

### Program Overview:

An endeavor that combines interactive classroom learning and observation in a health care setting, this program is designed to give students the opportunity to explore careers in health care first-hand. Each session offers interactive presentations about a specific department/unit within the hospital, an in-depth glimpse into the various careers within that department/unit, and a question-and-answer period. Each session will offer students the opportunity to sign-up to shadow within these areas of the hospital. Health Care Career Discovery is an excellent way to introduce students to the variety of career opportunities available in the health care field and to allow them to explore in detail particular areas of interest.

### Program Requirements:

- Participant must be at least 14 years of age and have completed 8<sup>th</sup> grade
- Submit Application (which includes):
  - Application
  - Consent to Participate
  - Emergency Information
  - Photography Consent
  - A Parent/Guardian signature will be required for students under 18
  - Acknowledgment of Confidentiality (signed by student)
- Register for each presentation session no later than one week prior. Attend relevant presentation session prior to shadowing. All scheduling of shadowing will take place *after* attendance on the evening of the relevant presentation.

### Additional Requirements Necessary to Shadow:

- Submit complete application forms (from above) PLUS a Health Certification (signed by a health care professional)
- Submit TB questionnaire (if under 18) or proof of one current, negative TB test within the last three months of shadowing date (if over 18)
- Provide one completed Confidential Reference Form (for high school students only)
- Provide electronic (pdf or bmp) or photocopy of picture identification (school ID, driver's license, etc.)

### Registration:

- Find registration application for sessions online at [http://lvhn.org/lvh/Education/Education/High\\_School\\_Students|5038](http://lvhn.org/lvh/Education/Education/High_School_Students|5038), complete, and mail or fax in.
- Please see calendar of presentations and application documents and register prior to each session by mailing application, calling 610-402-2569, or e-mailing information to [Jean.Hoffman@lvhn.org](mailto:Jean.Hoffman@lvhn.org).

**Details:** Presentations will be held at two of the network sites – Cedar Crest & I-78 and Muhlenberg (see schedule on p. 5 for details)

- Scheduled topics are subject to change due to speakers' availability.
- Prior registration is required for participation in presentation sessions.
- Parents are welcome to attend presentations with participants.

### Directions:

- Detailed map, directions, and parking instructions available at <http://lvhn.org/lvh/locations>.
- Directional signs will be posted in the main lobbies and personnel at the security desk can give further directions.

### **For more information please contact: Jean Hoffman, Youth Education Coordinator**

Lehigh Valley Health Network, Division of Education, Office of Student Affairs

PO Box 689, Kasych Family Pavilion, 1<sup>st</sup> Floor, Allentown, PA 18105-1556

Fax Number: (610) 402-8402

[Jean.Hoffman@lvhn.org](mailto:Jean.Hoffman@lvhn.org)

Please view information about this and other LVHN youth education programs at <http://www.lvhn.org/lvh/Education>.

## CHECKLIST

Overview (*for your reference*) p. 1

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Application (**return completed forms, pp. 3-6**) pp. 3 & 4

Student Information p. 3

Consent to Participate p. 3

Emergency Information p. 4

Photography Consent p. 4

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Student's Signature (required) and Parent's Signature  
    (required if applicant under 18)

Applicant's and/or parent's signature verifies information on:

- **Application,**
  - **Consent to Participate,**
  - **Emergency Information,**
  - **Photography Consent,**
  - and verification of having read and will comply with the **Etiquette policy.**
- p. 4
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Schedule of Programs (*return completed form*) p. 5

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Acknowledgment of Confidentiality (*for your reference*) p. 6

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Etiquette (*for your reference*)

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- Please remember that your dress and appearance is important. Wear "business casual" with comfortable shoes. You will be sent home if you are wearing something inappropriate. See p. 7 for more details.
  - You will be sent a confirmation when scheduled for a program or to shadow. It is your responsibility to arrive on time, be prepared, and conduct yourself in a positive, professional manner. Please read pages 7 and 8 to know what is expected of you.
- pp. 7 & 8

*These forms must be on file at LVHN and updated yearly. Please complete pages 3-5 and mail to:*  
Jean Hoffman, LVHN, Division of Education, Office of Student Affairs  
1247 South Cedar Crest Blvd Suite 202  
Allentown, PA 18103  
Or Fax: 610-402-8402.

