visiting Student Affairs at [visitingstudentaffairs@carilionclinic.org](mailto:visitingstudentaffairs@carilionclinic.org).

- All observers must wear the Carilion ID Badge issued by Visiting Student Affairs.

We look forward to helping you explore your career options in healthcare and hope this experience will be rewarding.

Sincerely,

**Visiting Student Affairs**

Fax: (540) 983-1189

E-mail: [visitingstudentaffairs@carilionclinic.org](mailto:visitingstudentaffairs@carilionclinic.org)

Mailing Address: Visiting Student Affairs, CRMH, P.O. Box 13367, Roanoke, VA 24033-3367

## TUBERCULOSIS SCREENING FORM

### PRINT AND COMPLETE THIS FORM FIRST

**Carilion Employees or Volunteers**, the form is complete once you list your name and badge number in the chart. Return this form WITH your other paperwork.

**All Other Applicants**, you must show negative results on one of the acceptable TB screening tests in the list below. No other test types will be considered:

- T-Spot TB Test (blood test)
- QuantiFERON-TB Gold test (blood test)
- Chest x-ray

1. Complete this chart.

I, the Applicant, authorize the administering provider to share TB screening results with Carilion Clinic Visiting Student Affairs.

Printed Name of Student Observer	
Student Signature	Date (MM/DD/YY)
Printed Name of Parent (if minor)	
Signature of Parent (if minor)	Date (MM/DD/YY)

2. TAKE THIS FORM to a health care provider or school official to complete the bottom of the form.  
 3. Once this form is completed, follow the directions on the remaining forms.  
 4. Return this form WITH your other paperwork. **NO OTHER FORMS ARE ACCEPTED.**

**Health Care Provider or School Official**, initial tests and skin tests more than three months out of date **MUST BE THE TWO-STEP TEST**. These blanks and the chart must be completed AFTER screening results are known. RETURN THIS FORM TO THE APPLICANT.

- Two-step PPD skin test  
 QuantiFERON-TB Gold test  
 Chest x-ray

I certify that the individual above had negative results on the TB screening checked above on (MM/DD/YY) \_\_\_\_\_ and is approved to observe professionals in a healthcare setting.

Signature of Official Completing This Form		Date (MM/DD/YY)
Printed Name	Title	Phone
Name of Practice or School	Address	

Application for Observation

Save to a PC. Click your cursor in the first blank and type. Then tab and type to the end. Complete by hand as a last resort.

Legal Name \_\_\_\_\_ [M] [F] \_\_\_\_\_ Date of Birth MM/DD/YY \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Preferred Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Highest Level of School or Training \_\_\_\_\_ Major or Program \_\_\_\_\_ Current or Most Recently Attended School or Program \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Objectives for Observation

- 1. \_\_\_\_\_
2. \_\_\_\_\_

Requested PROFESSION (RN, NP, PA, etc.) and DEPARTMENT (ED, Ortho, Peds, etc.) and Maximum No. of Days in Each:

1st Preference: Profession \_\_\_\_\_ Department \_\_\_\_\_ Max. No. of Days \_\_\_\_\_
2nd Preference: Profession \_\_\_\_\_ Department \_\_\_\_\_ Max. No. of Days \_\_\_\_\_
(Total of both may not exceed 3)

Requested FACILITY (Use numbers to list choices in order of preference.)

- Carilion Medical Center (Roanoke facilities)
Carilion Franklin Memorial Hospital
Carilion New River Valley Medical Center
Carilion Giles Community Hospital
Carilion Stonewall Jackson Hospital
Carilion Tazewell Community Hospital
Other: \_\_\_\_\_

Required: Requested DATES & TIMES (If a Carilion employee has NOT already agreed to let you shadow, complete this section after the TB Screening Form has been completed). Check the deadlines in the cover letter, list below several dates or date ranges you're available and the earliest time of day you can be at the above facility and the latest time you must leave. Block these dates on your calendar until we email you the results. Check email frequently, including Spam and Junk folders.

\_\_\_\_\_
\_\_\_\_\_

For Pre-Arranged Shadow Visits (If a Carilion employee has agreed to let you shadow, complete this section.) The earliest date must be at least one week after all completed paperwork, including our TB Screening Form, is received at VSA.

Employee's Name \_\_\_\_\_ Unit/Department \_\_\_\_\_ Phone \_\_\_\_\_
E-mail address \_\_\_\_\_ Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_
Dates and Times Agreed on (Must include a start and end date) \_\_\_\_\_

Leave this section to bottom of the page blank.

