

Northern Ohio Nursing Initiative (NEONI)
A Program of The Center for Health Affairs

Shadowing Program Agenda
St. Vincent Charity Medical Center

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| 9:00 a.m. | Meet in hospital lobby |
| 9:00 a.m. – 9:05 a.m. | Meet with Volunteer Coordinator |
| 9:05 a.m. – 9:35 a.m. | Meet with Sharon Thomas, CNO
Ms. Thomas to take students to units
to meet with Ambassador |
| 3:00 p.m. | Dismissal |

Facility Contact: Sharon Thomas
Phone: 216-363-2584

Directions to St. Vincent Charity Medical Center

From Hopkins International Airport and Points Located Southwest of Cleveland:

- Follow I-71 North to I-90 East.
- Take I-90 East to East 22nd Street (EXIT 172B).
- Turn RIGHT on East 22nd Street.
- St. Vincent Charity Medical Center is immediately located on the left. Parking is available in a lot on the right side of East 22nd Street.

From Points Located West of Cleveland:

- Take I-90 East to East 22nd Street (EXIT 172B).
- Turn RIGHT on East 22ND Street.
- St. Vincent Charity Medical Center is immediately located on the left. Parking is available in a lot on the right side of East 22nd Street.

From Points Located East of Cleveland:

- Follow I-90 West to the Prospect Avenue Exit.
- Turn Right (West) on Prospect Avenue.
- At the second traffic light, turn Left on East 21st Street.
- Drive one block and turn Right on East 22nd Street.
- St. Vincent Charity Medical Center is located one block down East 22nd Street on the left. Parking is available in a lot on the right side of East 22nd Street.

From Akron and Points Located South of Cleveland:

- Take I-77 North to East 22nd Street (Exit 162B).
- Veer Right at the fork in the ramp.
- At the light, turn Left on East 22nd Street. St. Vincent Charity Medical Center is on the right side. Parking is available in a lot on the left side of East 22nd Street.



ST. VINCENT CHARITY
MEDICAL CENTER

A Ministry of the Sisters of Charity Health System

**LETTER OF AGREEMENT AND MANDATORY INFORMATION FOR
SHADOWING STUDENTS, OBSERVERS AND INTERNS/EXTERNS**

SVCMC Contact Name
Sharon Thomas, VP, Nursing

Your Name

Type of Experience^(Shadow, Externship/Internship, Observation)
Shadowing

Department of Experience

Date/Time of Experience
10/6/10

School/Organization

Welcome to St. Vincent Charity Medical Center (SVCMC). We hope you find your experience here worthwhile and fulfilling.

In an effort to provide a safe and comfortable environment for our patients, visitors and staff, we ask that you take a few minutes to read the information and guidelines packet provided and also this agreement.

SVCMC believes that the safety of our patients is of the utmost importance. One of the ways to help with this initiative is to assure that staff, volunteers and visitors are generally well and free of infectious disease when in any of our facilities. By signing this form, you are attesting that your immunizations are up-to-date and you are not suspected or known to be contagious. If you know or suspect that you are ill due to a cold or virus any of the days you are scheduled to be in one of our facilities, please reschedule.

During your experience at SVCMC you may hear or read confidential information. If this happens, you are to respect the patient's right to privacy and protection and you are not to discuss the information with anyone. All information in the Medical Center is **STRICTLY CONFIDENTIAL**.

Breach of confidentiality goes beyond releasing information about patients you may know. You are forbidden from repeating ANY patient information to ANYONE: your family, friends or even family members of the patient. A breach of confidentiality invades the patient's right to privacy and could bring legal consequences. It is every person's responsibility to remember his/her commitment to the

patient, which includes the patient's right to confidential care and respect. By signing this document, you are agreeing to keep all confidential information to which you are exposed, confidential. Any breach of confidentiality will result in immediate termination of your experience.

We hope that this will be a great learning opportunity for you. If you have any questions at any time, please do not hesitate to ask them of the SVCMC Caregiver to whom you are assigned.

By signing below, I am releasing St. Vincent Charity Medical Center and its employees and agents from any and all liability arising out of or resulting from this learning experience. In case of emergency due to illness or injury, I authorize St. Vincent Charity Medical Center to provide treatment.

I fully understand SVCMC's Confidentiality Policy and the HIPAA laws and have had the opportunity to ask questions regarding both topics. I fully understand SVCMC's expectations of me regarding confidentiality and HIPAA and I agree to uphold these expectations.

I also state, by signing this agreement, that I have read (or will read before my learning experience begins), and thoroughly understand the informational packet regarding the rules and regulations guiding this experience and that I agree to abide by all of them.

Name (please print)

Signature / Date

Parent or Legal Guardian Signature / Date
(if shadowing student is under 18 yrs. of
age)

Emergency Contact Name/Phone Number