*Make a copy of pages 3-5 before sending and keep the rest for your records.*



**Health Care Career Discovery Application**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Nickname \_\_\_\_\_

Student Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Date of application: \_\_\_\_  
(If participant is under 18 years of age, parent or guardian must sign consent)

Student Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ - \_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address \_\_\_\_\_

Student Grade \_\_\_\_ School \_\_\_\_\_ District \_\_\_\_\_

Health care career/profession(s) you are most interested in: \_\_\_\_\_

If you have participated in another LVHN program, i.e. volunteering, Nurse Camp, Take Notes, please list the activity and when you participated:

\_\_\_\_\_

Student ethnicity (please check all that apply):

Gender:

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino

- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other \_\_\_\_\_

- Male
- Female

**Consent to Participate**

I hereby request/grant permission for me/my child to participate in the Lehigh Valley Health Network/ Health Care Career Discovery and Shadowing Program. I specifically authorize the following:

- \_\_\_\_\_ Conducting of interviews, tests, and questionnaires of or by student for program evaluation purposes.
- \_\_\_\_\_ Publicity activities, including interviews, photos, and videotaping.

I certify that I/my child is at least 14 years of age. I release Lehigh Valley Health Network and its subsidiaries, their respective employees, representatives and agents and any individual involved with the Health Care Career Discovery and Shadowing Program from any and all liability associated with my child's participation in this program.

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**Emergency Information**

I hereby permit and authorize Lehigh Valley Hospital & Health Network for a period from September 2010 to August 2011 to perform any and all treatment including, but not limited to medical,

dental and surgical that may be necessary for my child.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medications: \_\_\_\_\_

List of any allergies: \_\_\_\_\_

Other comments: \_\_\_\_\_

Name of Medical Insurance Carrier/Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact Name (please print)

*Please remember that if you/your child has been exposed to a communicable diseases, including Chicken Pox, Measles, Mumps, Rubella, Herpes Zoster, Conjunctivitis, Tuberculosis and Hepatitis, do not allow them to attend any LVHN activities.*

**Photography Consent Form**

**Consent:** I **CONSENT** to the taking and public use of any photographic, audio visual or other media recordings or representations of \_\_\_\_\_(name) by a person selected by Lehigh Valley Health Network.

I hereby waive any right I may have to copyright, inspect, or approve the finished product that may be used hereunder, or the specific use or context to which it may be applied. I release Lehigh Valley Health Network, its components, employees, agents, and medical staff from any liability connected with the taking or use of these audio or visual recordings or representations.

**Decline:** I **DO NOT** consent to the taking and public use of any photographic, audio visual or other media recordings or representations of \_\_\_\_\_(name) by a person selected by Lehigh Valley Health Network.

\_\_\_\_\_  
*Applicant's signature verifying information on **Application, Consent to Participate, Emergency Information, Photography Consent, and verification of having read and will comply with the Confidentiality and Etiquette policy.** Date*

\_\_\_\_\_  
*Parent's signature verifying information on **Application, Consent to Participate, Emergency Information, Photography Consent, and verification of having read the Confidentiality and Etiquette policy (if applicant under 18).** Date*

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**Schedule of Programs**  
**2011-2012 Health Care Career Discovery**  
 All programs will be on a Tuesday evening, 5:30-7:00 pm

