

## University of Maryland Capital Region Health (UM Capital Region Health)

### Observation / Shadowing Information

Thank you for your interest in pursuing an observation / shadowing opportunity at UM Capital Region Health. Our goals at UM Capital Region Health include ensuring patient safety, patient privacy, quality care, and upholding patients' rights. Because of this, we require the following steps to be completed by the observer:

1. Arrange for an observation / shadowing experience with a team member at UM Capital Region Health *first*. The individual seeking the observation experience (i.e. the observer) is responsible for finding a UM Capital Region Health team member who gives their permission to be shadowed, and who accepts the responsibilities of being a mentor for the observer.
2. Complete and submit the following onboarding documents to UM Capital Region Health Volunteer Services, AT LEAST 1 month in advance of the date when you will be shadowing at UM Capital Region Health:  
Failure to submit the completed forms within this time frame will delay the start date of the observation/shadow experience.
  - a. Observation Application (Volunteer Application) - <https://www.umms.org/capital/jobs/volunteer/application>
  - b. Confidentiality Agreement
  - c. Observer Questionnaire
  - d. Observer Agreement
  - e. Infection Prevention Agreement
  - f. Mentor Agreement
  - g. Employee Occupational Health Services Documents
    - Flu shot verification (during flu season, typically October-March)
    - Results of one recent (within 3 months) negative PPD (TB) test

Completed forms can be emailed, mailed or faxed to UM Capital Region Health Volunteer Services Department

**Email:** [UMCapitalregionvolunteer@umm.edu](mailto:UMCapitalregionvolunteer@umm.edu). Email Subject "Observational Shadowing Request – Applicant First Name & Last Name".

**Fax:** 240-677-3041

**Mail:** University of Maryland Capital Region Health  
Volunteer Services Department  
901 Harry S Truman Drive N  
Largo, MD 20774

- Observations are intended as a temporary arrangement (5 days within a 6-month period, NO EXCEPTIONS!) to allow someone to observe a clinical or non-clinical hospital team member for educational purposes. No promise of a paid or volunteer position is guaranteed to the observer.

**Observer – Keep this Information Sheet**



- The minimum age to observe is 16, however, some departments may have older age requirements than 16. For example, the minimum age is 18 in the Operating Room (OR), Emergency Department (ED), and other areas where a procedure is occurring.
- You are expected to arrive on time to the designated location on your observation/shadowing day(s). Therefore, please plan to arrive earlier than your scheduled time, as traffic and parking can delay estimated arrival times.
- **Observers do not participate in patient care; Observers are not allowed to have any hands-on experiences.**
- Patients have the right to refuse having an observer in their room. Written permission is first obtained by the mentor from each patient to be observed, before the observer can observe the staff member with the patient.
- Observers are not allowed to enter Isolation Rooms (*no exceptions!*).
- Observation experiences are not allowed or will be suspended in the event of an incident such as a disaster, or if the observer has evidence of any illness (cough, fever, sneezing, diarrhea, conjunctivitis/pink eye, etc.). Therefore, call your mentor immediately if you are ill, to see about arranging an alternate date for shadowing.
- Observers are expected to be respectful of patients, staff, and others they encounter; observers must follow appropriate UM Capital Region Health Standards of Conduct.
- Observers must adhere to UM Capital Region Health's dress code policy, and dress appropriately for the setting where they are observing. The observer needs to ask their mentor about the proper dress before coming to observe.
- Observers may not carry cell phones or other electronic devices during their observing/shadowing experience.

Questions? Email: [UMCapitalregionvolunteer@umm.edu](mailto:UMCapitalregionvolunteer@umm.edu)



**Observer/Shadower Agreement**

As an observer/shadower at the University of Maryland Capital Region Health (UM Capital Region Health), I agree to:

1. Provide proof of the Influenza Vaccine (*also known as the flu shot*) during the flu season (typically October-March) to UM Capital Region Health Employee Occupational Health Services (EOHS) office.
2. Provide UM Capital Region Health’s EOHS office with documentation of negative results for 1 PPD/TB skin test that has occurred within the past 3 months.
3. Maintain confidentiality of information concerning all patients and hospital business.
4. Wash/sanitize my hands when entering patient rooms and when exiting patient rooms.
5. Conduct myself with dignity and professionalism, and show courtesy and respect for others.
6. Comply with standards, policies, and values of the UM Capital Region Health.
7. Adhere to the proper dress code.
8. Follow the directions my mentor provides if an Emergency Code is called.
9. Not interfere with the care and rights of the patients.
10. Learn and comply with the rules given by my mentor about infection prevention, privacy, confidentiality and HIPAA.
11. Comply with the instructions given from my mentor while I am observing.
12. Remain in the presence of my mentor at all times.

I have read and agree to the Observer Agreement, and will ask my mentor about any questions I may have. I understand that the educational experience can be terminated at any time for interference with the care and rights of the patients, or if any of the above conditions are not met.

