



## JOB SHADOW Application (≤ 8 hrs)

PERSONAL INFORMATION			
LAST NAME:		FIRST NAME:	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:
PERMANENT ADDRESS:		CITY:	STATE: Zip
PHONE NUMBER:	EMAIL ADDRESS:		
DATE OF BIRTH:	PREVIOUS LAST NAME(S):	HAVE YOU BEEN A JOB SHADOW OR STUDENT AT UPLAND HILLS HEALTH BEFORE: <input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB SHADOW EXPERIENCE INFORMATION	
HEALTH CARE CAREER INTEREST OR INTENT:	SCHOOL ( IF APPLICABLE):
SELECT ALL THAT WOULD WORK FOR YOU. OR LIST ANY/ALL SPECIFIC CALENDAR DATES YOU PREFER: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Preferred times: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	NAME OF PERSON TO SHADOW (IF KNOWN):

EMERGENCY CONTACT		
LAST NAME:	FIRST NAME:	
RELATIONSHIP:	TELEPHONE NUMBER:	Email:

\_\_\_\_\_  
JOB SHADOW PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

HOSPITAL USE ONLY			
DEPARTMENT DIRECTOR CONSENT	<input type="checkbox"/>	STATEMENT OF HEALTHCARE CAREER INTENT	<input type="checkbox"/>
MEASLES, MUMPS, RUBELLA (MMR)	<input type="checkbox"/>	JOB SHADOW APPLICATION QUIZ COMPLETED	<input type="checkbox"/>
TDAP	<input type="checkbox"/>	CODE OF CONDUCT SIGNED	<input type="checkbox"/>
INFLUENZA VACCINATION (OCT 1-APR 1)	<input type="checkbox"/>	MENTOR ASSIGNED	<input type="checkbox"/>
HEALTH HISTORY SATISFACTORY	<input type="checkbox"/>	DATE SET/BADGE/FOLDER	<input type="checkbox"/>
UHH DEPARTMENT: _____	NAME OF MENTOR: _____		
DATE AND TIME OF SHADOW : _____			
HR SIGNATURE		DATE	

Return the completed form to: Upland Hills Health, Attn: Jessica Albaugh, 800 Compassion Way, Dodgeville, WI 53533

Fax: 608-930-7222 | Email: [albaughj@uplandhillshealth.org](mailto:albaughj@uplandhillshealth.org)



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**Thank you for taking the time to complete this application.** We are eager to introduce you to rewarding careers in rural healthcare! We will review your application and do our best to match you with an appropriate mentor. All sections of this application must be completed prior to your job-shadowing experience(s).

**Please return this application to:**

Upland Hills Health  
Attn: Jessica Albaugh  
800 Compassion Way  
Dodgeville, WI 53533  
FAX: (608) 930 – 7222  
Email: [albaughj@uplandhillshealth.org](mailto:albaughj@uplandhillshealth.org)

### JOB SHADOW APPLICATION STATEMENT OF INTENT FOR CAREER IN HEALTH CARE

Please describe your interest and/or future plans for a career in healthcare: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### JOB SHADOW APPLICATION HEALTH SCREENING: PERSONAL HEALTH HISTORY

1. List any chronic health problems or immune disorders: \_\_\_\_\_  
\_\_\_\_\_
2. List any allergies: \_\_\_\_\_
3. Describe any chronic skin conditions or open wounds: \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever had any exposure to active tuberculosis? ☐ Yes ☐ No
5. Have you ever had a positive TB skin test? ☐ Yes ☐ No
6. Have you ever had chicken pox? ☐ Yes ☐ No
7. Have you had the chicken pox vaccine? ☐ Yes ☐ No
8. Have you ever had COVID-19? ☐ Yes ☐ No
9. Have you had the COVID-19 vaccine? ☐ Yes ☐ No
10. Please attach a copy of your immunization records from your physician office or state database, such as the Wisconsin Immunization Registry (<http://www.dhs.wisconsin.gov/immunization/publicaccess.htm>).

