



Southwest Oklahoma Area Health Education Center

Collegiate Health Careers Observation Program



SWAHEC's Health Career Observation Program exposes you to the demands and rewards of a profession in the health care field through a 20-hour intensive experience designed to give you insight into the medical profession of your choice.

Cameron University's
Southwest Area Health Education Center (SWAHEC)
2800 West Gore Blvd.
Lawton, OK 73505
Ph. 580-581-2284
ahec@cameron.edu

Collegiate Observation Program

Eligibility Requirements and Responsibilities

Eligibility Requirements

- Cameron University student
- Good attendance record as determined by instructor
- Cumulative GPA of 2.5
- Verbal recommendation from professor

Student Responsibilities

- Complete application process. ALL PAGES MARKED WITH AN {*} SHOULD BE RETURNED.
- Arrive at Internship site on time
- Dress appropriately
- Perform regularly scheduled work as required by mentor
- Notify mentor or AHEC office if you are unable to attend as scheduled. Remember, this is a school related activity!
- Report time spent in internship activities on Intern sign in/out sheet provided. This record should be submitted to the AHEC office (411 S. Shepler) on the last day of the month.

Collegiate Health Careers Observation Program

Student Application and Agreement

I. STUDENT SECTION:

I _____ will:
Name of Student

1. Provide my own transportation to and from my observation site.
2. Follow the guidelines established for the observation program.
3. Respect the confidentiality of my mentor's business, clients, accounts or any other information to which I have access during this experience.
4. Conduct myself in a professional business manor.
5. Arrive at the observation site on time.
6. Dress appropriately – see Observation Program FYI.
7. Complete regularly scheduled work as required by mentor, advisor and/or SWAHEC advisor.
8. Notify observation site and SWAHEC office if you are not able to attend as scheduled.
9. Keep a journal of my experiences and have discussions with my mentor and advisor as required.
10. Report time spent in observation activities to SWAHEC by the first day of every month.

Name: _____

Mailing Address: _____

City: _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

School: _____ **Grade Level:** _____

Sex: *Male* or *Female* **Date of Birth:** _____

Degree Concentration: _____

Social Security # (or last 4) _____

Ethnicity (Circle One):

African American Asian Caucasian Hispanic Native American Pacific Islander Other

Career Choices
<i>List discipline or profession</i>
First Choice
Second Choice
Third Choice

Signature of Participant

Date

___ Copy of childhood immunization record

___ Copy of current student ID

___ 1 letter of recommendation from teacher

___ Copy of current TB test results

___ Copy of current transcript

___ CU SWAHEC Orientation complete

___ Letter of intent attached

II. CONSENT SECTION

I, _____, commit to participating in a minimum of 20 hours in the Health Careers Observation Program coordinated by Cameron University Southwest Oklahoma Area Health Education Center.

- I understand that transportation to and from the observation site is my responsibility.
- I understand that all reasonable precautions will be taken by those in charge to prevent injuries and illness and I further agree not to hold any persons responsible for such. I formally release Cameron University Southwest Oklahoma Area Health Education Center and the observation site from any and all possible liability while I am participating in the observation program.

Please list any health problems that may affect your attendance and/or performance in the observation program:

Further:

- I understand that the program is a service to me and that professional conduct on my behalf must be maintained at all times.
- I have discussed the terms, conditions and expectations with the Healthcare Careers Coordinator and agree to responsibilities mentioned inside this application packet and other related materials.

Cameron University Southwest Oklahoma Area Health Education Center may take photographs and videotape of observation activities. These pictures are used to promote the program, give recognition to the students and document program activities.

In order for you receive information on scholarships and other educational programs, it may be necessary for SWAHEC to disclose information with other institutions throughout the state regarding such as grade point average, career goals, educational preferences, etc. Any sharing of information will be used to promote your educational opportunities only.

I grant permission for Cameron University Southwest Oklahoma Area Health Education Center to use my photo/video and personal program participation information, hereby releasing them of any liability or obligation.

I have read the above statement(s) and release all acting institutions of liability for my participation in the Cameron University Southwest Area Health Education Center's Health Careers Observation Program. Further, I accept full responsibility for my actions. By signing below, I am agreeing to comply with the objectives, obligations and requirements of the program.

Signature of Participant

Date

III. Mentor Section



As a Health Careers Observation Program Mentor, I agree:

1. To develop a mutual understanding, with the student, regarding responsibilities, tasks and position as a participant in this program. Discretion is left to each individual mentor as to the role students will play.
2. To provide the student with an orientation to ensure students follow guidelines as determined by your institution.
3. To provide the student with instruction and supervision.
4. To ensure the student has other means of supervision if so deemed.
5. To spend time with the student to ensure that he/she is engaged in educational and beneficial activities.
6. To provide the student with a wide range of activities that will allow the student to observe and/or participate in actual work processes that pertain to the profession, as deemed appropriate.
7. To ensure that student is busy all times. When not working, then educational learning is taking place.
8. To ensure the student completes 20 hours, or agreed upon number of hours set by the education director in the amount of time allotted.
9. To sign documentation provided by the student to ensure he/she reports in and out on the days set for his/her observation.
10. To report any misconduct and/or other problems with the student directly to the education director.

