OVERVIEW

St. Jude Children’s Research Hospital is an institution uniquely dedicated to the research that will advance the prevention, treatment and cures for children with cancer. St. Jude is also actively involved in training future generations to acquire the research and patient care skills needed to continue to advance progress in children’s cancer and other catastrophic diseases.

The relationship between a clinician and his/her patient and family is a uniquely personal, intimate and highly confidential one. The interpersonal interactions are complex and involve issues related to pain, hope and immediate and long term sequelae of prolonged treatment regimens.

With the consent of the patient and family, some clinicians are willing to serve as a preceptor allowing selected trainees and research-related employees to be observers to this relationship. They are willing to do this to provide the observer with an enhanced understanding of basic and clinical research as translated to patient care outcomes.

The attached materials are provided to prepare you for this experience.

GENERAL ADMINISTRATIVE ISSUES

At St. Jude, the Clinical Education and Training Office is responsible for collecting the required forms, and for the implementation and termination of the Shadowing Program Experience (SPE) with physicians or mid-level providers. The physician or mid-level provider is responsible for the observer at all times.

Individuals wishing to be part of the Shadowing Program Experience (SPE) may be employed and/or working at St. Jude or may be from outside the institution.

All external applicants must be 18 years of age or older and enrolled in an educational/academic institution. These shadowing experiences are limited to ≤ 3 days. A shadowing experience of longer duration must be approved by the preceptor and by the director of the Clinical Education & Training Office (CETO). Additional application steps may be required for longer-term SPEs.

APPLICANTS (Program Participants)

1. Send an email to jeannie.diaz@stjude.org in the Clinical Education & Training Office (CETO) to indicate your interest in a Shadowing Program Experience, your requested dates, area of interest, and identified Preceptor (if applicable).

2. The required forms will be emailed to you and must be completed and returned before you can be notified of your acceptance. The Clinical Education & Training Office will notify you of your acceptance, dates for the SPE and preceptor.

REQUIRED FORMS TO BE PROVIDED BY THE APPLICANT
• Curriculum Vita or Resume
• Personal Statement indicating why the Shadowing Program Experience is requested
• Letter of Recommendation from a senior official in the applicant’s academic institution or current supervisor if working at St. Jude

REQUIRED HOSPITAL FORMS

• Immunization statement signed by your primary care provider * (P. 16)
• Substance Abuse & Felony/Misdemeanor Charges (Form V) statement signed by program participant * (P. 17)
• Hospital Agreement & Consent for Participation Statement completed by program participant and preceptor (P. 18-21)

3. The attached Policies & Procedures and HIPAA Training Module must be reviewed before your SPE. A brief quiz on this material is included as part of the SPE application.

4. All forms should be returned to:

    Jeannie Diaz
    Medical Education Coordinator
    St. Jude Children’s Research Hospital
    262 Danny Thomas Place, MS 277
    Memphis, TN  38105
    jeannie.diaz@stjude.org

* If you are a St. Jude employee or are working at St. Jude as part of an educational program (e.g. Rhodes Summer Plus Program), then you are not required complete these forms.
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* We thank the St. Jude Children’s Research Hospital Volunteer Office for providing most of this information.
I. MISSION STATEMENT AND HISTORY

MISSION STATEMENT

The mission of St. Jude Children’s Research Hospital is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment. Consistent with the vision of our founder, Danny Thomas, no child is denied treatment based on race, religion or a family’s ability to pay.

HISTORY

St. Jude Children’s Research Hospital is the result of a promise made by our late founder Danny Thomas. Almost 60 years ago, Thomas, then a struggling young entertainer with only seven dollars in his pocket, knelt in a Detroit church before a statue of St. Jude Thaddeus, the patron saint of hopeless causes. Danny Thomas prayed, “Show me my way in life.” His prayer was answered, and soon he moved his family to Chicago to pursue new career offers. A few years later, at another turning point in his life, Thomas again prayed to St. Jude Thaddeus and pledged to someday build a shrine to the saint. He did not forget his promise. As his career prospered through films and television, Thomas, together with his mentor, the late Cardinal Samuel Stritch of Chicago, decided that his shrine to St. Jude Thaddeus should be a hospital in Memphis where children would be cared for regardless of their race, religion or ability to pay.

Along with local business leaders and friends in the entertainment industry, Thomas raised the money to build the hospital by the mid-1950s. But where would the money come from to fund the hospital’s annual operation? Thomas turned to his fellow Americans of Arabic-speaking heritage. He believed deeply that this group should thank the United States for the gifts of freedom given their parents. Thomas also felt that supporting the hospital would be a noble way of honoring their immigrant forefathers.

In 1957, 100 representatives of the Arab-American community met in Chicago to form ALSAC (American Lebanese Syrian Associated Charities) with the sole purpose of raising funds to support St. Jude Children’s Research Hospital.

ALSAC/St. Jude continues to fund Danny Thomas’ dream today by raising more than $800 million a year. It is America’s second largest health care charity. At St. Jude, no family ever pays for treatments not covered by insurance, and families without insurance are never asked to pay.

St. Jude is one of the world’s premier centers for the research, treatment and prevention of catastrophic diseases in children.

