



**BRAINERD
MEDICAL CENTER**

BrainerdLakesHealth

Shadowing Application and Clinic Orientation Safety Learning Module

This application packet must be completed and received at least **1 week** prior to when you wish to shadow.

Due to our commitment to quality patient care and contracts we have with educational institutions for clinical learning, we reserve the right to decline applications.

This packet includes:

- ∞ Welcome
- ∞ Request for Shadowing/Observation Form
- ∞ Health and Infection Control Form
- ∞ Confidentiality Agreement
- ∞ Personal Safety in the Medical Setting Form

Welcome

Welcome to Brainerd Medical Center. We have been in existence since 1974. In January 2007, Brainerd Medical Center became an affiliate of the integrated health system, Brainerd Lakes Health. We are a multi-specialty clinic consisting of 50 physicians and 300 employees. We provide medical and surgical care to 150,000 people in the Brainerd Lakes Area.

Mission Statement:

COMMITMENT TO YOU, OUR PATIENT

We will provide quality health services in a way that is sensitive to your physical, emotional, and economic needs.

Your Health and Satisfaction Is Our Main Concern

In preparation for your application to request an observation experience, we ask that you read through this packet of information. It will tell you what is required prior to the experience, and also help us make a mentor match for your experience.

Confidentiality

Brainerd Medical Center (BMC) is firmly committed to protecting the privacy rights of our patients, employees, retirees, former employees, patients, and any other classification of people who provide us with personal information. Your participation as a student will allow access to information about patients. This information is considered confidential and is not to be shared with anyone. When discussing patients with staff, please be aware of who might overhear your discussions. This includes elevators, eating areas, or outside BMC. There may be times when you do not see who could be listening.

Any violations of confidentiality which result in personal information being released to individuals who do not have a legitimate need or reason for the information may lead to termination of agreement and legal action.

Vulnerable Adult/Child Abuse

BMC has specific policies for reporting abuse/neglect of children or adults. If you observe or receive information that causes you to suspect abuse/neglect, please report the situation directly to your mentor, the manager of the department you are shadowing in, or the education coordinator who set up your shadowing experience.

Personal Conduct

BMC has established standards of conduct. Standards require that each and every staff member act professionally at all times and treat patients and their significant others, doctors, visitors, all leaders and employees as customers. This means that these individuals are to be shown respect, concern and courtesy at all times. Individual departments may have additional standards of conduct. Together, with clinic standards, they provide a framework that we believe protects our patients and visitors and provides for a safe, positive and productive work environment for employees.

Dress Code

In preparation for shadowing, it is important to know what our policy is for dress and appearance. You will be held to the same standards as our employees. Jeans, miniskirts, sandals, external piercing except earring (2 on each ear), are not acceptable. Tattoos must be covered. On the day you arrive to shadow, the education coordinator will give you a student observer name badge. This is required to be worn on your shoulder within clear view. If needed, we will provide you with uniform scrubs or a lab coat close to the normal attire of the staff that will be shadowed. If you will be observing direct patient care, it is wise to wear clean, comfortable shoes as you may be on your feet the entire time.

Illness

In case of illness or emergency you are asked to call the Human Resources Department at 218-855-5432. Because we have care for patients who may have lowered resistance to fight illness or disease, it is very important that you do not come when you are feeling ill. It is much better to call and re-schedule the day.

APPLICATION FOR OBSERVATION EXPERIENCE

(For students not covered by a Clinical Affiliation Agreement)

Date of Application: _____

Name in Full: _____ Age: _____
Last First Middle

Address: _____ City _____

State/Zip: _____ Telephone Number : _____

Cell Phone Number: _____ E Mail Address: _____

School/Training Institute:

High School: _____ Year: _____

Vocational/Technical College _____ Year: _____

Other:

Previous healthcare experience: _____

Reason for requesting observation experience:

What area of healthcare are you interested in?

Total hours of observation requested: _____ (Maximum of 4 hours unless required per admission application to a healthcare curriculum. ie: some radiology programs)

Dates and times when you would like to shadow/observe:

Please give 3 possible times

Please circle morning or afternoon

1. Date: _____ Morning / Afternoon
2. Date: _____ Morning / Afternoon
3. Date: _____ Morning / Afternoon

I understand that any medical costs incurred during the observation experience are the student's responsibility.

I understand in the course of my job shadowing experience I may directly observe "real life experiences", such as childbirth, wound dressing changes and uncovered body parts.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If student under 18 years of age.)

Program objectives must be consistent with BMC Bylaws, Medical Staff Bylaws, and Rules and Regulations.

HEALTH & INFECTION CONTROL STUDENT INFORMATION

Before coming to Brainerd Medical Center as a student, you must complete this form and provide the requested documentation.

1. Have you had **CHICKEN POX** or received the vaccine?
_____ Yes _____ No _____ Unsure

If unsure or no: You must provide proof of vaccination or immunity.

