

# Observation Application

- You must be 16 years of age or older to observe at CentraCare (18 years of age or older for specific departments).
- Observation applicants may apply to observe a specific health care profession. This experience is for observation only; individuals must be supervised at all times; and no participation in direct patient care is allowed.
- An application process is used to assure that individual goals are met, the experience will not be disruptive to the department operations or patient care, and the rights of the patients are respected. CentraCare reserves the right to approve, limit, or deny any career observation experiences. Some departments may have additional restrictions and/or guidelines that must be adhered to, that are not listed within.
- The Observation Application must be submitted to the CentraCare Education Department in PDF format, at least four weeks prior to the desired start of the experience.
- Due to the high volume of student rotation requests, CentraCare does not offer, arrange, or solicit providers for observation opportunities. Once you are enrolled in a program, you may apply for a rotation at Student & Resident Rotations | CentraCare, Central Minnesota.
- Experiences must align with current COVID-19 guidelines or other restrictions, including use of masks or eye protection.
- **Observers whose total Observation experience will be 8 hours or less must complete the following steps prior to being on-site:**
  1. Completed and signed Observation Application. If the observer is less than 18 years of age, a parent or guardian signature is required on the application.
  2. Identification of objectives.
  3. Completed self-screening for Tuberculosis and COVID-19 symptoms.
  4. Signed attestation to abide by the Drug & Alcohol and Confidentiality Agreements, provided by CentraCare Education Department.
- **Observers whose total Observation experience will be more than 8 hours must complete the following steps prior to being on-site:**
  1. Completed and signed Observation Application. If the non-employee observer is less than 18 years of age, a parent's signature will be required on the application.
    - Identification of objectives.
    - Negative Mantoux (Tuberculin Skin Test), *completed within 90 days* before the observation date. If the observer has a positive Mantoux history, proof of a negative chest x-ray will be accepted. \*\*If the observation spans longer than 14 total days, regardless of hours, a 2<sup>nd</sup> Mantoux is required. A TB blood test (e.g. Quantiferon-TB Gold, SPOT) may be utilized in place of TST.
    - Documentation of two (2) doses of vaccine against Measles, Mumps, & Rubella (MMR), at least 28 days apart, or: Blood drawn to prove immunity to all 3 diseases (MMR titer).
    - Documentation of two (2) doses of vaccine against Varicella (chicken pox) at least 28 days apart, or one of the following:
      - i. Blood drawn for Varicella titer proving immunity
      - ii. Medical statement or dictation note from healthcare provider of clinic visit when student/faculty was seen and diagnosed with Varicella or Zoster (Shingles)
    - Documentation from a healthcare provider of one (1) dose of vaccine for Tdap (after age 11).
    - Individuals must have immunity to Pertussis prior to the observational experience.
    - Documentation from a healthcare provider of three (3) Hepatitis B vaccines or two (2) doses of the Heplisav-B Vaccine.
    - Signed attestation to abide by the Drug & Alcohol and Confidentiality Agreements, provided by the CentraCare Education Department.



## Observation Application Directions

- Complete, sign, and return the attached forms (in PDF format), along with any requested documentation.
- Applicant is to keep Observation Application pages 9 - 11.
- Return completed packet to the CentraCare Education Department via:
  - E-mail: [cch.education@centracare.com](mailto:cch.education@centracare.com) *OR*
  - Mail: CentraCare Education Department  
1406 6th Avenue North  
St. Cloud, MN 56303
- Once the Education Department has reviewed and approved your application, your information will be forwarded to the appropriate department to determine if an Observation experience is available. Applicants will need to be cleared by the Education Department before they are eligible for an Observation experience.

Applications that are incomplete or missing requested documents, will not be processed.

Documents must be sent in PDF format.

Current CentraCare employees are not required to complete this Application.