Working together, St. Jude physicians have rewritten the medical textbooks that once categorized acute lymphoblastic leukemia (ALL), certain tumors, bone cancers and other diseases as virtually incurable. Because of the dramatic progress made at St. Jude, thousands of children are living today who could not have survived their diseases a generation ago. And because the treatment protocols developed at St. Jude are freely shared with the medical community everywhere, one child saved at St. Jude represents thousands of children saved around the world.
II. HOSPITAL POLICIES & PROCEDURES

Read the attached information regarding hospital Policies & Procedures. By signing the Consent for Participation form (P. 18), observers agree to abide by these standards while participating in the Shadowing Program Experience.

- **COMPENSATION AND BENEFITS ACKNOWLEDGMENT**
  SPE program participants will not receive the compensation and benefits package that is offered to regular St. Jude employees.

- **CONFIDENTIAL INFORMATION**
  The privacy of all patients and their families must be protected. Information concerning the name, treatment or condition of a patient is strictly confidential. Any necessary discussion about a patient must be held where it cannot be overheard. Discussions about patients can only take place with your preceptor. You must not share even the fact that the patient is hospitalized with anyone and especially with friends and family. If the observer breaks a HIPAA rule, he/she will be asked to leave immediately and the preceptor may experience serious consequences.

- **DRUG-FREE WORKPLACE**
  St. Jude Children’s Research Hospital is committed to maintaining a workplace free from the influence of alcohol and drugs including nicotine. Hospital policy prohibits the use, possession, manufacture, distribution or sale of drugs and alcohol on hospital property. Smoking is not allowed anywhere on the St. Jude campus.

- **DRESS CODE**
  St. Jude Children’s Research Hospital dress code and professional behavior standards apply to observers who come on site for this program. The personal appearance of each student is a reflection of the professional atmosphere of St. Jude. All students are expected to dress in a clean, neat and professional fashion.

  The Department Head/Chair may institute dress codes within a specific department to ensure compliance with the standards of OSHA, the Health Department, other regulatory agencies or the needs of the department.

  Students may not wear garments to St. Jude that may be distracting, unusually revealing or unsafe, or clothing that endorses a product or suggests offensive sexual, racial, religious, age-related, ethnic or disability-related subject matter. Open-toed shoes, tank tops, blue jeans, caps/beanie hats, exposed midriffs, nail polish, hanging jewelry, visible tattoos, and face piercings are prohibited.

  Scented products should not be worn in areas where students may have patient contact; this includes general gathering areas such as the cafeteria or meeting rooms.

- **ELECTRICAL SAFETY**
  Inspect all electronic equipment before using and note if there is an unusual smell coming from the item. Do not handle electrical cords that look frayed or damaged. Report damaged equipment to Biomedical Engineering at ext. 3392.
EMERGENCY ANNOUNCEMENTS

Dr. Red: Fire – If you discover fire or smoke, follow the R.A.C.E. formula

- R - RESCUE anyone in immediate danger
- A - ACTIVATE the nearest fire alarm and if time allows, call the PBX operator at ext. 3499. Identify the fire’s location in a calm voice
- C - CONTAIN the fire by closing the door to the room where the fire is located
- E - EXTINGUISH or evacuate

The operator will announce three times over the hospital PA system: “Dr. Red, and report the fire’s exact location, e.g. “Research Tower, 4th floor, Rm. 4004”

Always familiarize yourself with your surroundings and know where the nearest fire alarm box and fire extinguisher are located.

How to use the fire extinguisher: follow the P.A.S.S. plan

- P - PULL the pin out
- A - AIM the nozzle at the base of the fire
- S - SQUEEZE the handle
- S - SWEEP from side to side

Dr. Red Major: Evacuation

The decision to evacuate any area(s) or any building(s) is a very serious one. This decision will be made by the most competent hospital authority or the city fire chief at the scene of the fire. If evacuation is required, the PBX operator will be notified. The order to evacuate will be announced several times over the PA system as, “Dr. Red Major,” and will report exact location, e.g., “Ambulatory Care Unit.” The fire bells will sound. The Fire Response Team controls the evacuation process, and you should follow the evacuation plan in the area where you are.

If an entire building is ordered to evacuate, you should walk to the first floor and exit to the outdoors. Use of elevators during a fire or evacuation is dangerous and is not allowed. Please follow the instructions of the Fire Response Team at all times.

In areas not affected by the fire

- Keep calm and listen carefully to the PA system for further instructions
- Keep off the telephones except for emergency calls. Unnecessary use may hamper communications and movement to the fire area
- Know your fire duties, as well as your fire evacuation route
- Unless absolutely necessary, do not travel from one area to the next. Do not open fire doors unnecessarily

Dr. Green: Conclusion of the fire plan activity

When the situation is clear, and upon notification from the senior fire warden (director of Facilities Management) or his/her assistant, the operator will announce over the PA system, “Dr. Green, All Clear” three times in succession. The operator will also page “0888” and state “Dr. Green, All Clear.”

