St. Raphaels Dental Clinic Shadowing Application

Name_____

Address_____

City, State, Zip_____

Phone Cell_____Alternate Phone_____

Email: _____

In case of an Emergency Please provide Contact Information:

Name_____

Cell Phone _____
Email _____

School s attended High School _____ College_____
Degree_____Major_____

Grade Level / College year Freshman Soph Jr Sr

Previous Dental Experience _____

Please describe your expectations for this shadow _____

_____

Please describe your learning objectives from this opportunity: i.e. Dental School _____

Any Medical issues that we need to know about that may interfere with your shadowing?

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Note: scheduling will be dependent on Dentist volunteers, so schedules will vary accordingly.

Prior to applying, you must review the attached shadowing guidelines and confidentiality agreement. Your signature is required before the start of the shadow assignment.

For HR Department use:
Shadow Request Approved Denied Applicant notified (date)
Dates of shadowing
Comments

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Shadowing Guidelines

For the safety and well-being of yourself (and our patients) please re-schedule your shadowing experience if you have had any of the following symptoms within 24 hours of your scheduled shadowing opportunity:

Cold
Headache
Nausea/Vomiting
Jaundice
Pus from eyes (including pink eye/eye infection)
A cough that has persisted for more than 2 weeks
Fever at/or above 102 degrees Fahrenheit
Skin rash
Diarrhea

No Vaccination is required but is highly recommended and advised.

The goal of shadowing is to introduce you to the healthcare/dentistry profession. If you are interested in healthcare/dentistry as a career, we would like to give you the opportunity to shadow a St. Raphael's Dental Clinic Volunteer Dentist for some "on-the-job" insight. A shadow opportunity allows students to "try on" a career for a few hours before investing dollars and time in education.

Guidelines for Participants

We are happy to provide a workplace experience that allows students the opportunity to spend time observing the daily activities of a professional. However, we do expect the following from you in return.

- Participants must be 18 or older.
- Participants must conduct themselves in a respectful manner.
- Participants must sign a confidentiality statement agreeing not to discuss patient information outside St. Mary's Community Services.

Attire

It is important that you present a favorable impression to our patients and other guests. A neat and professional appearance and personal cleanliness are required. Clothing must be clean, pressed, and fit properly. **Scrubs are the preferred attire for the Dental Clinic.**

- **Do NOT wear: denim jeans,** denim jeans, t-shirts, cut-offs, low-cut tops, hooded sweatshirts, open-toed shoes, tank tops, half-shirts (any shirt showing a mid-riff) shorts, hats, or baseball caps. Jewelry should be kept to a minimum. Perfume or cologne should not be worn in patient areas.

St. Raphael's Dental Clinic reserves the right to refuse or send home anyone who does not uphold these standards.

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PATIENT PRIVACY AND CONFIDENTIALITY

We are happy to have you here and want your shadowing experience to be worthwhile and interesting. We want you to be prepared to handle all your experiences today in a professional manner, so you need to be familiar with our policies involving patients and their privacy.

HIPPA – What you need to know:

- HIPPA is a federal privacy law that the Dental Clinic Staff follows in order to keep patient's privacy.
- It is a patient's right to be treated confidentially in a dental clinic.
- It is also very important that a patient knows that their privacy is protected.
- **If a patient feels that they cannot trust us with their information, they may withhold important information for fear of it getting exposed.**
- **If a patient withholds information, a dentist will not have all the information he or she may need to correctly diagnose the patient.**

DO NOT DISCUSS PATIENT INFORMATION WITH ANYONE OUTSIDE OF THE DENTAL CLINIC.

- **This policy applies to everyone**
- Everyone who works at the Dental Clinic knows the importance of the confidentiality of patients. Even staff who do not regularly interact with patients understand that if they do obtain information for whatever reason, it is to be kept confidential.
- It is sometimes difficult to understand that you may learn information that you cannot even tell your mom, dad, or best friend about. It is extremely important that you understand and comply with these policies in order to be a part of the Shadowing Opportunity.

CONFIDENTIALITY AGREEMENTS

St. Raphael's Dental Clinic must maintain, protect, and preserve the confidentiality of all information related to patients, physicians, dentists, and employees.

The experience you receive here is a privilege and a responsibility. As an organization, we trust that you will abide by our confidentiality standards.

All information shared with you or observed by you must be treated confidentially. Therefore, all names and conditions of people must never be the subject of discussion with anyone who does not have a valid need to know the information and then, only in the correct clinic area. This confidentiality standard also applies to information about physicians/dentists, employees, and financial data.

I commit to comply with the St. Raphael's Dental Clinic confidentiality standards and understand that failure to comply with these policies may incur legal liability to me, and dismissal from the program.

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PERMISSION TO OBSERVE AND ACKNOWLEDGMENT

I acknowledge that St. Raphael's Dental Clinic has permitted me to observe certain aspects of dental care at their facility. I hereby acknowledge that in so observing, I am merely a bystander with no responsibilities for caregiving and that my status at the facility is that of a non-participant in the delivery of dental care services. I agree to be solely responsible for any adverse physical effects and/or possible need for medical intervention resulting from my observation experiences.

SIGNED: _____

DATE: _____

NOTES:

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