Approved Date and Time \_\_\_\_\_
Approved Unit/Department \_\_\_\_\_
Unit/Department Manager Approval \_\_\_\_\_

\* Please let us know if there are any personal health issues that could potentially require medical attention during your shadowing experience so we are prepared.

\_\_\_\_\_



## Access & Confidentiality Agreement

### Why I am Being Asked to Sign this Agreement?

You are being given access to Carilion Clinic's ("Carilion") **Confidential Information** in order to perform services for Carilion Clinic. Carilion has legal and ethical responsibilities to **safeguard** the privacy and security of Confidential Information as it relates to its employees, students, patients and business operations.

**You are expected to safeguard Carilion's Confidential Information as well.**

### What is Confidential Information?

**Confidential Information** is information that is not known to the public. It may be verbal, on paper or in electronic format. When we use the term Confidential Information at Carilion, we are referring to these three (3) types of information:

- 1) **Protected Health Information (PHI):** PHI is individually identifiable information about our patients. PHI includes information related to the past, present, or future physical or mental health/condition of a patient, the provision of health care to the patient or payment information. Simply being a patient at Carilion is considered PHI.

*Other Examples include:*

Name	Date of Birth	Social Security Numbers
Medical Record Numbers	Health Plan Beneficiary Numbers	Full Face or Comparable Photos
Telephone Numbers	Geographic Information	Any Unique Identifier

- 2) **Employee Confidential Information:** Employee confidential information is any information that can be used to identify an employee.

*Examples include:*

Full Name	Social Security Number	Drivers' License Number
Bank Account Numbers	Home Address	Email Address
Date of Birth	Telephone Numbers	Earnings Information

- 3) **Business Confidential Information:** Business Confidential Information is important information about a company that should not be made public.

*Examples include:*

Contracts	Financial Data	Strategies
Negotiations	Intellectual property	Inventories
Operations	Processes	Policies

### Who is responsible for protecting Carilion's Confidential Information?

EVERYONE at Carilion is responsible for doing their part to safeguard the Privacy and Security of Carilion's Confidential Information, including external parties who perform work for Carilion such as vendors. Carilion's policies are available on the Intranet at PageCenterX, once access has been granted. We want our work with vendors to be successful, so if you have questions, be sure to ask your management team or you may contact Carilion's Privacy Office at [privacy@carilionclinic.org](mailto:privacy@carilionclinic.org).

## Access & Confidentiality Agreement

### What does it mean to “Safeguard”?

**Safeguards** refer to reasonable measures Carilion expects you to take to protect the Confidential Information you have been given access to.

*Here are some examples:*

Reasonable Safeguard	Unreasonable Safeguard
Protecting Carilion’s confidential information regardless of your work location (e.g., at work, coffee shop, airport, home).	Leaving your workstation unattended and unsecured while working at home where family or friends have the ability to see or access Carilion’s confidential information.
Logging out/tapping out of applications when leaving your workstation unattended to prevent unauthorized access.	Leaving applications open when you step away from your workstation and minimizing your screen.
Choosing a password that you can easily remember.	Writing your active directory ID and password down on a sticky note and putting it in your laptop bag.
Positioning monitors <i>away</i> from the view of the public or using privacy screens.	Allowing a monitor to face outward in a busy hospital corridor with no privacy screen.
Limiting access to confidential information based on job role, including storing servers and other equipment in secure areas with limited access.	Allowing unauthorized individuals into secure or restricted areas, including propping doors open making access available to unauthorized individuals.
Using your workstation for work-related purposes, keeping personal use to a minimum, consistent with department or management guidelines.	Surfing websites for non-business-related reasons on your Carilion devices, especially those that are high-risk and likely to introduce malware into our system (e.g., social media and pornography), or using your workstation for other non-business related reasons, such as to promote, maintain, or run a business that is not affiliated with Carilion Clinic.
Complying with applicable password policies and procedures, including not disabling Carilion set password protected screensavers with preset timeout periods and not sharing password or login information with others.	Allowing a new co-worker whose access has not yet been set-up to use/work under your access.
Installing only authorized software on workstations and using approved hardware.	Bringing your personal flash drive to work and plugging into your workstation.
Storing all confidential information on network servers and secured shared drives.	Storing confidential information on your desktop, personal devices, downloads folder, or unsanctioned cloud-based storage platforms, such as Drop Box or Google Docs.
Secure portable devices by closing your office door or carrying them with you.	Leaving laptops and other portable devices unattended in open classrooms or offices, waiting rooms, your car, etc.
Leaving your workstation on, but logged off, in order to facilitate after-hours updates.	Not following recommended security updates.
Ensuring all Carilion required security settings are maintained and are not disabled or modified.	Disabling encryption on Carilion Devices.
Using my Carilion-issued device to take a photograph of a patient’s wound for inclusion in the medical record for treatment related purposes.	Using my personal cell phone to take a video of a patient who is acting erratically to share with co-workers and on social media.

