

Oklahoma State University Center for Health Sciences

Requirements for Clinical Shadowing Experiences for Students Seeking a Healthcare Career

Shadowing a healthcare provider is a great way to find out if a career in healthcare is right for you. Students will obtain a better understanding of a healthcare provider's typical day and become familiar with the different healthcare environments, like healthcare providers' offices, clinics and hospitals, as well as research centers. These activities allow students over the age of 16, to gauge and affirm their interest in healthcare as a career.

Introduction:

A shadowing experience not only provides an introduction to the healthcare profession and the day-to-day responsibilities of the healthcare provider, but it also offers the healthcare provider the opportunity to model professionalism as well as ethical and culturally sensitive treatment of patients. Critical to the experience is the awareness and education of both the students and the patient regarding the importance of the patient's rights, privacy and confidentiality.

Since the primary purpose of shadowing is observation, the experience should focus on watching the healthcare provider as s/he performs his or her duties. The students should never engage in any activity that is considered the practice of medicine/nursing/etc. These activities include, but are not limited to: diagnosing diseases, administering medications, performing surgical procedures, suturing, providing medical advice or other tasks generally reserved for the trained healthcare provider. Observation must always occur under the appropriate supervision of a licensed physician or other licensed health care provider. Students must be over the age of 16 to shadow in the OSU Clinics.

Student responsibilities:

- Provide proof of required immunizations or immunity (i.e., MMR, Varicella [or had chickenpox], Td), prior to shadowing. TB testing is required for all shadowing experiences spanning more than one calendar day. If recommended by the healthcare provider due to possible exposure, TB testing should also be conducted after a possible exposure (Appendix A).
- Declination of immunizations (Appendix B).
- Complete HIPAA & blood borne pathogen compliance training (Appendix C).
- Sign the Confidentiality Agreement (Appendix D).

Appendix A

OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES

IMMUNIZATION REQUIREMENTS AND MEDICAL AUTHORIZATION

Students are expected to have basic immunizations as set forth by the Centers for Disease Control (CDC) completed prior to entering any programs with the Center for Health Sciences. State and local vaccination requirements for daycare and school entry are important tools for maintaining high vaccination coverage rates, and in turn, lower rates of vaccine-preventable diseases (VPDs).

State laws establish vaccination requirements for school children. These laws often apply not only to children attending public schools but also to those attending private schools and day care facilities. All states provide medical exemptions, and some state laws also offer exemptions for religious and/or philosophical reasons. State laws also establish mechanisms for enforcement of school vaccination requirements and exemptions.

Students are expected to have basic immunizations as set forth by the Centers for Disease Control (CDC) completed prior to entering any programs with the Center for Health Sciences. We recommend that you start obtaining immunization documentation in preparation for shadowing. A student's failure to have **ALL** required immunizations and vaccinations may influence the University's ability to place a student in clinical settings.

Process for meeting requirements:

1. Obtain a copy of ALL of your immunization records from your health care provider. This includes the immunizations you received as an infant.
2. It is highly recommended that you keep a copy of all documentation.
3. Required:
 - 2 doses of Hepatitis A
 - 3 doses of Hepatitis B
 - 2 doses of MMR
 - 4 doses of polio
 - Tdap booster (this is not the Td)
 - 2 doses of varicella
4. Recommended vaccination and TB testing strongly urged by the University
 - Meningococcal vaccine
 - Influenza vaccine (required during flu season)
 - TB testing required as stated in Student Responsibilities

If you or your healthcare provider has any questions or concerns regarding the required immunizations, titers, or tests, please feel free to contact the OSU Occupational Health Clinic; Tanya Baldwin, 918-561-1256.

Appendix B

Effective 2015, all shadowing students must meet the CDC and American College Health Association immunization guidelines prior to shadowing experiences. However, OSU CHS is aware that some students have a strong objection to vaccination with one or more of the required vaccines (due to age, religious preference, previous reactions to vaccinations, vaccinated in the past but unable to find documentation, or the like). Under those circumstances, OSU CHS requires that the student decline the required vaccination and accept by signature the possible risks associated with refusing vaccination.

Student/Parent Signature: _____ Date: ____/____/____

Measles/Mumps/Rubella (MMR) Vaccine Declination

I understand that Measles, Mumps and Rubella are serious, vaccine preventable diseases. The CDC, the American College Health Association and OSU CHS strongly recommend that all students be vaccinated against Measles, Mumps and Rubella. However, I decline MMR vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring these diseases. I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune. Furthermore, I understand that if an outbreak of Measles, Mumps or Rubella occurs on the CHS campus, and I have not established my immunity by documented vaccinations or by antibody titers, I will be removed from all campus activities until health officials have determined that the outbreak is controlled. If, in the future, I want to be vaccinated with MMR vaccine, I understand that I can receive the vaccination series at OSU CHS on a fee for service basis.