**PARENT OR LEGAL GUARDIAN OF MINOR 16-17 YEARS OF AGE:**

1. This applicant has my permission to observe/shadow at the University of Maryland Capital Region Health Medical Center/System.
2. I have read the above observer/shadower agreement.
3. I will support this applicant in fulfilling the above observer/shadower agreement.
4. I release University of Maryland Capital Region Health of any responsibility if the applicant should have an adverse reaction as a result of any immunizations given by the University of Maryland Capital Region Health Employee Health department.

Observer/Shadower Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Observer/Shadower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if Observer/shadower under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

**Observer/Shadower Questionnaire**  
UM Capital Region Health  
Volunteer Services

Full Name of Observer/Shadower (Printed): \_\_\_\_\_

The University of Maryland Capital Region Health (UM Capital Region Health) is a smoke-free facility. Will you be able to comply with this policy?

YES       NO

UM Capital Region Health conducts criminal background checks on all employees, associates and volunteers. Observers/shadower are not required to complete a background check but failure to divulge the following information will disqualify you from observing. However, conviction will not necessarily disqualify an applicant from observing.

- 1) Excluding minor traffic offenses, have you ever plead guilty or “no contest” to a crime, or been convicted, or sentenced to probation before judgment, or adjudged not criminally responsible for a crime, such as by an “insanity plea” (including during military service)? Do not include juvenile or expunged offenses.

YES       NO

- 2) Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

YES       NO

I certify my responses to this Observer/Shadower Questionnaire are true and complete to the best of my knowledge.

\_\_\_\_\_  
Observer/Shadower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if Observer/shadower under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name



**UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH**

**Volunteer Services Department**

**Infection Prevention Agreement for Educational Experiences**

I understand that by having an educational experience in a hospital setting, I am at risk of exposure to infection. Handwashing is the single most effective method of preventing infection. I will wash my hands before, during, and after my educational experience. Also, for my protection, I will:

- Always wear new disposable gloves (provided by the hospital) when I handle anything that might be wet with any bodily fluid, i.e., urine, vomit, or blood
- Never touch a syringe or needle
- Never participate in any task/experience that has not been approved and directed by my mentor
- Never participate in patient care in any manner

I agree to follow any additional infection prevention ("Standard Precautions") guidelines for the area in which I have my educational experience.

I understand that these rules are necessary for my safety and welfare, as well as the safety and welfare of the patients and employees of the University of Maryland Capital Region Health. Failure to comply with the infection prevention guidelines and patient care directions in the area of my educational experience will result in the termination of my educational experience.

I have read and will comply with this Infection Prevention Agreement.

\_\_\_\_\_  
Signature of Observer/shadower

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

\_\_\_\_\_  
Signature of Parent/Guardian (if Observer/shadower under 18)

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

## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, understand that during the normal course of volunteering for University of Maryland Capital Region Health, or during any other hospital-related activities, I may have access to highly personal and confidential paperwork and to confidential patient specific and health care provider medical information from the medical record or elsewhere. This medical record or other information, such as a patient's medical transmission of data, administrative and financial data, is highly confidential, due to the Health Insurance Portability & Accountability Act (HIPPA) of 1996. I understand that I am obligated to respect the confidentiality of this information and that I am indirectly, or by implication, not to repeat any of the patient-specific or healthcare provider information referred to herein to any person not directly involved with the above described functions. I understand that my violation of the provisions of this confidentiality statement may result in legal sanctions or in disciplinary action against me.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## University of Maryland Capital Region Health

### Observational/Shadowing Experience

Thank you for your interest in participating in an observational/shadowing experience at the University of Maryland Capital Region Health. We look forward to hosting your observational/shadowing experience. Our goal is to provide educational experiences while assuring the safety of our patients, families and visitors.

Please review the Frequently Asked Questions below.

### Frequently Asked Questions (FAQ's)

#### **Observer/Shadower Expectations**

Cell phone use during observation time is prohibited (including social media, personal calls, texting, etc.) In case of a family or personal emergency, personal phone calls can be made outside of patient care/observation areas. Personal items should be left at home or secured in an area designated by your mentor. Photographs are prohibited in any observational area, especially patient areas. Observers/shadowers are not permitted to be in patient rooms or patient care areas without their mentor.

#### **What are the standards of conduct?**

Your mentor will guide you through these experiences utilizing hospital policy and best practice standards. In the event of an emergency, your mentor will provide you with further directions.

#### **Mentor-Mentee Communication?**

Prior to each scheduled observational/shadowing experience date you should coordinate your arrival time with your mentor. During these communications you should discuss any questions that you may have

#### **What should I wear?**

For your visit, apparel should be clean and neat. It is recommended that you wear dress pants or khaki's, tennis shoes, and a polo top (or other professional shirt). Clothing should NOT be revealing, tight, denim, or have obscene logos of any type. Head coverings are not allowed except for established religious customs. Long hair should be worn off the collar. Tattoos should be covered and piercings limited to your ears.

#### **Where should I park?**

Parking instructions will be provided prior to your first day.

Should you have any additional questions please contact the University of Maryland Capital Region Health Volunteer Services Department at [UMCapitalregionvolunteer@umm.edu](mailto:UMCapitalregionvolunteer@umm.edu).

We hope that you enjoy your observational experience at the University of Maryland Capital Region Health.