Date	Title	Department Giving Presentation	Location	Attending?
10/04	What's It All About? Kick-Off Party	LVHN HCCD Program/Volunteer Services	CC, Auditorium	<input type="checkbox"/>
10/18	Every Breath You Take	Respiratory Care	CC, ECC 6&7	<input type="checkbox"/>
11/01	Healthy Eating	Clinical Dietician	CC, ECC 7&8	<input type="checkbox"/>
11/14	Pathology, Forensics, Immunology	Health Network Labs	CC, ECC 6&7	<input type="checkbox"/>
12/05	Emerging Health Professionals Students	EHP Instructors	CC, Auditorium	<input type="checkbox"/>
1/10	Do You Like to Travel?	Traveling Nursing	CC, ECC 7	<input type="checkbox"/>
1/17	Smile for the Camera	Ultrasonography and X-ray	CC, ECC 6&7	<input type="checkbox"/>
2/07	Cancer Treatment Options	Radiation Oncology & Cancer Center	CC, ECC 7&8	<input type="checkbox"/>
2/22	Oh, My Aching....	PT/OT/ST	Muhl, ECC D	<input type="checkbox"/>
3/6	The Cutting Edges of Ambulatory Surgery	Ambulatory Surgery OR/Sterile Processing	CC, ECC 8	<input type="checkbox"/>
3/20	Playing it Safe	Environmental Health & Safety	CC, ECC 6&7	<input type="checkbox"/>

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4/03	Lights, Camera, Action	Career in Sports Medicine	CC, ECC 7&8	<input type="checkbox"/>
4/17	NursingFair/Nursing Professionals	Nursing Excellence/Nursing Recruitment	CC, ECC 6&7	<input type="checkbox"/>
5/8	Career Planning; Job Training	Lehigh Carbon Community College	CC, ECC 7&8	<input type="checkbox"/>
5/22	Opportunity Starts Here	EHP, Research Scholars, New Hires, Our Programs	CC, ECC 6&7	<input type="checkbox"/>
6/05	Season End	Q & A, Certificates	CC, ECC 7&8	<input type="checkbox"/>

Participants can attend the presentation session relevant to the department/profession they are interested. All pertinent forms must be completed and returned to the LVHN The Office of Student Affairs Shadowing slots are limited and attendance at a presentation does not guarantee participants a shadowing slot. HCCD students must attend 7 workshop sessions, and complete the shadowing application prior to shadowing approval. **Students are offered a one-day observation approval.**

Shadowing offers students the opportunity to observe healthcare workers and operations first-hand, providing critical insight that may assist in career decisions. These opportunities may be in clinical and non-clinical fields. Shadowing is observational only!!! No hands-on clinical activity is permitted. Students shall be supervised at all times by an authorized LVHN employee while on the premises.



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## **Acknowledgment of Confidentiality**

**IMPORTANT:** Please read all sections below. If you have any questions regarding this acknowledgment, please ask the person reviewing this with you to answer those questions before you sign this.

I understand that as an employee of the Lehigh Valley Health Network (along with its components and subsidiaries), member of the medical staff, physician office employee or non-hospital patient care provider or support personnel (volunteer, intern, student, contractor, vendor, etc.), the performance of my job may require me to access or become aware of the following confidential information:

- Patient health care and financial information
- Employee personnel, compensation and health care information.
- Physician performance and personnel information
- Business information relating to Lehigh Valley Health Network

I understand that approval to access and use this information in verbal, written, or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical “need to know” standards and the responsibilities of my job as an employee or non-hospital patient care provider or support personnel.

I understand that I may not seek information that is not required to do my job. I also understand that I may share information only when necessary to do my job. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality.

I understand that the methods I use to get information may only be used in the performance of my job. If I require special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me. I also understand that I may not give my sign-on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

I declare that I have read and understand this acknowledgment. I have had an opportunity to ask questions and have them answered. I recognize that giving confidential information at any time during or after my employment or affiliation with Lehigh Valley Health Network may cause irreparable damage to Lehigh Valley Health Network, the patient or the health care provider. Accordingly, Lehigh Valley Health Network or the owner of such information may seek legal remedies against me, such as fines, criminal penalties, suspension or termination of employment.

I presented the material to the above-signed person as per the guidelines in the Confidentiality Policy. I have given the above-signed person the opportunity to ask, and have answered all questions.

My signature on page 4 of this application signifies my agreement with this Acknowledgement of Confidentiality.



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## **Etiquette**

Your behavior while you are a guest in our hospital is critical to a successful experience for you, the hospital staff, and anyone else you may encounter. Here you will find a list of what is expected of you during your visits.

### **Dress and Appearance**

The way an individual dresses, their grooming habits, the types of fragrances they use, etc. involves personal decisions and is regarded by many as a means of expressing one's individuality. The hospital recognizes this, yet is aware that all student visitors have a direct impact on the image of the organization. The hospital must maintain an image of professionalism, inspiring the confidence of patients and their families, and expects all employees/volunteers and student visitors to reinforce this image.