Dr. Child: Abducted child

If a child is missing or abducted, the PBX operator will announce “Dr. Child,” followed by
a description of the child, over the PA system. If you have seen the child or can provide any information regarding the abduction, call Security at ext. 4444.

- **EMERGENCY PREPAREDNESS**
  For all emergencies, the PBX operator may be reached at ext. 3499. Report the type of emergency and the location. The phone number for Security is ext. 4444. Report any suspicious person or crime immediately. Use the R.A.C.E. and P.A.S.S. procedures described above for fire emergencies.

- **HARASSMENT**
  St. Jude will not permit or condone any form of harassment, including harassment based on race, color, religion, sex, national origin, age or disability. Remarks, touching, or written or graphic material related to race, color, religion, gender, national origin, age, marital status or disability are not permitted. Unwelcome sexual propositions, suggestive remarks, jokes or stories with sexual overtones, and sexually explicit comments are not permitted.

- **INFECTION CONTROL**
  Program participants should not report when ill because of the risk of transmitting the infection to patients, families or employees. Specifically, persons should not report with a fever, shingles, boils, infected lesions anywhere on the body, conjunctivitis (“pink eye”), or any respiratory or gastrointestinal symptoms.

  Hand washing is the most effective method of preventing the spread of infection. The palms, backs of the hands, in between the fingers and the fingernails should be washed with antimicrobial soap for at least 10 seconds while vigorously rubbing them under water. Program participants observing on inpatient floors must wash their hands before entering and exiting each patient room.

  If there has been a spill or a patient has been vomiting or had diarrhea, do not touch it. Notify your preceptor. Call Environmental Services at ext. 3393.

  If it becomes necessary for a program participant to enter a patient isolation room, he/she should always check with the preceptor before entering the room and follow isolation precautions as directed.

- **INJURIES DURING PARTICIPATION**
  If you are injured while you are observing at St. Jude, you must fill out an Injury Report. These forms can be obtained from your preceptor. After completing the form, give it to your preceptor.

- **INTERACTING WITH PATIENTS AND FAMILIES**
  The Joint Commission on Accreditation of Healthcare Organizations requires that all employees, volunteers, and observers who work with or around patients understand how to deal with different age groups. This is what is referred to as “characteristics of populations served or age-competencies.” This knowledge is essential for providing care to specific age groups. Following are the Environment of Care Competencies for the age groups seen by St. Jude:

  **For all ages**
  - Introduce yourself, tell why you are there and wear your name tag
  - Ask for names of patients and family members, then use them
  - Take emotions, feeling and ideas seriously
• Maintain a positive attitude
• Be honest
• Keep confidential information to yourself
• Be creative—everyone loves to laugh and feel good
• Respect and privacy are important
• Recognize that all persons have equal value

For children
• Play is a child’s work—encourage and support it
• Each child is an individual—comparisons to others can hurt
• Staring, pointing or whispering about children who look or act different hurts their feelings

For Parents / Adults
Major fears: The unknown, loss of control, loss of values that are important to the family, and death
• Characteristics
  o Concerned about the child’s problems
  o May feel overwhelmed and frightened or withdrawn and depressed
  o Responsible for financial and household matters
• Tips for interaction
  o Use regular words instead of medical words or slang
  o Too much information or advice is overwhelming
  o Give recognition and praise for their strengths
  o If a parent believes a problem exists, then it does
  o Listen carefully to what they are saying
  o Encourage questions

INTERNET AND EMAIL POLICIES ACKNOWLEDGMENT
All electronic communications sent, received or stored on the St. Jude Internet system are the sole and exclusive property of St. Jude Children’s Research Hospital.

St. Jude security software may record for management use the Internet address of any site visited and may keep a record of any network activity in which any kind of file is transmitted or received. In the event there is a reasonable belief that hospital policy has been violated, the hospital reserves the right to inspect any and all files stored within the hospital networks to assure compliance with hospital policy.

NON-SECTARIAN INSTITUTION
The hospital’s founder, Danny Thomas, opened the hospital to children of all religions. Sharing of personal beliefs and materials, performances or literature of a religious nature is not permitted.

PERFORMANCE IMPROVEMENT
We want you to be familiar with our Performance Improvement philosophy because all services, departments and divisions at St. Jude use this plan. The goal of Performance Improvement is to assist the organization in the definition, measurement, analysis, monitoring, and awareness of pediatric standards of service and excellence in order to
continually improve the quality of patient care, family satisfaction and institutional performance. The model St. Jude uses is FOCUS-PDCA (Find a process, Organize to improve, Clarify current knowledge, Understand variation, Select improvements – Plan, Do, Check, Act).

• **PROHIBITED CONDUCT FOR PARTICIPANTS IN THE SHADOWING PROGRAM EXPERIENCE**
  St. Jude reserves the right to remove a student immediately from the SPE if the student’s actions could harm a patient, a patient’s family member, an employee, or a St. Jude visitor.