Student/Parent Signature: _____ Date: ____/____/____

Hepatitis B Vaccine Declination

I understand that Hepatitis B virus (HBV) is a serious, vaccine preventable infection that can be acquired by sexual contact, exposure to blood or other potentially infectious materials or perinatally (via the placenta). The CDC, the American College Health Association and CHS Student Health Services strongly recommend that all students be vaccinated against HBV. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B. I also understand that, if I have already been vaccinated against Hepatitis B but cannot locate my documentation, I could have a blood test (antibody titer) to prove my immunity. However, I decline the blood test at this time. If, in the future, I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at OSU CHS on a fee for service basis.

Student/Parent Signature: _____ Date: ____/____/____

Tetanus/Diphtheria Toxoid Declination

I understand that Tetanus and Diphtheria are serious, vaccine preventable diseases. The CDC, the American College Health Association and CHS Student Health Services strongly recommend that all students be immunized against Tetanus and Diphtheria. However, I decline TD immunization at this time. I understand that by declining this immunization, I may continue to be at risk of acquiring these diseases. If, in the future, I want to be immunized with TD toxoid, I understand that I can receive the immunization series at OSU CHS on a fee for service basis.

Student/Parent Signature: _____ Date: ____/____/____

Varicella (Chickenpox) Vaccine Declination

I understand that Varicella (Chickenpox) is a potentially serious, vaccine preventable disease. The CDC, the American College Health Association and CHS Student Health Services strongly recommend that all students without a history of previous Varicella be vaccinated against the disease. However, I decline Varicella vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring Varicella. Furthermore, I understand that if an outbreak of Varicella were to occur on the CHS campus, I would be removed from all campus activities until health officials determined that the outbreak was controlled. If, in the future, I want to be vaccinated with Varicella vaccine, I understand that I can receive the vaccination series at OSU CHS on a fee for service basis.

Student/Parent Signature: _____ Date: ____/____/____

Appendix C

All student shadows should be completing these trainings. The trainings do not require an OSU email address; it only requires a valid email address. Those with Okey's should take this training on Talent Management, the OSU Learning Management System. Please use the links in this email to register for the following courses;

1. **HIPAA Training:** https://osuchs.skyprepapp.com/users/enrol?course_id=24429
2. **BBP Training:** https://osuchs.skyprepapp.com/users/enrol?course_id=10972

The system will request some information, such as name, email address, and a "subscribe key". Please use the following phrase as the subscribe keys:

1. HIPAA: **OSUCHS-HIPAA**
2. BBP: **OSU_Annual BBP Training**

After providing the requested information, the system will send an email with directions to register for the training. Please check your junk folder in case the email gets sent there. The email will say it is from "OSU". Once you've logged in, you may come back at any time using this link:

<https://osuchs.skyprepapp.com/account/signin>

Please DO NOT give someone your email address or allow someone to log-on under your credentials. Sharing of usernames and passwords is a violation of OSU policy. Complete the exam to receive a Certificate of Completion that is available for printing. It can be printed any time after passing the exam. The certificate will serve as proof of completion of this training requirement.

Contact the Compliance Office with any questions or for further assistance: (918)-586-4561.

Appendix D

Confidentiality and Privacy of Protected Health Information

Dear Student,

As a student who is rotating in this health care setting, you have an ethical and legal duty to keep protected health information (patient information) confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows health care providers to use and disclose patient information for certain reasons, such as treatment, but at times it is necessary for the patient to agree to have his/her information used or disclosed. Health care providers also must consider who has access to the information and how much they need to see. Allowing a student to observe an encounter between a provider and a patient is a privilege. Failure to maintain the confidentiality of patient information as required by HIPAA is considered a violation of the law and may have serious consequences.

Some general requirements:

- Access patient information only under the direction and supervision of the healthcare provider you are shadowing.
- Share or discuss patient information only when necessary and only in locations where the confidentiality of that information can be maintained.
- Patient information should never be disclosed in any form of social media.
- Be familiar with and follow the healthcare system and provider's policies on confidentiality and privacy.
- Should you have any questions or concerns, discuss them with the healthcare provider you are shadowing. Questions or concerns may also be reported to the Compliance Office at 918-586-4561.

Parent/Guardian Name: _____ (Please Print)

Signature _____ Date _____

Student Name: _____ (Please Print)

Signature _____ Date _____