## Access & Confidentiality Agreement

### What rules do I need to be aware of regarding obtaining access to Carilion's Confidential Information and how to be sure I keep that access so I can perform my job duties?

As a condition of receiving access to Carilion's Confidential Information, please read each of the following statements and mark the box with an "X" indicating your agreement.

#### I hereby agree to and understand the following:

##### General Rules

- I will report to my Carilion Clinic liaison or to the Carilion Clinic Privacy Office any individual's or entity's activities that I have a good faith belief may compromise the privacy or security of Carilion's Confidential Information.
- I have no ownership interest in or right to Carilion Confidential Information.
- Carilion maintains an audit trail of all accesses to Confidential Information and my access may be audited at any time.
- If I violate this Agreement, I may be subject to disciplinary measures, including revocation of my access to Carilion information, termination of Carilion's contract with the vendor I represent, or similar measures.
- The conditions of access discussed in this Agreement apply whether I work onsite at a Carilion facility or at a remote location, such as my home.

##### Protecting Confidential Information

- I am responsible for all actions that occur with my Carilion access resources including but not limited to, my username and passwords, keys, access codes, badges, and proxy cards. I understand that I may not use these resources for personal gain or knowledge. (e.g., I may not use my Carilion badge to gain entry to a secure floor to go visit an ill relative who is a patient.)
- That the credentials I have been provided with such as usernames, passwords and my Carilion badge are unique to me and are the equivalent of my legal signature. I will safeguard my access at all times. I will not share my credentials or allow anyone to perform work under my username and passwords, even if I am present. Likewise, I will not request access to, use, or work under any other individual's passwords or access information.
- If I have reason to believe that any of my accesses have been compromised, I will contact the Technology Service Center at (540) 224-1599 immediately for assistance. (e.g., password hacked)
- Carilion workstations are supplied for purposes of performing Carilion's work and may only be used for personal use as outlined by Carilion.
- I am responsible for securing my workstation when I leave it unattended. If I am using a shared workstation, I understand it is my responsibility to log off of applications when I leave the workstation unattended.



## Access & Confidentiality Agreement

- I may not use or download Confidential Information onto non-authorized devices or unapproved cloud-based storage, even in the performance of my duties.
- I may not install or operate any non-licensed software on a Carilion device.
- I will not photograph, video, or make audio recordings of patients or visitors unless it is for care of the patient, identification of the patient, formal education or training, IRB approved research, or as authorized by the patient or their legal representative. I will use only Carilion-approved devices to make such recordings.
- Confidential Information must be properly disposed of when it is no longer needed according to Carilion Clinic data and record retention policies. I will contact the Privacy Office, Information Security, or HIM if I am unsure how to properly dispose of Confidential Information, or devices containing Confidential Information.

### Using Access Appropriately

- Access to Confidential Information includes information in all formats: paper, electronic and verbal. This means things I may see and hear in the performance of my job duties may be considered confidential. **I understand that simply being a patient here at Carilion is considered protected health information (PHI), which means that is Confidential Information.**
- I may NOT access, use, disclose, copy, remove from the premises, alter, or destroy Confidential Information, to which I have or had access to, except as clearly permitted and authorized within the scope of my job duties and in accordance with applicable Carilion policies, procedures and applicable laws and regulations.
- I may only release patient information from the EPIC Release of Information (ROI) module which logs and tracks the release of patient information for HIPAA purposes. I understand that I cannot print from Chart Review or take screenshots of Epic. If I have questions or concerns about ROI, I will contact HIM before releasing requested patient information.
- I may only access, use, and disclose the minimum necessary amount of Confidential Information as authorized and needed to perform services for Carilion Clinic.
- Accessing patients in Carilion’s Epic without a business purpose is strictly prohibited.** This includes, even with written/verbal permission or power of attorney, accessing the health information of children, parents, partners, spouses, coworkers, friends, and neighbors.