1. Reporting to observation experience under the influence of alcohol or drugs
2. Use or consumption of alcohol or other intoxicating substances on hospital premises
3. Selling or distributing illegal substances while on hospital premises
4. Stealing from patients, the hospital, or employees
5. Any form of dishonesty
6. Disorderly conduct, including fighting, acting in an obscene manner or using obscene, abusive or threatening language, or horseplay
7. Smoking in an area where smoking is prohibited
8. Defacing or damaging hospital property
9. Possession or use of firearms, fireworks, or any other weapon on hospital property
10. Excessive use of hospital telephones or other hospital equipment for personal matters
11. Disobeying safety regulations
12. Insubordination
13. Noncompliance with hospital policies and/or failure to observe hospital security regulations
14. Failure to maintain the confidentiality of hospital matters pertaining to patients
15. Any action that destroys good relations between the hospital and its employees or any suppliers or patients
16. Harassment of any kind (i.e. sexual, racial, age, etc.)

• **RADIATION SAFETY**
  Radiation safety personnel monitor the receipt, use and disposal of all radiation supplies to ensure a safe working environment and compliance with federal and state regulations. Signs are posted on laboratories and patient rooms in which radioactive materials are being used. Do not enter any such area without the permission and knowledge of the area’s supervisor. Program participants working in areas using radioactive materials must work under the direct supervision of a trained St. Jude employee. Questions about radiation safety and/or radioactive materials should be directed to the Radiation Safety office at ext. 2314.

• **RELATIONSHIPS WITH PATIENTS AND FAMILIES**
  It is important for you to establish healthy relationships and to set firm boundaries of appropriate conduct when interacting with patients and families. This is for the protection of the patient, patient’s family and for you, the program participant. It helps strengthen our patients’ and families’ ability to conduct their lives during a difficult time.

We operate under the premise that what we do for one, we will do for all. This will help guide you through some potentially difficult situations.

**Examples of INAPPROPRIATE activities are:**

• Accepting personal gifts from patients or families. The only exception to the rule is if it is a handmade craft or drawing. Any gift purchased from a store or that is of value
should be politely refused

- Buying gifts for individual patients or families regardless of your relationship with them
- Sharing personal information, personal contact information or personal problems with patients or families
- Calling the staff or patients on your off days to check on how they are doing
- Loaning or borrowing money or personal belongings to or from patients or families
- Taking photographs or videos of patients or families for personal use
- Giving patients or families a ride in your vehicle
- Inviting patients or families to off-campus activities or accepting an invitation to their home
- Using off time to baby sit or to sit with a family during a stressful surgery
- Attending a worship service with patients and families or inviting them to your place of worship
- Offering your family as a socialization option for a patient and /or patient’s siblings
- Giving patients or families non-prescription medication from your personal supply
- Agreeing to plan a patient’s funeral
- Telling a patient that your time is more needed today with another patient who is having a difficult time
- Bringing your family members or friends to a hospital event for patients and families such as picnics or memorial services
- Sharing information about one patient with another patient or family

- SECURITY AND PARKING
  Temporary identification badges are to be worn at all times and visibly displayed above the waist for security and personal identification purposes.

  St. Jude offers free parking to all program participants. Participants must check-in with the security guard at the entrance gate each day of the SPE. Participants will be given a temporary parking permit each time they are on campus.

  St. Jude is not responsible for the loss of or damage to personal property or valuables. Please notify Security of any missing items, forced locks or suspicious people or packages. Security can be reached at ext. 4444.

- QUESTIONS
  Contact Clinical Education & Training Office (CETO) at (901)595-6385 or email jeannie.diaz@stjude.org.
III.  HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) – Privacy and Security Training Relative to the Shadowing Program Experience

1.  Introduction

As a student in a clinical training program or participating in a Shadowing Program Experience or other educational experience within St. Jude Children’s Research Hospital you are required to learn about the health information privacy and security requirements of a federal law called HIPAA (Health Insurance Portability and Accountability Act of 1996). The health information privacy and security requirements are known as the HIPAA Privacy Rule and Security Rule went into effect in 2003 & 2005. When you are at a health care facility for clinical training or other educational experiences, you are covered by the Privacy and Security Rules as a member of that facility’s workforce. In addition to this training, your training site or school may require you to complete on the job Privacy and Security Rules training specific to your experience at that site. When you are at St. Jude, you must follow the policies and procedures, including those concerning health information privacy and security. Thank you for taking time to learn about the HIPAA Privacy and Security Rules.

2.  The HIPAA Privacy Rule

The Privacy Rule defines how health care providers, staff, trainees and students in clinical training programs can use, disclose, and maintain identifiable patient information, called "Protected Health Information" ("PHI"). PHI includes written, spoken, electronic information and images and any other medium. PHI is health information (treatment related information) or health care payment information that identifies or can be used to identify an individual patient. PHI very broadly defines identifiers to include not only patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs, and voices or images on tape or electronic media. When in doubt, you should assume that any individual health information is protected under HIPAA. All patients you come into contact with at St. Jude will have received a Notice of Privacy Practices, which describes in detail permitted uses and disclosures of PHI and patient rights (discussed below) under HIPAA.

3.  Important Definitions

**USE:** the sharing, application, utilization, examination, or analysis of PHI by employees and trainees within St. Jude.