- Dress should be business casual.
- Male students observing in the Emergency Department are expected to wear ties.
- Excessively tight, revealing or baggy clothes are not to be worn. No bare midriff or cleavage showing.
- Skirts, dresses, etc. are not to be shorter than 4" above the mid-knee. Backless, spaghetti straps and sundresses should be covered.
- Besides skirts/dresses, only black jeans or dress pants may be worn. Absolutely no jeans.
- Shorts are not to be worn except in specific approved situations.
- Athletic fleece sweatshirts or sweatpants are not to be worn.
- Shoes must be neat, clean and appropriate for each work area. No open toes shoes are allowed.
- Hair must be neat, clean, dry, and well groomed. Long hair must be secured.
- No extremes in hair color due to bleaching, dying, or coloring.
- Beards or mustaches must be neatly trimmed.
- Jewelry must be professional and kept to a minimum. No pierced jewelry, except earrings, is to be visible.
- Fingernails should be clean and neatly trimmed, with limited adornment.
- Cover, if possible, all tattoos.
- Wear your nametag at all times, if applicable.

### **Arrival**

Out of courtesy, arrive at the facility 5 minutes early. This practice may help avoid a late arrival and will help you maintain a responsible image. If for some reason you are going to be late, be sure to telephone your instructor or the hospital representative and let him/her know what time you will be arriving. When you arrive, introduce yourself to the secretary or receptionist and wait patiently for your instructor or the hospital representative.

### **Language**

Words such as "excuse me," "sir," "ma'am," "please," and "thank you" are polite ways to address professionals. Try to use proper titles with all of the hospital staff. Eye contact plays a vital role in effective communication. It lets the person with whom you are speaking know that they have your full attention. Please also try and keep your voice volume at a minimum, especially when visiting clinical units, so as to not startle any patients.

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(ETIQUETTE cont.)

**Manners**

- Gum chewing is not permitted. However, an occasional breath mint is acceptable.
- Patients can be very sensitive about smells when they are ill. Therefore, it is important that when you are near patients that you do not smell of tobacco products, strong perfumes, or body odor.
- Always remember that you are a guest. Treat everyone and everything with respect. Being overly polite is never going to harm you or anyone else. A good example of this would be to obtain permission to enter a patient's room and ask permission to observe specific procedures.
- Always remember to ask permission to use someone else's desk or equipment.
- Please try to follow exactly the tasks given to you by your instructor or hospital representative. If you are unclear about what to do, where to go, what to get, or who to see, it is best to ask for direction.
- **Under no circumstance should you touch patients in any way. You will not be permitted to have any direct patient contact nor will you be permitted to assist with any procedures, testing, etc.**
- **Do not ever attempt to represent yourself as being able to do or use anything you have not been specifically trained or instructed to do.**
- Observing in a health care setting allows you to see certain emotional and physical aspects of people that may be hidden from public view. Therefore, it is important that you show utmost respect, compassion, and calmness when dealing with patients.
- If you feel uncomfortable at any time, please excuse yourself from the room.

**Patient Confidentiality and Privacy**

During your experience you may be exposed to patients' private feeling, actions, and body parts. Everything that you see and hear should be kept confidential both inside and outside the hospital. You may have access to confidential charts and records. If you are interested in learning more about a patient's illness or history, please ask your instructor or hospital representative. For more about confidentiality policies, please refer to the LVHN Acknowledgment of Confidentiality and federal HIPAA regulations.

**Positive Enthusiasm**

In order to make this an effective learning experience, you will want to show visible interest and excitement in whatever you are asked to do while visiting the hospital. It is advised that you demonstrate enthusiasm and a willingness to learn at all times.

**Gratitude**

A thoughtful, though not required, gesture would be to send a thank you letter to your presenters and/or hospital hosts letting him/her know how much you appreciated the educational opportunity they have offered you and what you learned from the experience.

*This etiquette information is for your reference.*

***Thank you for your interest in Lehigh Valley Health Network!***

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