# CENTRACARE OBSERVATION APPLICATION

~Current CentraCare employees are not required to complete this Application~

Legal Name (First, MI, Last): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Must be 16 years of age or older (18 years or older for specific departments)

Email Address: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Which type of health care worker do you wish to observe? \_\_\_\_\_

Indicate a specific department/unit you wish to observe, if applicable: \_\_\_\_\_

Name of the individual you wish to observe, if applicable: \_\_\_\_\_

Indicate your desired date requested for the observational experience: \_\_\_\_\_

Select your desired Observation location: (required)

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| St. Cloud Hospital _____             | CC- Rice Memorial- Willmar _____ |
| CC- Southway Clinic- St. Cloud _____ | CC- Long Prairie _____           |
| CC- Melrose _____                    | CC- Redwood Hospital _____       |
| CC- Sauk Centre _____                | CC- Monticello _____             |
| CC- Paynesville _____                | Other _____                      |

What are your objectives for requesting an Observational experience? (required) \_\_\_\_\_

## Education/Experience:

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

*NOTE: If you are in a Health Careers Program and are in need of 24 hours of observing, you must work through your school and follow the pre-arranged process through CentraCare Human Resources.*

College or University: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Previous Health Care Experience: \_\_\_\_\_

**Note:** Program objectives must be consistent with CentraCare’s Corporate Bylaws, Medical Staff Bylaws, Rules and Regulations and **will not include procedures** in the Hospital which are inconsistent with the Ethical and Religious Directives for Catholic Care Facilities. It is the observer’s responsibility to declare if pregnant during the observation experience. Observation/rotation in certain areas may not be allowed if pregnant.

**All applicants must answer the following questions:**

\*If the answer is “yes” to any of these questions, attach complete details on a separate sheet.

- |   |           |          |
|---|-----------|----------|
| 1. Have you been found responsible in any professional liability action:  | Yes _____ | No _____ |
| 2. Has your certificate or license ever been suspended or revoked?  | Yes _____ | No _____ |
| 3. Has any function you were allowed to do at any hospital ever been suspended, diminished, revoked or not renewed? | Yes _____ | No _____ |

**For Observations totaling 8 hours or less, please mark:**

**In addition to the completed Observation application, the following must be provided at the same time the application is submitted (check each item to indicate you’ve included the documentation with your application):**

- \_\_\_\_\_ Tuberculosis/Covid Symptom Screening Questionnaire
- \_\_\_\_\_ Signed attestations to abide by the Drug & Alcohol and Confidentiality Agreements (*attached to application*).

**For Observations totaling more than 8 hours, please mark:**

**In addition to the completed Observation application, the following must be provided at the same time the application is submitted (check each item to indicate you’ve included the documentation with your application):**

- \_\_\_\_\_ Proof of a negative Mantoux (TST) taken within 90 days before the observation start date.
  - For Observations longer than 14 days on site, regardless of total hours or multiple locations, a 2nd Mantoux is required.
  - If observer has a positive Mantoux history, a chest x-ray completed within the last two years will be accepted.
  - A TB blood test (e.g. Quantiferon-TB Gold, T-SPOT) may be utilized in place of TST.
- \_\_\_\_\_ Documentation from a healthcare provider of two doses of vaccines against Measles, Mumps, & Rubella (MMR), at least 28 days apart, *OR* blood drawn to prove immunity to all 3 diseases (MMR titer)
- \_\_\_\_\_ Documentation from a healthcare provider of two doses of vaccines against Varicella (chicken pox), at least 28 days apart, *OR*
  - Blood drawn for Varicella titer proving immunity, *OR*
  - Medical statement or dictation note from a healthcare provider of a clinic visit, when applicant was seen and diagnosed with Varicella or Zoster (Shingles).
- \_\_\_\_\_ Documentation from a healthcare provider of one dose of vaccine for Tdap (after age 11). Individual must have immunity to Pertussis prior to the start of the observational experience.
- \_\_\_\_\_ Documentation from a healthcare provider of 3 Hepatitis B vaccines or 2 doses of the Heplisav-B Vaccine. If observer has not completed the vaccines, they may obtain a titer blood draw proving immunity to the disease, *OR* sign the declination form provided by CentraCare.
- \_\_\_\_\_ Signed attestations to abide by the Drug & Alcohol and Confidentiality Agreements (*attached to application*)

**Observation Applicants understand and agree to the following (check each item when read):**

- \_\_\_\_\_ I have read and agree to all content within the Individual Affiliation Health Care Self Study Module.
- \_\_\_\_\_ I agree to not be under the influence of drugs or alcohol during my observational experience.
- \_\_\_\_\_ I understand that cell phone use during the observation period is strictly prohibited.
- \_\_\_\_\_ I understand and agree that all medical/emergency costs that may be incurred during the observational experience are the Observer’s and/or parent’s responsibility.
- \_\_\_\_\_ I further understand CentraCare may need to share the results of tests and other information with appropriate hospital personnel in order to verify results.



