

Student Short-term Experience Observational Learning

Dear Shadowing Student,

Welcome to Robinson Memorial Hospital! We hope your experience here will encourage you in your career search in the healthcare field.

A shadowing experience is a great time to see what a career looks like in real life. It is also important that you come prepared with questions to make the most of your time with your healthcare professional. Typical questions might be:

- *How much time did you spend in school?*
- *What do you like best about your job?*
- *What makes this job difficult?*
- *What are the opportunities for future openings in this field?*
- *Think of your own questions!*

Please complete the enclosed short-term application, sign the orientation form, and return to:

**Volunteer Services
Robinson Memorial Hospital
6847 North Chestnut Street
Ravenna, Ohio 44266**

It is important that you complete the 'Preferred Date', 'Preferred Time', and 'Area of Interest' so that we can place you appropriately. Your experience will be limited to 4 hours. When we receive your completed forms, Volunteer Services will arrange your experience with the appropriate department and contact you.

* Suitable dress would include casual dress and closed-toed shoes; *no denim, sleeveless tops, shorts or body piercings*. Remember, you are working alongside a professional, so dress like one.

On the day of your experience, please report to Volunteer Services (inquire at the Main Information Desk) 15 minutes before your scheduled time. You will receive a student ID, and be escorted to your assigned area. Lunch is available in the Cafeteria *at the student's expense*.

We appreciate your interest in the healthcare field, and look forward to participating in your learning experience.

Sincerely,

Volunteer Services Department
(330) 297-2591



Robinson
Memorial
Hospital

Excellent Healthcare Where You Need It

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PLEASE PRINT

Name: Last _____ First _____ M.I. _____

Permanent Address _____ Apt. # _____

City _____ State _____ ZIP _____

Preferred daytime phone (____) _____ Email: _____

Emergency Contact _____ Relationship _____

Home Phone (____) _____ Alternate Phone (____) _____

Date of birth, if under age 18: ____/____/____ Gender: Male Female

School _____ Current status: H.S. 9 10 11 12 College 1 2 3 4 Other _____

Area of career interest _____

Preferred Date(s) of learning experience: _____ Preferred time(s) _____

Health history:

Have you had chicken pox? Yes No Don't know

PPD (tuberculosis) test within the last year? Yes No Don't know

Tetanus/Diphtheria inoculation within last 10 years? Yes No Don't know

MMR (Measles, mumps, rubella) at 18 months,
if birth date after 12/31/56. Yes No Don't know

Booster MMR (required prior to 7th grade) Yes No Don't know

Allergies: _____

Other pertinent medical concerns: _____

I verify that the above statements are true to the best of my knowledge. I agree to hold Robinson Memorial Hospital harmless of any liability due to injury during my observation experience.

Signature: _____ Date _____

Parental Consent if under 18 years of age: _____

For Office Use Only

Start Date _____ Exit Date _____ Initial Contact person _____ Date _____

Department _____ Supervisor _____

Application/Orientation Student badge Computer

Short Term Orientation

We appreciate your interest in Robinson Memorial Hospital. Listed below are important things to keep in mind while you are here. If you have any questions, please ask your contact person, the supervisor of the department or the manager of Volunteer Services.

Please read, check boxes, sign the back and return with the application to the Volunteer Office.

Patient Rights/Confidentiality:

Persons seeking services at Robinson Memorial Hospital have the right to have all information about their visits remain **confidential**. That means you can **not** share information about any patient. You can **not** tell anyone that a person is or is not a patient. **Remember, what you see and hear here stays here.** Patients also have the right to privacy. Please be respectful and offer privacy if the situation arises.

Smoking:

Robinson Memorial Hospital is a non-smoking facility. As of 11/17/06, there will be no smoking permitted on hospital grounds, including the parking lots.

Cell Phones:

Cell phones are **not permitted** to be used in the hospital.

Emergency Pages:

You may hear different overhead codes while at Robinson Memorial Hospital. Do not be alarmed. The overhead pages and explanations are listed below:

- Code Red:** Fire
- Code Adam:** Infant/Child Abduction
- Code Black:** Bomb/Bomb Threat
- Code Gray:** Severe Weather
- Code Orange:** Hazardous Material Spill/Release
- Code Blue:** Medical Emergency – Adult & Pediatric
- Code Pink:** Medical Emergency – Infant
- Code Yellow:** Disaster
- Code Violet:** Violent Person
- Code Silver:** Person w/Weapon, Hostage Situation
- Code Brown:** Missing Adult Patient

Emergency Responses:

There is a slight chance that you may be involved in an emergency situation. Remember to stay calm and don't hesitate to ask any employee to help you.

- During a **Code Red**, double doors located throughout the hallways of the hospital will automatically close. No one should go through a closed smoke door until an "all clear" message is announced by overhead announcement. **Do not use the telephones.**

- Tornado Warning** – you should go to the first floor of the building and stay away from windows. Please tell someone that you are leaving your assigned area. Follow directions from your immediate supervisor.

If you notice a fire remember: RACE

R = Rescue persons in danger

A = Pull Alarm (fire alarm pull boxes are located next to stairwells & exits –
Get to nearest phone & dial “7”

C = Contain – close all doors

E = Extinguish – if small **or Evacuate**

Personal Safety:

Robinson Memorial Hospital employees and visitors enjoy a relatively safe environment. Because this is a public area, we would like you to be aware of personal safety concerns.

Do not park in wheelchair designated areas

Police & Protective Service personnel are available to walk you to your car after dark. Don't hesitate to call them.

Store purses and other valuables in designated areas.

Wear your special identification badge at all times while you are in the building.

Infection Control:

Please be aware that a hospital serves both those individuals who may have an infection (e.g., tuberculosis) and people at risk to pick up infections (e.g., a newborn baby or a person being treated for cancer). For these reasons, we request that you practice basic infection control procedures. **You should wash your hands frequently while in the hospital.** Hand washing is the single **most important thing** you can do to **prevent the spread of infection.**

You should wash your hands at the following times:

As you enter and leave the building

Before you handle food

Between any patient contact

After using the restroom

After coughing or sneezing

Please observe the signs on patient rooms. **DO NOT** enter a patient room with an infection control warning sign. **DO NOT** handle any specimens unless the specimen is placed in a gray plastic with a lid by an employee. If you see a sharp object, **DO NOT** attempt to pick it up; notify an employees to pick up a sharp object.

If you are ill, please stay at home.

Hazardous Materials:

Some areas of the hospital use chemicals or radioactive materials. Please observe any department specific instructions. **DO NOT** enter any rooms with the radioactivity symbol sign on the door.

Finally:

All of us at Robinson Memorial Hospital hope your time with us is pleasant and educational. Please do not hesitate to ask any employee a question. We are happy you are here and we would like to help you.

I have read and understand the above orientation.

Signature: _____

Date: _____