



Policy Name JOB SHADOWING (OBSERVATIONAL EXPERIENCE)	Policy Number: 1030
	Effective Date September 15, 2009
Approved By: Management Committee	Date Revised: October 5, 2018
Classification: Human Resources	Page No: Page 1 of 2

POLICY

Job shadowing means the opportunity to observe the daily work of professionals in the field in order to ask questions and receive information about their profession, based upon first-hand knowledge and understanding. It is of short term duration and is limited to observation only. Approval for a job shadowing experience must be obtained from the appropriate manager. Individuals who wish to job shadow must comply with all Agapé Hospice policies, rules and regulations. They must agree to sign the Agapé Hospice Job Shadowing Confidentiality Agreement.

PROCEDURE

A request for job shadowing experience is to be made to the appropriate manager.

THE MANAGER will:

1. Complete and sign the approval portion of the Job Shadowing Approval Form and Confidentiality Agreement (attached).
2. Review the requirements for confidentiality with the Job Shadower prior to placement and ensure that the Job Shadowing Approval Form and Confidentiality Agreement is signed or available for the Job Shadower to sign at the beginning of the experience.
3. Ensure that the Job Shadower receives an explanation of the applicable policies, rules, and regulations, including Confidentiality Policy #0921, Ethics Policy #0922, Salvation Army Health Services Code of Ethics Policy #1023.
4. Appoint an employee to supervise the Job Shadower during the job shadowing experience. The staff member shall ensure that the observational experience is conducted in a manner that does not compromise the safety or security of any person.

THE JOB SHADOWER is expected to:

1. Comply with all applicable policies, rules and regulations.
2. Dress in appropriate attire according to the Dress Code Policy #1024.
3. Behave in a professional, courteous and respectful manner at all times.
4. Be aware that any person who expresses discomfort at the presence of the Job Shadower may request that the Job Shadower be removed from the area.
5. Be sensitive to their surroundings and be willing to move out of the way of staff or remove themselves from the area if requested to do so.



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ATTACHMENTS

[Attachment A - Agapé Hospice Job Shadowing Approval Form and Confidentiality Agreement](#)

[Attachment B - Salvation Army Agapé Hospice Declaration of Confidentiality Form](#)

[Attachment C - Salvation Army Health Services Code of Ethics Form](#)

CROSS REFERENCE

Agapé Hospice Confidentiality Policy #0921

Agapé Hospice Ethics Policy #0922

Agapé Hospice Dress Code Policy #1024

Salvation Army Health Services Code of Ethics Policy #1023

REFERENCE

[Alberta Health Services, Job Shadowing \(Observational Experience\) – Policy #1155](#)



**THE SALVATION ARMY AGAPÉ HOSPICE
JOB SHADOWING
(OBSERVATIONAL EXPERIENCE)
APPROVAL FORM AND CONFIDENTIALITY AGREEMENT**

PART I: APPROVAL OF REQUEST FOR JOB SHADOWING

I, _____, hereby approve _____
 (Name of Manager (or delegate) – please PRINT) (Name of Job Shadower – please PRINT)

to take part in job shadowing in the _____
 (Name of Department or Service Area and Location)

from _____ to _____, 20____ .
 (Date) (Date)

Signed this _____ day of _____, 20____ .

 Signature of Manager (or delegate)

 Signature of Department Head/Division Chief
 (or delegate)

PART II: AGREEMENT BY JOB SHADOWER

I, _____, understand and agree to abide by the following:
 (Name of Job Shadower – please PRINT)

- I will respect the confidential nature of the information administered by the Salvation Army Agapé Hospice. I will not, at any time during or after my job shadowing experience, impart any information about residents or about staff or the business affairs of the Salvation Army Agapé Hospice to anyone with the exception of Agapé Hospice staff who are entitled to receive such information.
 - My job shadowing experience will be under the direction and supervision of a Manager (or delegate), and will be limited only to observation. At no time will I provide personal care to residents and their families or assist staff in performing their duties.
 - I am responsible to abide by all policies, rules and regulations of the Salvation Army Agapé Hospice as explained to me.
 - I agree to release and hold harmless the Salvation Army Agapé Hospice from any and all liability claims or demands for personal injury, sickness or death and expenses of any nature which may be incurred during my job shadowing experience.

Termination of this agreement will be at the discretion of the Manager (or delegate) of the department or service in which the job shadowing experience is taking place.

Signed this _____ day of _____, 20____

 Signature of Job Shadower

 Signature of Parent (or Legal Guardian) or
 Educational Institution (if applicable)



**The Salvation Army
Agapé Hospice**

Declaration of Confidentiality

It is a matter of professional ethics, as well as the policy of The Salvation Army, Agapé Hospice, that the strictest confidentiality be maintained regarding any information about the residents that we serve.

The staff: employees and volunteers and other service providers of Agapé Hospice are expected to keep any hospice related information in strictest confidence and are not permitted at any time to discuss any hospice related issues with the residents or families at Agapé Hospice.

Violation of this policy of confidentiality may result in disciplinary action by the Executive Director of Agapé Hospice, including a request that you no longer continue service.

AGREEMENT

I _____ (Print name) understand the above and agree to the strictest confidentiality of the residents, families and employee related issues, both during and following my involvement with Agapé Hospice

Signature

Date

Witness

Date



THE SALVATION ARMY AGAPÉ HOSPICE CODE OF ETHICS

This Code of Ethics is expressive of the principles and the purpose of Salvation Army providing a framework for the delivery of efficient and effective service.

Responsibility to Residents and Colleagues:

- respect and protection of the civil and legal rights of all persons
- regard for the dignity and best interest of each person recognizing that he/she has a right and an obligation to take responsibility for personal actions and choices
- confidential retention of all information and knowledge related to the individual and related parties with disclosure only as properly and legally authorized
- honest, clear and direct communication
- commitment to relationships marked by cooperation, courtesy and mutual trust

Responsibility to the Employer:

- commitment to an effective and efficient service to Residents
- diligent handling of all documentation, records and reports according to policy and procedure
- conduct worthy of professional staff
- adherence to all health and safety regulations, standards, policies and procedures which are mandated for the safe and efficient operation of the service
- use of management practices established by the facility
- ethical use of resources
- avoidance of any conflict of interest*
- disclosure to the appropriate authority of any direct or indirect situation which may lead to a conflict of interest

* ***Conflict of interest exists when the staff member uses position, authority or privileged information to:***

- a) obtain an improper benefit, directly or indirectly or***
- b) obtain an improper benefit for a friend, relative or associate or***
- c) make decisions that will negatively affect the organization***

My signature below acknowledges that I have read and agree to abide by the Code of Ethics for Health Service Personnel.

NAME: _____ POSITION: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____