# Observation Application

X  
\_\_\_\_\_  
Observer's signature

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Parent's signature if under age 18

\_\_\_\_\_  
Date



## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ (print name), an employee, independent contractor, student, or volunteer of CentraCare, or its affiliates or divisions ("CentraCare") have read the CentraCare Patient Privacy and Confidentiality policy, understand my responsibility under the policy to, patients, employees, and co-workers, have been trained about the significance of confidentiality and agree to follow CentraCare's privacy policies and program.

I will not access Protected Health Information ("PHI") that I do not need to perform my job responsibilities.

I will not inappropriately divulge medical information that I have obtained in the course of my job responsibilities.

I understand that I cannot access my family's medical record by using the CentraCare's computer system. As an employee and/or physician I may view my own medical record to the extent that my individual access rights allow within the computer system. For information beyond the scope of my access rights I must work with the appropriate Health Information Management department or request to see my medical record through my primary care provider.

I understand that a breach of confidentiality will subject me to disciplinary action by CentraCare, which may include **immediate termination of employment**, and may subject me to legal action. I understand that the disciplinary action would become part of my personnel file.

A privacy violation occurs in the following instances, which are not intended to include all situations:

- Discussing any information pertaining to patients with anyone (including my own family) who is not directly involved with such patients.
- Discussing or displaying any information pertaining to patients where it can be overheard or seen by anyone not directly involved with such patients, including other patients and their families. (Examples: elevators, outside patient exam rooms, computer screens.)
- Describing patient behavior, which has been observed or learned through my affiliation with CentraCare.
- Sharing or failing to properly protect computer passwords or other information authorizing or providing access to systems containing PHI.
- Transmitting patient information to any individual, entity, or agency outside CentraCare, except as authorized by law.
- Displaying or posting patient information via a social networking site such as, but not limited to, Facebook, Twitter, etc.
- Discussing with a patient his or her treatment, condition, or visit at the clinic outside of the continuum of care, unless initiated by the patient and the discussion is not susceptible to being overheard by others. (Example: approaching a patient in a restaurant, at church or at an event.)
- Maintaining a therapeutic relationship with a patient during off-duty hours without prior authorization.
- Attempting to obtain, accessing, divulging, or further disseminating medical information retained by CentraCare regarding employees, co-workers, acquaintances, family members.

I will have access to medical records belonging to Epic Connect Customers. I will only access those records as part of my defined job responsibilities (if applicable) and will abide by CentraCare's privacy and confidentiality policies when accessing these records. I understand patient information should not be stored on a computer's hard drive or on removable storage devices, including but not limited to CD's, DVD's, USB sticks, and portable hard drives. I will not access information from the computer inappropriately. I also understand that any access I make in the computer can be tracked and logged, and may be periodically audited without notice. I understand this document will become part of my personnel file.

The following statement is applicable to students/faculty of MnSCU schools only: I agree that MnSCU can release documentation related to my Educational Experience, including but not limited to immunizations, TB records, and background studies, to CentraCare or any of its affiliates.

Observer's Signature \_\_\_\_\_ Date \_\_\_\_\_



## STUDENT/FACULTY/INTERN/RESIDENT/OBSERVER DRUG AND ALCOHOL ACKNOWLEDGEMENT

CentraCare is committed to maintaining a work environment, which is free from the influence of alcohol and/or drugs to protect the health, safety, and wellbeing of our patients, employees, and visitors.

CentraCare prohibits the use, possession, transfer, and sale of alcohol or illegal drugs by all students, faculty, interns, residents, and observers while working/learning experience(s) on all premises owned, leased, or otherwise controlled by CentraCare, while operating and CentraCare equipment, machinery, or vehicle. It also prohibits reporting for work/learning experiences under the influence of alcohol and/or drugs. This policy does not apply to those who are solely on the premises for the purpose of receiving medical treatment or visiting a person who is receiving medical treatment.

If CentraCare forms a reasonable suspicion that a student, faculty, intern, resident, or observer has/is using, possessing, transferring or selling alcohol or illegal drugs in violation of the above-stated policy, he/she may be tested at CentraCare’s expense, pursuant to CentraCare’s employee and volunteer drug and alcohol testing policy. If the test results are confirmed positive, the individual will be subject to appropriate disciplinary action, up to and including termination from CentraCare Health’s student, faculty, intern, resident, or observer program.