2. You must provide documentation of immunity or vaccination for the following:

- **MEASLES** (Rubeola)
- **MUMPS** (if born before 1957 can be considered **immune**)
- **RUBELLA**

3. Have you been exposed to anyone known or suspected to have **TUBERCULOSIS**?

_____ Yes _____ No If yes, when? _____

4. Have you experienced a persistent, unexplained cough for 7 – 10 days within the past year? _____ Yes _____ No
5. Are you currently experiencing a fever, night sweats, unexplained weight loss, and/or loss of appetite? _____ Yes _____ No
6. Have you had unexplained changes on a chest x-ray? _____ Yes _____ No

Signature of Student Completing Form

Date

Signature of Person Reviewing Form

Date

**Return to BMC Human Resources
Call 218-855-5432 if you have any questions**

STATEMENT OF CONFIDENTIALITY

As a student at Brainerd Medical Center I will not divulge any patient information while affiliated with Brainerd Medical Center as a student/learner.

This shall include:

- Not discussing patient(s) or any information pertaining to patient(s) with anyone (even my own family) who is not directly working with said patient.
- Not discussing patient(s) or any information pertaining patient(s) where it can be overheard by anyone not directly working with said patient(s), especially other patients.
- Not mentioning a patient's name or admitting, directly or indirectly that a named person is a patient except to those authorized to have this information.
- Not describing behavior which I have observed or learned through my relationship as a student on rotation at the clinic, except to those authorized to have this information.

I will not contact any individual or agency outside of this clinic to get personal information about an individual patient, nor carry over my relationship with a patient outside my shadowing experience.

Signature: _____ Date: _____

School: _____

Return to BMC Human Resources
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Personal Safety in the Medical Setting

Exposure to infectious disease

The spread of infection requires the following elements:

- ∞ A Germ – a microorganism that causes disease
- ∞ A place for the Germ to live – can be a person or object.
- ∞ New Hosts – other people to spread to
- ∞ Route of Transmission – a way to travel – might be through the air, contact or droplet.

To protect yourself while in the clinic, be sure to read and follow instructions that may be posted on patient room doors. They will tell you precautions to take before entering a patient's room.

The best way to reduce the spread of infection is HANDWASHING!

Wash your hands using waterless hand hygiene product (Purell) or with soap and water for at least 15 seconds both before and after using the bathroom, coming and going to work, before and after eating a meal, and before and after any patient contact or touching of patient care surfaces.

Don't come to an observation experience if you are feeling ill.

Call 218-855-5432 to report illness on a scheduled observation day.

THIS SIGN MEANS THE MATERIALS ARE **BIOHAZARDOUS** →



If you are exposed to blood or body fluids:

- ∞ Do first aid such as washing well or flushing your eyes.
- ∞ Report the incident to your mentor if they are unaware.
- ∞ Your mentor will help you seek further assistance in the Emergency Department.



Exposure to Hazards (Chemical, physical, or psychosocial)

Chemical

The chance that you would be exposed to chemicals is unlikely, however here are a few safety tips:

- ∞ All chemicals should be labeled
- ∞ Never smell a chemical to identify it
- ∞ Consider all chemicals potentially dangerous.
- ∞ If you experience an exposure to a chemical, do first aid such as flushing or washing and notify your mentor.

Physical

Physical hazards you may encounter are:

- ∞ Noise: Examples are fire alarms, drills, etc. etc.
- ∞ Heat: Examples are machines that sterilize equipment, boiler rooms
- ∞ Radiation: Examples are X-Rays, implanted radiation etc.
- ∞ Never enter the MRI (Magnetic Resonance Imaging) exam room without permission

This sign means the materials contained could be **RADIOACTIVE** →



Emergency Preparedness

Your responsibilities in an emergency will be minimal but here are some key elements.

- ∞ Follow the directions of the staff in your area if you are in a patient care area.
- ∞ Identify where the fire alarms and extinguishers are – usually near any exit- and use them if the situation warrants.
- ∞ Do not use the elevators in the case of a fire alarm.



Confidentiality and Patient Rights

Confidentiality and patient rights are perhaps the most important aspects of our service. Patient rights to remember are:

- ∞ The right to privacy and confidentiality – both in verbal communication and with records.
- ∞ The right to respect and dignity
- ∞ The right to an interpreter. (foreign language, sign language etc.)
- ∞ The right to participate in decision making and the right to refuse care.
- ∞ The right to identify whomever is interacting with them as representatives of the hospital. (Wear ID badge where it can be easily seen. Introduce yourself to patients and their families.)

If you see violations of confidentiality or patient rights, please report the situation to your supervisor or mentor immediately.

I understand the contents of this self study packet including health and safety in the hospital setting.

Name _____ **Date:** _____