**DISCLOSURE:** discussing PHI with or providing copies of PHI to persons who are not employees or trainees of St Jude.

You may use PHI, without patient authorization, (a specialized and signed patient permission) at St. Jude for purposes of treatment. However, you may not further disclose PHI in any form to anyone outside of St. Jude, without first obtaining written patient authorization or de-identifying the PHI. This means that you may not, for example, discuss or present PHI with or to anyone, including family, classmates or faculty, who were not directly involved in your training, unless you first obtain written authorization from the patient. Therefore, it is strongly recommended that whenever possible, you de-identify PHI, as described below, before presenting any patient information outside of St. Jude. If you are unable to de-identify such information, you must discuss your need for identifiable information with the faculty member supervising your
training and St. Jude Privacy Officer, to determine the appropriate procedures for obtaining patient authorization for your disclosure of PHI.

In order for PHI to be considered de-identified, all of the following identifiers of the patient or of relatives, employers, or household members of the patient, must be removed:

a. Name
b. Geographic subdivisions smaller than a state (i.e., county, town, or city, street address, and zip code) (note: in some cases, the initial three digits of a zip code may be used)
c. All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death, all ages over 89 and dates indicative of age over 89) (note: ages and elements may be aggregated into a single category of age 90 or older)
d. Phone numbers
e. Fax numbers
f. E-mail addresses
g. Social security number
h. Medical record number
i. Health plan beneficiary number
j. Account number
k. Certificate/license number
l. Vehicle identifiers and serial numbers
m. Device identifiers and serial numbers
n. URLs
o. Internet protocol addresses
p. Biometric identifiers (e.g., fingerprints)
q. Full face photographic and any comparable images
r. Any other unique identifying number, characteristic, or code
s. Any other information that could be used alone or in combination with other information to identify the individual

4. Safeguarding PHI

- The Privacy and Security Rules requires you to "safeguard" PHI at St. Jude as well as your training site or school. Use the following practices to ensure HIPAA compliance. If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way to protect it.
- When you talk about patients as part of your training, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas. Do not discuss patients while you are in elevators or other public areas.
- When medical records are not in use, store them in designated areas in the patient care unit.
- Remove patient documents from faxes and copiers as soon as you can.
- When you throw away documents containing PHI, follow the facility procedures for disposal of documents with PHI. St. Jude policy is to shred and safeguard all paper and electronic PHI being disposed of.
- Never remove the patient's official medical record from the facility.
- Do not make copies of the patient's official medical record and remove from St Jude. To complete homework, take appropriate steps to safeguard the PHI outside of the training site and properly dispose of any paper that contain any PHI when you are done with it. (Example assignment papers, etc). You should not leave papers out where
your family members or others may see or access this information. All materials with PHI should be shredded when they are no longer needed for your training purposes.

- If your experience includes computer access to PHI, you will be issued a user-ID and password. You will be responsible for all activity that is connected to the use of your password. Do not tell another person your computer password or use another person’s computer password instead of your own for any reason. Access computer PHI using your own password. If you believe someone else knows or is using your password, contact your supervisor and call Information Sciences to request a new one.
- Using Personal Assistant Device (PDA) for maintaining or tracking any PHI requires additional safeguards. Please consult with your supervisor for more specific policies and procedures on use of PDA devices in your training site.
- Avoid any discussions of patients or PHI on social networking sites such as Facebook, Twitter, or other social networking sites where other people can view patient information.

5. **Use Only the Minimum Necessary Information**

When you use PHI, you must follow the Privacy Rule’s minimum necessary requirement by asking yourself the following question: "Am I using or accessing more PHI than I need to?" If you are unsure of the PHI you may use or access while observing health care for a patient at your training site, please contact your preceptor, supervisor or the St. Jude Privacy Officer.

6. **Discussing PHI with a Patient’s Family Members**

Before you may discuss a patient’s condition, treatment or other PHI with his or her family member, it must be determined if the patient would object to such a disclosure. You should confirm that the patient has agreed to allow or in some other way has expressed no objection to such disclosures before you may discuss a patient’s condition, treatment, or other PHI with his/her family members. The privacy rule does provide for using professional judgment in emergency situations where the clinician determines it is in the best interest of the patient to share relevant information with family, etc.

7. **Incidental Disclosure of PHI**

Incidental disclosure happens when PHI is seen or heard by somebody who does not need to know, even though the organization has taken appropriate steps to limit the information shared or to keep the information private. The fear that information might be disclosed should not get in the way of patient care. For example:

- You may talk to a patient even if the patient shares a room with another patient- but you should speak quietly, pull the privacy curtains and even consider putting on the TV as background noise to keep the information as private as possible.
- You may speak to another nurse or physician about a patient’s condition at the nurse’s station – but make every effort to keep the conversation private.
- Always limit what you say in public places such as waiting rooms, hallways etc.

8. **Patients’ Rights under the Privacy Rule**

St. Jude has policies and procedures for implementing the following patient rights under the Privacy Rule. Your preceptor or supervisor can provide you with more information on the policies and procedures to follow in responding to a patient’s right. You should at least know and understand these rights:
• The right to look at (and obtain copies of) records. Patients can ask to read their medical and billing records, and have copies made.