**My signature below indicates that I have read, accept, and agree to abide by all the requirements described above.**

**Please submit a copy of your government issued, photo ID along with this form.**

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Carilion ID: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Observer Program Participation Agreement

I am participating in various practical, clinical, and/or observational experiences (Educational Experiences) either (i) through a school which has entered into a Student Program Agreement to do observation or clinical participation with the Provider, or (ii) through an independent Educational Experience approved and accepted by the Provider pursuant to this Agreement.

**Policies and Procedures:** In consideration of my acceptance into said Educational Experience, I understand and agree that while participating in the Educational Experience, I am subject to all of the Provider's rules, policies and procedures, including those relating to appearance and behavior. I further understand and agree that I may be required to withdraw from the Educational Experience if my performance is unsatisfactory; or if I fail to comply with said rules, policies, and procedures; or if my health status, taking into account all reasonable accommodations, is a detriment to my successful completion of the Educational Experience.

**Confidentiality:** I understand and agree that the services the Provider performs for its patients and the information patients furnish to it are highly confidential. It is the Provider's obligation and policy to protect the patient's right to privacy and to maintain the confidentiality of all patient medical records, including the identity of patients, the services performed for them, and all information concerning their affairs (hereafter referred to as the "Patient Information"). Provider's good will depends upon, keeping such patient information confidential.

In addition to Patient Information, I acknowledge that the Provider's operation, policies, procedures and records constitute important business assets and are confidential. Such records include, but are not limited to personal records, strategic plans, policy and procedure manuals, bookkeeping and other accounting information, and all such documents and records related to Provider's business activity (hereinafter referred to as "Business Information").

By reason of my participation in the Educational Experience, I may come into possession of Patient Information or Business Information. I understand and agree that the Patient Information and Business Information obtained by me during my participation in the Educational Experience shall not be revealed to anyone without the signed written authorization from the patient or guardian in the case of Patient Information or from the Provider in the case of Business Information. I agree not to permit anyone to examine or make copies of any Patient Information or Business Information that may come into my possession.

**Assumption of Risks:** As a participant in the Educational Experience, I may be allowed to observe or, where applicable to the Educational Experience, participate in clinical activities in patient care areas, including high risk patient care areas such as the Emergency Department or Adult Special Care Units. I understand that in such high-risk patient care areas that Provider's policies may restrict my activities and observation may be limited to certain specified areas.

I understand that there are risks and hazards associated with participating in the Educational Experience in a health care setting, particularly in circumstances where I am permitted in high-risk patient care areas. Further, I understand that in spite of appropriate precautions, there are risks of infections and contradicting communicable diseases. Also if I do not use proper care and follow directions given to me, I may injure others or myself or cause damage to my property or the property of others. By participating in the Educational Experience, I agree to assume such risks, including the added risks associated with high-risk patient care areas. I agree to accept responsibility for my own actions and not to hold Provider responsible for such actions. I will not seek damages or other compensation from Provider for any injuries to me or my property, unless such injuries are caused by the gross negligence or willful misconduct of the Provider, its employees or agents, nor will I ask the Provider to pay for any injuries that I might cause to others or the property of others, including Provider's property, except to the extent that such injuries are not covered by my insurance, but are covered by the Provider's insurance.

**Binding Agreement:** I acknowledge that I have read this Agreement and that I understand and agree that any violation of this agreement may involve violations of state and federal laws and regulations governing the patient's right to privacy or the right of a company to maintain the confidentiality of its business records. I recognize that the disclosure of information by me may give rise to irreparable injury to you or your patients and that you or your patients may seek any legal remedies against me that may be available in the event of such disclosure.

\_\_\_\_\_  
Applicant's Signature                      Date (MM/DD/YY)                      Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE PARENTAL OR GUARDIAN CONSENT

**As parent or guardian of the student applicant under eighteen (18) years of age, I acknowledge and accept the terms set forth above.**

\_\_\_\_\_  
Parent or Guardian Signature                      Date (MM/DD/YY)                      Minor's Printed Name



# Observer Guidelines

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## Appearance and Grooming

Your appearance is important because it helps maintain our professional image. You and your clothing should be clean and neat. Business casual with comfortable closed-toe shoes are appropriate, but jeans, shorts, skirts, t-shirts, perfume, and heavy jewelry are not. Using good judgment in style of dress and appearance is essential. Questions concerning appropriate dress can be directed to Visiting Student Affairs.

