

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.

High school students 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. Students must also meet Phelps Memorial's dress code standard and be compliant with current immunizations. Students can select from most clinical areas and a typical observation experience is generally four hours.

Clinical areas that participate in career exploration include:

- Cardiopulmonary (Respiratory Therapy)
- Laboratory (Medical Technologist)
- Nursing (Med Surg, Cardiac Rehab)
- Pharmacy
- Physical Therapy, Occupational Therapy, Speech Therapy
- Radiologic Technology
- Physician Assistant/Clinical Nursing at Phelps Medical Group
- Surgery **OR students must have pre-approval from a PMHC Active Staff physician prior to contacting the hospital*

If you have an interest in an area that is not mentioned above do not hesitate to contact us.

Policy

Requests for job shadowing experiences by high school students in their junior or senior year and college students will be coordinated by the Marketing/Education Coordinator in collaboration with other hospital departments and should precede the experience by a minimum of three weeks.

Guidelines

1. A written 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.
2. Requests for career shadowing experiences shall precede experience by at least three weeks.
3. Scheduling will be coordinated through the Marketing/Education Coordinator.
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.

- Be identified with a name tag provided.
- 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 Marketing/Education Coordinator (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, Marketing/Education Coordinator
Phelps Memorial Health Center
lrfecht@phelpsmemorial.com
308-995-2905

(Attached PDF)

**Phelps Memorial Health Center
JOB SHADOWING APPLICATION**

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

Name: _____ (Please Print)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

High School: _____ Age: _____ DOB: _____

Counselors Name (if applicable): _____

Shadowing Date Requested: ____/____/____ Second Option: ____/____/____

- Shadowing Interest:
- | | |
|---|---|
| <input type="checkbox"/> Nursing (Med Surg) | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Nursing (Cardiac Rehab) | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Surgery * |
| <input type="checkbox"/> Phelps Medical Group PA or Clinic Nurse <i>(please circle)</i> | |

Write a paragraph on the second page of this paper stating your reasons for requesting this job shadowing experience. Include what experiences you hope to gain (please include course requirements, if application).

Student Consent (if 19 or older)

I hereby attest that I am 19 years of age or older, with my date of birth as ____/____/____. I hereby consent to participate in the Phelps Memorial Health Center Job Shadow Program and release the Phelps Memorial Health Center of any liability while I am on hospital grounds. In addition, I verify that I have the following up to date immunization: Measles, Mumps & Rubella (MMR), Pertussis, Chicken Pox (Varicella) or history of the disease and Tetanus/Diphtheria.

Student Signature

Date

Parental Consent (required if student is under the age of 19)

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 in the mail. In this packet you will receive confirmation of job shadow date and time. This paperwork (green copies from packet) will need to be signed and returned one week prior to your job shadow experience at PMHC.

Please return this form to:

Linda Fecht, Marketing/Education Coordinator
Phelps Memorial Health Center
1215 Tibbals St.
Holdrege, NE 68949