• The right to ask for changes (amendments) to medical and billing records. If the patient feels that his or her record is incorrect or incomplete, the patient has the right to request to amend the information. St. Jude must review and consider all requests for changes or amendments to medical and billing records. St. Jude may deny the request if the information was not created by them, is not part of the health information maintained by the St. Jude or if it is determined that the health information is correct.

• The right to receive a list (accounting) of certain disclosures. St. Jude must keep a list of certain disclosures of PHI that are made without patient authorization. Patients have the right to see and receive a copy of this list.

• The right to request restrictions on how PHI is used and disclosed. Patients can ask health care providers and facilities to limit the ways they make use of and disclose the patient's PHI for treatment, payment, and health care operations. You, as a trainee, must never agree to any restrictions on behalf of St. Jude.

• The right to request alternative communications. Under the Privacy Rule, patients can ask to be contacted in a certain way. For example, a patient may ask a nurse if she/he can leave a message on the patient's home voicemail instead of contacting the patient at work. If a patient's request is reasonable, as is the previous example, the health care provider or facility must follow it.

• The right to receive a "Notice of Privacy Practices". St. Jude must allow every patient/client a copy of their Notice of Privacy Practices. The notice describes privacy practices and the Privacy Rule. St. Jude does make reasonable efforts to have each patient sign a form acknowledging he or she received the notice.

• The right to file a complaint. St. Jude has a process in place for handling patient complaints. Patients have a right to file a complaint with St. Jude if they feel that their privacy rights have been violated. Again, please seek assistance from your preceptor or supervisor if this becomes an issue.

9. Signing the Confidentiality Statement

All St. Jude workforce members are required to sign a confidentiality statement. As a student, you will be required to sign a Hospital Agreement & Consent for Participation. The statement reaffirms some of the basic expectations we have in order to protect the confidentiality and privacy of information.

10. The HIPAA Security Rule

The HIPAA Security rule applies to electronic protected health information (E PHI), which is individually identifiable health information (IIHI) in electronic form. IIHI relates to 1) an individual's past, present, or future physical or mental health or condition, 2) an individual's provision of health care, or 3) past, present, or future payment for provision of health care to an individual. The primary objective of the Security Rule is to protect the confidentiality, integrity, and availability of EPHI when it is stored, maintained, or transmitted.

St. Jude employees, trainees and students must maintain reasonable and appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of their EPHI against any reasonably anticipated risks such as losing unencrypted USB sticks hard drives, CDs, DVDs, smart cards, personal digital assistants (PDA), transmission media, portable electronic storage media, IPhones, or allowing others to use your password, or sending emails with EPHI to wrong email address, or writing on a
social networking site about patients. If any such incidents occur, immediate contact your supervisor or the St. Jude Privacy Officer.

11. Penalties

St. Jude workforce members, including students, may be subject to not only disciplinary action for violations of HIPAA, but he or she may be liable both criminally and civilly for HIPAA violations.

12. The HIPAA Privacy Officer

St. Jude, in accordance with the Privacy Rule, has a designated Privacy Officer. If you have questions about HIPAA at, you may contact the St. Jude Privacy Officer.

John Bailey, JD  
HIPAA Privacy Officer  
St. Jude Children’s Research Hospital  
Office of Legal Services  
262 Danny Thomas Place  
Memphis, TN 38105-3678  
(901) 595-6141  
john.baily@stjude.org
IV. IMMUNIZATION HISTORY – To be signed by Primary Care Provider of Program Participant in the Shadowing Program Experience

Name ____________________________________________
Birthdate ____________________________________________

Have you received / or had:

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella Vaccine (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella Vaccine (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine Series (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza H1N1 Vaccine</td>
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</tbody>
</table>

Date of H1N1 Vaccine __________________

TO BE ANSWERED ONLY BY OBSERVERS IN THE INTERNATIONAL OUTREACH PROGRAM

TST/TB Skin Test
**for IOP visitors only**

Date of last TST/TB Skin Test __________________
Result □ Pos □ Neg

**for IOP visitors only**

Did you receive a BCG Vaccine? □ Y □ N

Past Positive TB Skin Test
**for IOP visitors only**

Date of Last Chest X-ray if TB test positive ________________

**for IOP visitors only**

I confirm that the information provided on my patient
__________________________________________________________________________

Printed Name

is correct and I know of no medical reason this individual should not be allowed to participate in a Shadowing Experience.

Printed Name ____________________________________________
Signature ____________________________ Date ____________________________

Printed Name of Office ____________________________________________
Address ____________________________________________ Phone No. ____________________________
V. SUBSTANCE ABUSE, FELONY OR MISDEMEANOR CHARGES, ST. JUDE EMPLOYMENT AND REFERRAL INFORMATION

1. Within the past five years, have you been convicted of a felony, or within the past two years, of a misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court-martial.)

   _____ Yes   _____ No

   If yes, furnish details of conviction, offense, location, date and sentence:
   __________________________________________________________________________
   __________________________________________________________________________

2. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?