## Identification Badge

Visiting Student Affairs will issue a temporary ID badge as a means of identification. Badges should be worn on an outer garment, waist level or higher. The ID badge must be returned at the end of your visit.

## Confidentiality

Carilion must assure that the operations, activities, and business affairs of the hospital, patients, and customers are kept confidential. During the healthcare experience, students may receive confidential or business related information about the hospital, customers, or co-workers. This information must be handled in strict confidence and should not be discussed outside the hospital. Our patients have the right to expect that personal details will not be discussed in or out of the hospital, except in conversations on the unit where they directly related to care. Direct questions about a patient to the nurse in charge or the nurse manager. Written consent is obtained from the patient before information is released.

## Drug Free and Smoke Free Workplace

Carilion makes every effort to maintain a drug-free and smoke-free workplace. The abuse of controlled substances subjects all employees, visitors, and patients to safety risks and affects our ability to operate effectively and efficiently. The unlawful possession, distribution, dispensing, sale, or use of a controlled substance in the workplace or while engaged in company business on or off Carilion premises is strictly prohibited. Most Carilion facilities have designated smoking areas off-site but nearby. Smoking in any smoke-free area subjects the offender to immediate dismissal.

## Parking

Directions for parking at Carilion Clinic facilities will be forwarded along with your shadow confirmation email.

## Safety

Carilion provides a safe and healthy place to work. Precautions are taken to protect against occupational hazards or accidents. In some cases, policies will be department-specific. This will be discussed in orientation at safety meetings and during specific periodic in services or reviews. Each student must follow all hospital safety policies. Job safety is everyone's responsibility. Report any unsafe conditions to the nurse manager or charge nurse.

## Food Services

Food service in the hospitals is available for hot meals in the hospital cafeteria. Students may also use the cafeterias when bringing meals from home. Vending machines are available 24 hours a day.

## Schedule Changes or Cancellations

To ensure the safety of our patients and staff, you may not attend your scheduled shadowing visit if you experience any of the following symptoms in the 48 hours prior to your visit—fever, cough, diarrhea, chills, chest pain, shortness of breath or vomiting. Immediately contact Visiting Student Affairs so they can let the department know you will not be coming. You may be rescheduled for another date after being symptom free for at least 24 hours.

Students who will be late or cannot observe due to a family/personal emergency must contact Visiting Student Affairs. Any changes in the schedule must be approved by the department.

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Signature

Date (MM/DD/YY)

Print Your Full Name

**Pages 2 - 7 must be received by Visiting Student Affairs  
by the deadline on page one.**

Fax to (540) 983-1189 or mail to VSA, CRMH, P.O. Box 13367, Roanoke, VA 24033-3367 or  
Scan and email to [visitingstudentaffairs@carilionclinic.org](mailto:visitingstudentaffairs@carilionclinic.org)

**Procedure for Evaluation and Follow-up for Exposure Incidents  
for Students Using Carilion Health System Facilities for Clinical Experiences**

**An exposure results when:**

- you are injured with contaminated instruments (contaminated needles, blades or sharp instruments)
- your mucous membranes (mouth, eye) or a wound come in contact with someone else's blood or body fluids
- your skin has either prolonged contact with someone else's blood or contact with large amounts of blood, especially when the exposed skin is chapped, abraded or afflicted with dermatitis

**Should an exposure occur, immediately** notify your supervisor, cleanse the exposed area, and report to Employee Health (M-F 8:00am to 4:00pm). If the exposure occurs at any other time, ask your supervisor to page the Clinical Administrator. That person will meet you where you are and take you to the Emergency Department, if necessary.

Within 24 hours of the exposure, you must complete a Student Event Report so that initial evaluation of the blood exposure and the first dose of prophylaxis, if recommended, can be covered by Employee Health Services.

If necessary, blood testing will be drawn on the source patient in accordance with Virginia Code 322.145.1. The hospital will assume the cost for source patient blood testing.

Workman compensation does not cover students. The student will be responsible for all other costs associated with the follow-up. They have the choice to go to their own private physician or to pay the Occupational Health/Emergency/Employee Health Department charge. If the student chooses to go to their private physician, source patient blood testing will not occur unless they inform the Occupational Health/Emergency/Employee Health Department of the exposure immediately.