OBSERVATION/JOB SHADOWING

Regional West Medical Center is concerned about protecting the confidentiality of patients while students or prospective applicants observe in the Imaging Services Department.

Responsibility: Prospective students, Program Officials
Standard: Human Resources

The prospective applicant will comply with the attached format when completing a job shadow for the Program.

Those job shadowing must maintain patient confidentiality at all times. Patient names, patient procedures or results of procedures must not be revealed in any manner.

Prior to the initial observation period or job shadowing at Regional West Medical Center, the job shadower must read and sign a confidentiality statement provided by Regional West.

Subsequent observation events at Regional West Medical Center always require that patient confidentiality be maintained and a new Confidentiality Agreement form be signed.

The job shadower must notify the technologist if the person completing the observation is pregnant. To protect the fetus from unnecessary radiation, the technologist may need to modify the observation.

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Daniel Gilbert, MSEd, RT(R)(CV)(MR)(CT)(QM), FASRT
Program Director

Sharon A. McKinney, M.P.A.

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Director, Imaging Services

Reviewed: 6/28/05, 1/4/07, 5/28/09, 6/9/11, 3/22/12, 3/28/13, 4/28/2014, 2/6/15, 2/19/16
Revised: 5/01/03, 6/9/11, 3/22/12

OBSERVATION FORMAT

Applicants may often have a misconception of the type of work that a Radiologic Technologist performs. The observation period introduces these responsibilities to the applicant. The student should complete the form and have the supervising technologist sign off at the end of the observation period before returning it to the Program Director.

In order to reduce disruption of patient care during the observation period, the applicant must follow certain rules:

1. The applicant or job shadower must notify the technologist if the person completing the observation is pregnant. To protect the fetus from unnecessary radiation, the technologist may need to modify the observation.

2. Presentable dress - To portray the professional attitude the Program desires to instill in its students, an applicant must comply with the following dress code for tour, observation or interviews:

    - No T-shirts or jeans shall be worn.

    - No clothing with logos or advertisement displayed shall be worn.

    - No sandals, flip-flops, or open-toed shoes

3. Patient confidentiality must be maintained at all times. Applicants may not discuss procedures or results encountered during the observation time away from the facility. Applicants observing at Regional West must sign Regional West's Confidentiality Agreement form.

4. The applicant shall not participate in the examination. Radiographic procedures are accomplished in a specific way. Any disruption of this routine may affect the outcome of the examination.

5. The applicant must follow the instructions of the supervising technologists. Technologists are responsible for the safety of applicants as well as patients.

6. The applicant must follow general safety procedures regarding x-rays:

    - Applicants must step behind the lead barrier of the radiographic room during radiation exposure with the exception of fluoroscopy or portables.

    - When portable procedures are observed, the applicant must wear lead protective apparel and stand as far from the patient and x-ray tube as possible.

- When fluoroscopy procedures are observed, applicants must wear lead protective apparel.

7. The applicant must observe and note the general responsibilities and interactions of the radiologic technologist with the patients The applicant after the observation must answer the questions listed on the Observation Form. The responses shall be typewritten on a separate page. The completed Observation Form is returned to the Program Director's office. These completed questions are used in the student selection process, therefore, accurate and complete answers are of significance in the application process. Handwritten submissions will not be accepted.

OBSERVATION FORM

To the Technologist:

Applicants to Regional West Medical Center School of Radiologic Technology are required to observe at least four hours in a radiology department. Please complete the information below to acknowledge that the applicant has met these requirements.

_____observed_____hours in our Radiology Department on_____.
Applicant's name date

_____ _____
Technologist Signature Technologist Print Name

_____
Title

Did the applicant dress appropriately for the observation?

_____ _____Yes _____No
Institution

Questions to be completed by the applicant. Use an additional sheet of paper to answer these questions. Handwritten answers will not be accepted.

1. List the general responsibilities of the radiologic technologist.
2. What interactions does a technologist have with the patient?
3. What are the responsibilities of the technologist in caring for patients?
4. Describe the reasons why mathematics and sciences are important prerequisites for a technologist. Identify situations during the observation period that reinforces your reasoning.
5. List the exams that were observed. Give a brief explanation of each.

Your answers to these questions will be used as part of the selection process for the Program. This form must be submitted no later than February 20th.

RETURN TO THE PROGRAM DIRECTOR'S OFFICE UPON COMPLETION

PROGRAM DIRECTOR
REGIONAL WEST MEDICAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY
4021 AVE B
SCOTTSBLUFF NE 69361

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

THIS AGREEMENT, made and effective as of this_____day of_____, 20 _, is by and between Regional West Medical Center ("RWMC") and _____ _____("Student").

W I T N E S S E T H

WHEREAS, RWMC has information deemed as PHI (Protected Health Information) by HIPAA in both paper and electronic files in its offices and has the obligation to protect such records and the privacy of its patients and is legally bound by HIPAA to make sure this Protected Health Information is secure and private;

WHEREAS, Student may have access to RWMC PHI;

NOW, THEREFORE, in consideration of the terms and conditions contained in this Agreement, the parties specifically agree as follows:

1. **DISCLOSURE OF CONIFDENTIAL INFORMATION**. RWMC will not intentionally disclose any Protected Health Information to Student; however, certain Protected Health Information pertaining to the clients could be accessible to the Student in the normal course of activities with RWMC.

2. **PROTECTED HEALTH INFORMATION (PHI) DEFINITION**. "Protected Health Information" includes any information or compilation of information on any and all patients, or employees of the Firm either on paper or in computer or digital files.

3. **NON-DISCLOSURE COVENANT**. Student agrees that he/she will not disclose to any person, company, corporation or other entity, or use for his/her own benefit nor in connection with any other person, company, corporation or other entity any information which is deemed to be Protected Health Information. Additionally, Student agrees that he/she will not, unless agreed to by RWMC in writing, maintain any copies of any information deemed to be Protected Health Information.

4. **INJUNCTIVE RELIEF**. Both parties agree that this Agreement may be enforceable in law or in equity. In the event of the breach of this Agreement, the parties acknowledge that, in addition to an action at law for damages, proceedings for an injunction may be brought against the undersigned.

5. **TERM**. The confidentiality provisions of this Agreement shall survive indefinitely, even beyond the termination of activities between RWMC and Student.

6. **MISCELLANEOUS PROVISIONS**.

A. **State Law and Attorney Fees**. The parties agree that the Nebraska courts shall have jurisdiction over this matter and all parties agree to submit to said jurisdiction. The prevailing party in any action shall be entitled to costs and fees of litigation, including reasonable attorney's fees.

B. **Binding Effect**. This Agreement shall be binding on the parties and their respective, approved successors, assigns and transferees. There are no intended party beneficiaries to this Agreement.

C. **Severability**. In the event that one or more of any portion of the provisions contained in this Agreement shall be invalid or unenforceable for any reason, the legality and enforceability of the remaining provisions shall not be affected.

D. **Entire Agreement**. This Agreement constitutes the entire Agreement between the parties concerning the subject matter herein. This Agreement may not be modified unless agreed to in writing by all parties. The undersigned further acknowledges that each has full legal authority to bind their respective organizations.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date first above written.

REGIONAL WEST MEDICAL CENTER:

_____ _____

Name/Title Date

_____ _____

Student Date