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### JOB SHADOW APPLICATION QUIZ

To better document our job-shadows' understanding of infection control, our privacy requirements and other procedures relating to job shadowing, we have developed the following quiz. Please read the educational materials for job-shadow participants, found on our website at <http://www.uplandhillshealth.org/careers>, then complete this short quiz:

1. It is a breach of confidentiality if I go home and tell my family that our neighbor, who is a close friend, is being hospitalized.  
☐ True   ☐ False
2. It is a breach of confidentiality if I write a report about a patient I observed after my job shadow for a class project.  
☐ True   ☐ False
3. It is a breach of confidentiality if I read the diagnosis, treatment, test results, financial or other information on a patient's chart.  
☐ True   ☐ False
4. Hand washing is the most important procedure for controlling the spread of infection.  
☐ True   ☐ False
5. I should wash my hands frequently, especially after using the restroom, sneezing, touching my hair, face, shoes, and before leaving for home.  
☐ True   ☐ False
6. Bloodborne pathogens are viruses, bacteria or other microorganisms that are carried in the bloodstream that can cause disease.  
☐ True   ☐ False
7. I should cover cuts, scrapes, hangnails, rashes, etc. while job shadowing and wear personal protective equipment if I feel uncomfortable with my level of protection in a patient care area.  
☐ True   ☐ False
8. While I am at Upland Hills Health, I should wear clothing that is comfortable, yet neat and clean, and I should present a professional appearance.  
☐ True   ☐ False



## JOB SHADOW Application (≤ 8 hrs)

### JOB SHADOW AGREEMENT

1. I, \_\_\_\_\_, have requested, and Upland Hills Health hereby grants, permission to be present in the hospital, nursing home, clinic, home health, or hospice setting for a job shadow experience to enhance my education and/or career planning.  
In return, I, the Job Shadow Participant, agree to adhere to the following rules:
  - a. Read Upland Hills Health's job shadow program policy and adhere to the policy. I will ask questions if I do not understand the policy;
  - b. Present this signed and completed application prior to the job shadowing experience (if a minor, a parent or legal guardian's signature is mandatory);
  - c. Follow good hand-washing techniques;
  - d. Adhere to the job shadow dress code;
  - e. Wear personal protective equipment if there is potential of contacting blood or other body fluids;
  - f. Wear a name tag identifying myself as a job shadow;
  - g. Inform my mentor/Human Resources staff if at any time I feel nauseous, dizzy or otherwise ill during the shadowing activity;
  - h. Arrive promptly and remain flexible to allow for extenuating circumstances such as patient emergencies that might interrupt the schedule;
  - i. Remain at all times where directed and leave the areas when requested to do so by a physician, nurse, or administration; and
  - j. At the conclusion of my assignment, complete an evaluation of the program and return it to the Human Resources Department.
2. I agree to not job shadow if I have symptoms of a contagious illness, such fever, cough, runny nose, shortness of breath, headache, tiredness, body aches, sore throat, diarrhea, nausea, or loss of taste or smell, and will reschedule for another date.  
COVID-19:
  - a. If I have been exposed to someone who has COVID-19, I will not job shadow within 10 days after the initial date of exposure.
  - b. If I have had a positive COVID-19 test in the last 10 days, I will not job shadow unless it has been at least 10 days since my symptoms began AND I am fever-free for 24 hours (without fever-reducing medication) and my respiratory symptoms are improving.
3. I understand the patient/resident's right to confidentiality and agree to respect that right by not disclosing information regarding any patient/resident or regarding the organization/administration.
4. 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.
5. I understand this permission granted may be revoked at any time during the job shadow experience by the attending physician or other staff.
6. In consideration of the permission granted, I hereby release the physician, the organization, and its employees from any claims or liability, physical injury or illness 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, nursing home, clinic, home care, or hospice setting.
7. I am age 16 or older.

