

Phelps Memorial Health Center JOB SHADOW REQUEST

Phelps Memorial Health Center is proud to provide interested students the opportunity to learn about healthcare careers first hand. High School students in their junior or senior year and college students are welcome to apply for a career exploration experience.

Applicants must submit the job shadow request form a **minimum of three weeks before the desired shadowing date** and complete necessary paperwork regarding confidentiality, etc., prior to observing in any clinical area. Applicants must also meet Phelps Memorial's dress code standard and be compliant with current immunizations. Job shadow is limited to 4 hours per department unless other arrangements have been made.

Clinical areas that participate in career exploration include:

- Cardiac Rehabilitation – (M-Th between 8:30a-3p)
- Cardiopulmonary (Respiratory Therapy) – (M-F)
- Laboratory (Medical Technologist) – (M-F afternoons)
- Nursing (Med Surg, Oncology) – (M-F mornings preferred)
- Pharmacy – (M-F)
- Physical Therapy, Occupational Therapy, Speech Therapy – (M-F)
- Radiology – (M-F mornings)
- Phelps Medical Group – (M-F)
- Surgery **OR students must have pre-approval from a PMHC Active Staff physician prior to contacting the hospital*

Non-clinical areas that participate in career exploration include:

- Human Resources
- Marketing/Public Relations
- Environmental Services
- Food and Nutrition Services
- Health Information Management
- Environmental Services

Policy

Requests for job shadowing experiences will be coordinated by the Director or Customer Experience in collaboration with other hospital departments and should precede the experience by a minimum of three weeks.

Guidelines

1. An application for the experience is required which includes personal objectives and/or course objectives (if applicable), school year and/or age of the applicant, and reason for the experience. ANY student under the age of 19 must have parental permission to observe.
2. Requests for career shadowing experiences shall precede experience by at least three weeks.
3. Scheduling will be coordinated through the Customer Experience department.
4. Extent of career shadowing experience for applicants shall be up to a half day. Arrangements for additional time may be made depending on the availability and interest of the student and staff.
5. Students involved in the experience will:

- Be expected to dress appropriately for student safety for a hospital setting (“dressy” casual, no jeans or tennis shoes, closed toe shoes are required). Students dressed inappropriately will be sent home.
- Indicate understanding and willingness to follow confidentiality policy.
- Have signed verification of current immunizations
- Respect patient's rights for modesty and privacy.

6. Students will be expected at the hospital at the established time. If delayed, or rescheduling is necessary, the student is expected to notify the Customer Experience department (308-995-2905) or designated department leader prior to the start of the experience.

7. Surgery Students must have a physician sponsor. Any observation in the OR must have pre-approval from a PMHC Active Staff physician prior to contacting the hospital. Student must obtain signature of the physician and scheduled date for the job shadow from the physician on the application.

For more information, contact:

Linda Fecht, Customer Experience Specialist
Phelps Memorial Health Center
lrfecht@phelpsmemorial.com
308-995-2905

(Attached PDF)

Applications must be received a minimum of 3 weeks prior to the requested date.

I, _____ give my consent for _____ to
 _____ (parent/guardian) _____ (student)
 participate in the Phelps Memorial Health Center Job Shadow Program and release the Phelps Memorial Health
 Center of any liability while my son/daughter is on hospital grounds. In addition, I verify that my son/daughter
 has the following up to date immunization: Measles, Mumps & Rubella (MMR), Pertussis, Chicken Pox
 (Varicella) or history of the disease and Tetanus/Diphtheria.

Parent/Guardian Signature

Date

*** *Surgery Students Only: (this information to be filled out by physician)***

Signature/Approval of PMHC Active Staff: _____

Date Shadowing: _____

Approved by Surgeon (list surgeon's name) _____

Written Request for PMHC Job Shadow Program - REQUIRED

Please write a paragraph stating your reason for requesting this job shadow experience including personal goals. Please include course objectives/requirements, if applicable.

You will receive an informational packet via email. In this packet you will receive confirmation of job shadow date and time. This paperwork will need to be signed and returned prior to your job shadow experience at.

Please return this form to:

Linda Fecht
Phelps Memorial Health Center
1215 Tibbals St.
Holdrege, NE 68949