Any cost of confirmatory retesting shall be borne by the student, faculty, intern, resident, or observer. He/she is also responsible for cost associated with any follow-up treatment, including chemical dependency evaluation or treatment.

I hereby certify that I have read this Acknowledgement and fully understand and agree to abide by its contents.

\_\_\_\_\_  
Signature of Student/Faculty/Intern/Resident/Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Affiliated School/Program

## TUBERCULOSIS/COVID Symptom Screening Questions

Yes  No I agree to report promptly to Employee Health Services if I develop the Tuberculosis *OR* Covid symptoms described below:

Indicate below if you have experienced any of the following symptoms within the last ten days:

- Yes  No Fevers ( $\geq 100.00$  F) or Chills \*\*
- Yes  No New, Worsening, OR Persistent cough
- Yes  No New or Worsening Shortness of Breath
- Yes  No Sore Throat
- Yes  No Congestion/Sinus Congestion
- Yes  No Muscle Aches/Body Aches
- Yes  No Headache
- Yes  No New loss of taste or smell
- Yes  No Diarrhea, Nausea or Vomiting that is not otherwise explained \*\*
- Yes  No Unexplained weight loss
- Yes  No Unexplained loss of appetite for more than 2 months
- Yes  No Unexplained fatigue that interferes with daily activities
- Yes  No Sweating that leaves the bedclothes moist
- Yes  No Blood streaks in your sputum (spit)
- Yes  No History of active or recent Tuberculosis
- Yes  No Exposure to Mycobacterium Tuberculosis in the last 2 years
- Yes  No Abnormal Chest Xrays

\*\* Fever, diarrhea and/or vomiting must be RESOLVED for a full 24 hours before reporting for duty

Observer's Signature \_\_\_\_\_ Date \_\_\_\_\_



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Education and Learning  
(320) 255-5642  
[cch.education@centracare.com](mailto:cch.education@centracare.com)

### **Mission**

CentraCare works to improve the health of every patient, every day.

### **Vision**

CentraCare will be the leader in Minnesota for quality, safety, service and value.

### **Core Values**

- Patient Centered: Serving patients above all.
- Integrity: Adhering to honest and ethical practices.
- Collaboration: Working jointly with others to improve health and health care.
- Compassion: Serving all who seek our care with kindness, dignity, and respect.
- Stewardship: Ensuring responsible use of all resources to best serve our communities.

### **Our Commitment to Diversity**

CentraCare's core value of compassion speaks of serving all who seek our care with kindness, dignity and respect. By delivering care that respects and values the variety of backgrounds and beliefs of our patients, CentraCare continues the commitment of those who began providing health care in this region in the 1800s.

CentraCare is also cognizant of the changing demographics of the communities of Central Minnesota and values the strengths that the increasing diversity brings to the region. Likewise, CentraCare recognizes that to be able to live its mission, its workforce needs to reflect the diversity of the communities that it serves. Diversity and inclusion enable us to deliver high-quality care, improve the patient experience, be a great place to work, and be a successful and viable organization.

CentraCare is committed to creating an inclusive environment where all employees, patients and patients' family members, physicians, volunteers and business partners are treated with fairness, dignity, and respect without regard to race, color, creed, religion, national origin, gender, sexual orientation, gender identity, disability, age, marital status or veteran status.

### **Philosophy of Operations**

We at CentraCare strive to create a working environment in which we can communicate with each other in an open, direct way with a high degree of mutual respect and trust. This open and direct communication is vital for the exchange of ideas required in the care of our patients, and it is just as important in dealing with the needs of those who work here. We have developed a variety of systems to assure that the rights and prerogatives of individuals are protected. We are committed to providing competitive compensation, benefits and the best possible working conditions.

Our task is to provide the best possible patient care by working together within the organization. This requires the consistent practice of good and effective human relations through sound human resources practices.

### **Drug and Alcohol Acknowledgment**

CentraCare is committed to maintaining a work environment, which is free from the influence of alcohol and/or drugs to protect the health, safety, and well-being of our patients, employees, and visitors. CentraCare prohibits the use, possession, transfer, and sale of alcohol or illegal drugs by all observers during the learning experience(s) on all premises owned, leased or otherwise controlled by CentraCare, while operating CentraCare equipment, machinery, or vehicles.

### **Confidentiality**

CentraCare is firmly committed to protecting the privacy rights of our patients, employees, retirees, former employees, and patients, and any other classification of people who provide us with personal information. Your participation will allow access to information about patients. This information is considered confidential and not to be shared with anyone.