### SIGNED BY:

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

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Fax: 608-930-7222 | Email: [albaughj@uplandhillshealth.org](mailto:albaughj@uplandhillshealth.org)

## Instructions for use:

- The Code of Conduct is reviewed with each health care worker, including employees, volunteers, physicians and students, by Human Resources personnel/designee on the first day of work.
  - The signature is witnessed by the human resources personnel/designee.
  - The health care worker receives a copy of the signed Code of Conduct to keep as a reminder.
  - The signed original is placed in the health care worker's personnel file.
- 

*The purpose of the Upland Hills Health Code of Conduct is to serve as a guide of conduct for all health care workers. It contains standards of ethical behavior for individuals to utilize in their professional relationships. The relationships include patients and residents or others served, colleagues, the community, and society as a whole. The Code of Conduct incorporates standards governing personal behavior, particularly when it directly relates to the role and identity of the health care worker.*

**OBJECTIVES:**

- To enhance overall quality of life, dignity, and well-being of every individual served;
- To create a more equitable, accessible, effective, and efficient healthcare system;
- To act in ways that will merit trust, confidence and respect of all Upland Hills Health staff, other healthcare providers and the general public.

**COMMITMENT TO UPLAND HILLS HEALTH:**

1. I will uphold the mission, vision, and values of Upland Hills Health:

**Mission:** We are a community-minded healthcare system providing innovative, individualized and compassionate care for every stage of life.

**Vision:** To exemplify the highest standard of community healthcare and inspire patients to take an active role in their health through wellness-oriented care.

**Values:**

- Sensible – Approach decisions in a practical way, guided by common sense.
  - Holistic – Focus on the patient as a whole person and not a set of symptoms.
  - Affordable – Bring care to all who need it.
  - Respectful – Treat all as we want to be treated.
  - Inspirational – Be the standard of community health and wellness.
  - Nurturing – Provide medical care with support and encouragement.
  - Genuine – Show honest concern for those we serve and passion for what we do.
2. I will conduct all personal and professional activities with honesty, integrity, accuracy, respect, fairness, sensitivity and good faith, using Language of Caring skills, in a manner that reflects favorably upon Upland Hills Health.
  3. I will enhance the dignity and image of Upland Hills Health through positive, caring communications with our customers, my co-workers and the community.
  4. I will work to safeguard and foster the rights, interests, values and prerogatives of patients and others served.
  5. I will provide high quality services in a timely manner to all, regardless of race, color, national origin, sex, age, disability, body size, religion, third party coverage or ability to pay; and will respect patients' values, beliefs, and preferences.
  6. I will fully inform patients, residents, staff and physicians of their rights and responsibilities.
  7. I will avoid personal bias in decision-making and in counsel to others, and carefully evaluate the potential outcomes of my decisions.
  8. I will support, affirm, and empower staff and volunteers in the delivery of care.
  9. I will comply with ALL regulations and standards pertaining to healthcare, including but not limited to confidentiality, compliance, standards of care, etc. I will immediately report any issues that I become aware of regarding compliance or quality of care to the UHH Compliance Officer/QI Coordinator, the confidential comment line - 930-7100, Safety Zone, an Upland Hills Health manager, or directly to The Joint Commission or other

appropriate regulatory agency. I understand that if I report a compliance concern, I will be protected from punishment or retaliation.

10. I will maintain proficiency in healthcare by implementing a personal program for assessment and continuing education.

11. I will abstain from conflict of interest in all relationships, business decisions and activities.

12. I will respect and protect confidentiality of staff and customers.

- In order to preserve the dignity of the people we serve, confidentiality of health information must be strictly observed. This includes the patient's identity, physical or psychological condition (including photographs or video), emotional status, medical record information, and individually recognizable patient financial information. It also includes protected health information in all forms: verbal, written, and electronic.
- I understand I have the responsibility to avoid confidential information I do not need to know unless it relates to my duties at Upland Hills Health.
- I understand that any information I acquire in accordance with my duties is extremely confidential and is to be kept confidential.
- I understand that discussing work or work related issues or comments on any form of social media or cloud storage is prohibited.
- I understand that confidential information is maintained by correct documentation and protecting data from unauthorized intrusion, changes or damage.
- Our organization is dedicated to preventing, detecting, containing, and correcting security violations. By signing this Employee Code of Conduct, I agree that I will use health care information for purposes of my duties only. I have received orientation to Upland Hills Health's policies and procedures regarding confidentiality and know the importance of maintaining confidentiality. I understand that sharing information for reasons other than in the performance of my duties is a breach of confidentiality. I also understand that there is a monitoring process in place and that I am subject to random checks to ensure that I am not inappropriately accessing confidential records. (Any indication of a breach of confidentiality will be thoroughly investigated; and, where confidentiality has been found to be breached, the undersigned will be subject to appropriate disciplinary action.)