   _____ Yes   _____ No

   If yes, please furnish details:
   __________________________________________________________________________
   __________________________________________________________________________

3. Have you previously been employed by St. Jude Children’s Research Hospital?

   _____ Yes   _____ No

   If yes, please furnish details:
   __________________________________________________________________________
   __________________________________________________________________________

4. Was the Shadowing Program Experience recommended or supported by a St. Jude employee or someone associated with St. Jude?

   _____ Yes   _____ No

   If yes, what is the name of this individual and his/her relationship with St. Jude:
   __________________________________________________________________________
   __________________________________________________________________________

Printed Name of Program Participant  Signature  Date
VI. Hospital Agreement and Consent for Participation in the Shadowing Program Experience

**Shadowing Programs are only offered to students/trainees ≥ 18 years of age**

<table>
<thead>
<tr>
<th>STUDENT CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please print)</td>
</tr>
<tr>
<td>Student’s Name ___________________________ Gender: Male Female</td>
</tr>
<tr>
<td>Home Address ___________________________ City/State/Zip ___________________________</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yy) ___________________________</td>
</tr>
<tr>
<td>If under 21, then please provide:</td>
</tr>
<tr>
<td>Parent/Guardian Name(s) ___________________________</td>
</tr>
<tr>
<td>Parent/Guardian Address (if different from above) ___________________________</td>
</tr>
<tr>
<td>Home Phone ___________________________ Observer Cell ___________________________</td>
</tr>
<tr>
<td>Parent/Guardian Day Phone ___________________________ Evening Phone ___________________________</td>
</tr>
<tr>
<td>Emergency Contact ___________________________ Relationship ___________________________</td>
</tr>
<tr>
<td>Emergency Day Phone ___________________________ Evening Phone ___________________________</td>
</tr>
</tbody>
</table>

SECTION I – Consent

I understand that I have been selected to participate in the Shadowing Program Experience (the “Program”) at St. Jude Children’s Research Hospital (“St. Jude”). I understand that, in participating in the Program, I will be exposed to the normal risks of any hospital visitor, as well as possible additional risks that arise because I will be in patient care areas and observing patient care.

I shall pay for the initial screening tests or prophylactic medical treatments should the need arise for myself. In the event of exposure to blood or other bodily fluids from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgment of St. Jude, at risk of carrying a contagious or infectious disease, I consent for St. Jude to administer immediate precautionary treatment to me that is consistent with current medical practice without any further consent from me. St. Jude shall have no responsibility for any further diagnosis, medication or treatment and I acknowledge and assume the risk of me observing or
being in the immediate presence of patients at risk of carrying a contagious or infectious disease.

I certify that I am currently covered by health care insurance or Medicaid and that it shall remain in effect through the end of my participation in the Program.

I will not report for any day of the Program if I have any symptoms of an illness including fever, rash, draining sores, respiratory or gastrointestinal systems. I understand that St. Jude patients have an increased susceptibility to any infection.

I acknowledge that I have immunity to varicella (chickenpox), measles, mumps, rubella, and polio, and have provided proof of this immunity in the form of the Immunization History (P. 16) signed by my primary care provider. I also acknowledge that I have received an influenza (flu) vaccine within the last twelve months. I certify that I have no known physical or mental illness or condition, including any contagious disease, which could be detrimental to the welfare or interfere with the care of any of St. Jude’s patients or staff.

I agree that I, my heirs, and personal representatives, release, discharge, hold harmless and indemnify St. Jude, and all officers, directors, trustees, employees, and agents thereof, from and against claims, demands, actions, or causes of action, suits, judgments, or expenses that arise from negligence or intentional misconduct on the part of myself during participation in the Observation at St. Jude.

By signing this form I agree that I have read and understand the terms of this consent form and agree to the terms of its terms or, in the alternative, that I have read this form and I understand and agree to its terms. I give my full consent to my participation in the Program at St. Jude Children’s Research Hospital.

SECTION II – Student Responsibility

1. All shadowing experiences (Program) shall be selected by St. Jude personnel. Program participants shall comply with the supervision and directions of St. Jude personnel at all times.

2. Program participant’s shadowing does not establish any employment relationship between Program participant and St. Jude, and St. Jude does not constitute any form of “workplace” for the Program participant.

3. Program participant shall attend an orientation specific to the area in which he/she will observe prior to beginning the Program with St. Jude. The Orientation will include, but is not limited to, a general overview of healthcare roles and the patient population at St. Jude.

4. Program participant shall wear his/her identification badge at all times above the waist where it is visible.

5. Program participant will adhere to St. Jude’s Dress Code (P. 5).

6. Program participant understands that he/she will be assessed by his/her preceptor upon reporting to each scheduled observation for any signs/symptoms of illness before being allowed to begin his/her scheduled observation.

7. Program participant understands that while participating in the observation at St. Jude, he/she will be subject to applicable St. Jude policies and procedures. St. Jude reserves the
right to immediately remove from facility any Program participant who poses an immediate threat or danger to any staff, patient, or visitor of St. Jude (P. 9).