When discussing patients with staff, please be aware of who might overhear your discussions. This includes in elevators, eating areas, or outside CentraCare. There may be times when you do not see who could be listening. Any violations of confidentiality which result in personal information being released to individuals who do not have a legitimate need or reason for the information may lead to termination of agreement and legal action.

If you encounter any difficulties with the media or authorities, refer them to your preceptor or the patient's physician.

### **Vulnerable Adult/Child Abuse**

CentraCare has specific policies for reporting abuse/neglect of children or adults. If you observe or receive information that causes you to suspect abuse/neglect, please report the situation directly to your preceptor.

### **Personal Conduct**

CentraCare has established standards of conduct. Standards require that each and every staff member act professionally at all times and treat patients and their significant others, physicians, visitors, all leaders and employees as customers. This means that these individuals are to be shown respect, concern and courtesy at all times. Individual departments may have additional standards of conduct. Together with hospital standards they provide a framework that we believe protects our patients and visitors and provides for a safe, positive and productive work environment for employees.

### **Parking**

Parking restrictions vary by facility. Your preceptor or department contact will advise on where parking is allowed for the appropriate site.

### **Smoking**

Smoking has long been recognized as hazardous to health. It also poses potential fire hazards. In the interest of our patients', employees' and visitors' health, CentraCare is a smoke-free environment, including buildings and grounds, according to Minnesota state law. We ask that smoking not be conducted in front of any of our buildings or in any of the neighborhoods that surround our buildings.

### **Dress Code**

CentraCare employees, students, and affiliated faculty/staff will present a professional image to customers and visitors. You are required to follow the CentraCare Dress Code policy at all times when shadowing. Please contact your preceptor for department specific dress code. Jeans, miniskirts, sandals, and external piercings (except earrings - 2 on each ear) are not acceptable in any area. Tattoos must be covered.

**Illness**

In case of illness or emergency you are asked to call your preceptor or appropriate unit before the shift. To prevent problems in doing this, it is suggested you have numbers available at your home.

**Safety**

We take every reasonable precaution to assure that facilities are safe for employees, patients, visitors and others. We ask you to do the same, and your cooperation is essential in this effort. If you spot any action or any condition that appears unsafe, please report it to your preceptor immediately.

In the course of your observation, use safety devices and wear protective apparel such as goggles, gloves or gowns when appropriate. Failure to do so could cause accident, injury or disaster. In the event you are injured or become ill during your observation experience, emergency care may be received in the Emergency Department. All charges associated with this care are your personal responsibility.

**Standard Precautions**

The proper handling of blood, bodily fluids, and tissue specimens will ensure you and your patients' safety. Bodily fluids include sweat, saliva, nasal discharge, or any fluid emanating from the body. Because of an increased incidence of infection, it is in the best interest of Infection Prevention & Control to use precautions for **ALL** individuals treated or hospitalized at CentraCare.

At CentraCare the term "Standard Precautions" applies to the use of Blood and Bodily Fluid Precautions. We initiate Blood and Bodily Fluid Precautions for **ALL** individuals treated or hospitalized at CentraCare.

Standard precautions apply to blood and to other bodily fluids containing visible blood. Tissues and the following regulated body fluids are included: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Standard precautions do not apply to feces, nasal secretions, sputum, sweat, tears, saliva, urine and vomitus unless they contain visible blood.

Glove use is mandatory for direct contact with the patient's blood, regulated body fluids or tissue. The wearing of gowns, gloves and goggles is recommended when large amounts of blood, body fluids or tissue are contacted or the personnel have skin breaks on their hands. This would include amniotic fluid. Glove use is encouraged when handling any body fluids.

**Alerts – Overhead Announcements**

In the event of an emergency, safety is of utmost importance. CentraCare has moved towards plain language announcements for all alerts. Please note the codes listed below, which is how they are announced overhead.

**Emergency Alerts**

- Fire Alarm Activated + Location
- Missing Infant/Child/Adult + Description
- Tornado/Severe Thunderstorm Watch/Warning has been issued for <city> + Action Steps
- Disaster Plan Activated + Status

**Security Alerts**

- Behavioral Emergency + Location
- Security Alert – Bomb Threat. Activate Containment Procedures
- Security Alert – Activate Lockdown Procedures
- Security Alert – Activate Containment Procedures (advised to stay in the building)