13. I will provide high quality customer service, exhibiting Language of Caring skills and, at a minimum, the following customer service behaviors, the ATTITUDE approach:

Acknowledge

- Greet everyone you meet within 10 feet with a smile and, within 5 feet, a simple greeting.
- Address people by name, if known. Avoid using terms of endearment and/or pet names.
- Communicate caring in interactions with all patients, families, and co-workers.
- Practice presence in interactions, focusing fully on the other person.

Telephone Courtesy

- Before placing a caller on hold, ask if they can hold and wait to hear their answer.
- Before transferring telephone calls, ask if the caller would like voice mail or needs to speak to a person. When transferring the call, wait for the employee to answer then introduce the caller and, if known, the reason for the call.

Teamwork

- Be cheerful, collegial and supportive of each other.
- Praise co-workers in front of customers.
- Let customers see how we work together to help them. Tell them who you are calling for consult, assistance, follow-up, etc.; better yet, call your co-worker while you are with the customer.
- Maintain composure, communicate caring and use positive regard to transform difficult situations.

Introduce & Inform

- Introduce yourself to others politely.
- Tell customers who you are and how you are going to help them.
- Escort people where they need to go rather than pointing or giving directions.
- Advise customers as to what you are doing. Show concern for the customers, family members, and visitors, and explain how their best interest is driving your actions.

Thank

- Express thanks, appreciation and admiration to your patients, families and co-workers to ease anxiety and help them feel respected.
- Express appreciation in a manner that is personal and genuine.

UHH Pride

- Keep the campus clean. If you see something, pick it up/clean it up.
- Make suggestions/changes that are focused on our Mission, Vision and Values.
- Speak positively about the personnel and services at Upland Hills Health.

Discuss Delays

- Establish and follow departmental process for informing customers about the status of their wait before the customer speaks up.
- Be specific in your wait time estimates – avoid vague answers such as “shortly”, “soon” and “first thing in the morning”. Exaggerate the expected wait time slightly. Do not make up an estimate if you truly have no idea.
- Provide as much information as possible regarding test, treatment and procedure scheduling and timelines.
- If the situation changes, give them a timely update with the new expected time frame. Offer a brief, clear explanation without reflecting negatively on colleagues or the department.
- Let family members know whom to contact, and how, with questions while waiting.
- Don’t forget about customers once they’re out of the reception area – keep them updated during the entire process.
- Apologize in a sincere way for any delays. Acknowledge their feelings of frustration.
- Address processes involved in delays to make them more efficient and less likely to cause delays in the future.

End with Heart

- Check the person’s understanding and comfort with next steps.
- Close each interaction on a personal or feeling note.

14. I will refrain from disruptive or inappropriate behaviors including, but not limited to: verbal outbursts; profanity; physical threats; throwing objects; condescending language or voice intonation; reluctance or refusal to answer questions, return phone calls or pages; working under the influence of illicit drugs or intoxicating substances; possession of a dangerous weapon on the premises; theft; sexual harassment, assault or other criminal behavior.

~~~ Code of Conduct developed by employees of Upland Hills Health ~~~

I, \_\_\_\_\_, have received and read this copy of the Upland Hills Health (UHH) Code of Conduct. I understand that this document is viewed as an essential testament to my commitment to the organization and to each person that I encounter during my duties and responsibilities at UHH. I also understand that I am being asked to both agree to and abide by the UHH Code of Conduct and that these are requirements of my participation here. I fully understand that my participation here is contingent upon me conducting myself and activities within the guidelines of the UHH Code of Conduct. My failure to commit to the Code of Conduct by signing the agreement and then by continuing to meet the requirements of the document can result in my termination of service.

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Signature

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Date

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Manager/Designee Signature

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Date