8. The activities of each Program participant shall be supervised at all times by his/her St. Jude preceptor. Program participant understands that he/she will not be allowed to go into any patient areas or other areas specified by St. Jude staff as unauthorized without a designated St. Jude employee or agent. St. Jude retains full responsibility for patient care. St. Jude reserves the right to demand any Program participant withdraw from the Shadowing Program upon the Program participant’s failure to follow any rules or regulations contained in St. Jude’s institutional policies, protocols and bylaws. Reasons for such demand for withdrawal will be furnished to the Program participant in writing. In any such requests for withdrawal, the Program participant will be allowed due process according to St. Jude’s established policies and procedures.

9. Program participant shall maintain patient confidentiality and be compliant with HIPAA guidelines.

10. Program participant shall always introduce himself/herself to patients and their families by name and shall explain his/her educational and Shadowing Program status. The Program participant understands that patients and their families have the right to refuse to have a Program participant observe their child’s care.

11. Program participant understands that he/she cannot be permitted to provide any services or to perform any work on behalf of St. Jude.

12. Program participant understands that he/she is allowed to:
   
a. Read only the patient charts approved by Program participant’s preceptor in compliance with the HIPAA regulation of reviewing only the minimum necessary information to accomplish Program participant’s Shadowing experience.
   
b. Talk to patients or parents only with Program participant’s preceptor, patient and parent approval.
   
c. Access computers only for Program participant’s personal email and web access.
   
d. Be in any patient area only with the knowledge and approval of Program participant’s preceptor or his/her designee.
   
e. Have access to all public areas, including the library, cafeteria and conference rooms.
   
f. Attend any conferences on the weekly calendar which are “open” or to which Program participant is invited by the Program participant’s preceptor.

13. The Program participant acknowledges that St. Jude is allowing him/her to participate in the Program purely as a courtesy, for Program participant’s educational benefit. The Program participant shall return his/her ID badge and check out with the Clinical Education & Training Office at the end of his/her Program experience.

**SECTION III – Preceptor Responsibilities and Authorization**

I have read the entire agreement signed by the Shadowing Program Participant and agree to adhere to the guidelines outlined. Specifically, I will:

1. Review the HIPAA principles and Infection Control Procedures and their importance at the beginning of the Program with the Program Participant.
2. Ask the Program Participant to leave the hospital if he/she demonstrates any illness symptoms.

3. Always introduce the Program participant to the patient and caregivers at the beginning of any interaction and ask permission to include the Program participant in any care interactions or discussions.

4. Notify appropriate personnel if the Program participant demonstrates any inappropriate behavior.

5. Will not allow Program participant to enter a patient’s room under the following circumstances, UNLESS I have provided explicit instructions as to attire, procedures and appropriate conduct:
   a. Parents and/or child have refused to have an observer present
   b. Patient is immediately terminally ill
   c. Patient has radiation implants
   d. Patient is in strict isolation
   e. Patient is undergoing an invasive procedure

PRECEPTOR

I assume responsibility for the Shadowing Program Experience for (Student Name) ______________________________ during the period of time from ______________ to ______________.

NOTE: If there is an evaluation that must be completed in order for the Program participant to receive credit, the Preceptor will complete this as well.

Printed Name of Preceptor

____________________________  Title ______________________________

Signature of Preceptor

____________________________  Department ______________________________

Date ______________________________  Telephone Number ______________________________

PROGRAM PARTICIPANT

IN WITNESS WHEREOF, I have signed this agreement on this the ______ day of ____________________, 20__. 

Print Name ______________________________  Signature of Participant ______________________________

Street Address ______________________________  City/State/Zip ______________________________

Academic Institution ______________________________  Year of Study ______________________________
VII. FAMILY OBSERVER INFORMATION & CONSENT FORM (To be used at discretion of Preceptor)

Students and trainees enrolled in academic institutions or working at St. Jude Children’s Research Hospital who are over 18 years of age are allowed to “shadow” a St. Jude Fellow, Faculty member, or mid-level provider who is providing patient care. Appropriate application, screening and orientation processes are required before the Shadowing Program Experience can begin.

How does St. Jude screen these Observers?

The Observers who shadow physicians are required to submit the following materials and to undergo the following orientation:

**Materials Submitted and Signed by Observers**
- Curriculum vita
- Personal statement identifying reason to request this experience
- A letter of recommendation, from a senior official in the Observer’s academic institution
- Proof of up to date immunizations
- Statements regarding illegal activities
- Hospital Agreement and Consent Form
- Current photo ID

**Self Study Orientation including Quiz and Signature of Understanding of Materials**
- Importance of strict patient confidentiality and privacy
- Infection control procedures and policies
- Codes of conduct including appropriate attire and behavior
- Significance of all emergency pages and procedures
- Appropriate responses to emergencies

**NOTE**
- Observers must accompany the physician or mid-level provider Preceptor at ALL times
- Observers may NOT approach your child or family at any time following this experience. They may not call you or return to your room or contact you in any way. If this happens please notify the nurses or your physician or mid-level provider Preceptor immediately.

St. Jude is pleased to offer this experience to future professionals. Our first priority is always the comfort and well-being of you and your child.

If you prefer not to have an Observer with your physician provider today we encourage you to let him/her know.

I agree to have an Observer accompany my physician, nurse practitioner, or physician’s assistant today.

☐ Yes  ☐ No

Signature________________________________________ Date___________________________