Please list any restrictions, other guidelines or comments below.

Mentor Signature

Date

Mentor's Printed Name

Name of site: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Number: _____



CAMERON UNIVERSITY
Adult and Continuing Education
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OBSERVATION PROGRAM FYI



APPEARANCE STANDARDS

Acceptable:

- ⌘ A “Club Scrub” white scrub top can be checked out from Western Technology Center. This may be worn with scrub pants or dress pants – **no denim**.
- ⌘ A white t-shirt, short or long sleeve with no visible print may be worn under scrub top.

Not Acceptable:

- ⌘ Wrinkled, faded or stained clothing.
- ⌘ Sweatshirts, sweatshirt material or hooded jackets.
- ⌘ T-shirts worn without scrub top.
- ⌘ Denim, brown, black, or neon colors.



NAME BADGE

Acceptable:

- ⌘ Must be worn in an easily visible place above the waistline near the collar or lapel or worn on a lanyard. Name and department must be visible to customers.

Not Acceptable:

- ⌘ No name badge, or worn in a place that is difficult to read, name covered, pins or stickers attached.



HAIR

Acceptable:

- ⌘ Hair should be contained in a manner so as not to enter patient care field. Long hair should be pulled back from face and secured.

Not Acceptable:

- ⌘ Extreme styles and/or hair color, extreme hair accessories, unkempt facial hair.



FINGERNAILS

Acceptable:

- ⌘ Nail polish in shades of red, pink, and brown.

Not Acceptable:

- ⌘ Artificial nails. Artificial nails are defined as substances or devices applied to the natural nails to augment or enhance the nails. These artificial applications include, but are not limited to: bonding, overlays, tips, wraps and tapes.



PERFUME, COLOGNE, AFTER-SHAVE, DEODORANT

Acceptable:

- ⌘ Deodorant use is strongly recommended.

Not Acceptable:

- ⌘ Use of perfume, cologne or after-shave.



HOISERY, SOCKS

Acceptable:

- ⌘ Hosiery or socks are mandatory.

Not Acceptable:

- ⌘ Bare legs



JEWELRY

Acceptable:

- ⌘ Maximum of 2 earrings per ear.
- ⌘ Maximum 2 rings (finger)
- ⌘ Necklace cannot interfere with patient care.

Not Acceptable:

- ⌘ Bracelets in patient care areas.
- ⌘ Rings with rough edges or elevated peaks that would interfere with application of gloves, patient care or pose an infection control risk.
- ⌘ Facial jewelry including tongue and eyebrow jewelry.
- ⌘ Hoop earrings or elaborate or large earrings that would be unsafe or distracting to customers.



SHOES

Acceptable:

- ⌘ Predominately white or black athletic shoes with support for feet.
- ⌘ White professional shoes.
- ⌘ Clogs are acceptable if they are medical professional shoes, white or black only.

Not Acceptable:

- ⌘ Open toe shoes.



IMMUNIZATIONS

- ⌘ Complete copy(s) of immunization records.
- ⌘ Negative result for TB test. Test must be within 6 months of being placed with a preceptor. Test can be performed by your doctor or county health department.



POINT OF CONTACT

- ⌘ Healthcare Careers Coordinator at CU-SWAHEC, WTC or WOSC will be the only points of contact. DO NOT address the hospital, clinic or preceptor directly for any reason.

Healthcare Careers Coordinator
Cameron University's Southwest Area Health Education Center
2800 W. Gore Blvd.
Lawton, OK 73505
580-581-2284 phone
580-581-2543 fax
Email: ahec@cameron.edu



REPORTING HOURS

- ⌘ Please report your monthly internship hours directly to Lora Young at CU-SWAHEC. Hours are due by the 1st working day of each month, for the previous month. You may report those hours by fax, mail, email or in person. If you are in CLUB SCRUB, your secretary must report the entire club's hours by the deadline each month to ensure proper credit.
- ⌘ If you did not earn any internship hours during a month, please report a 0 for that month.



RESPONSIBILITY

- ⌘ **You** must act in a professional manner at all times. All relationships formed during your internship must be in the form of a professional relationship only.
- ⌘ **You** are responsible for keeping track of your hours with the preceptor on the time sheet provided in the internship packet.
- ⌘ **You** are responsible for being with the preceptor at the assigned times. If you are not able to be there, or need to change times and/or days, please let the preceptor know in advance.
- ⌘ At all times, keep in mind the terms of the confidentiality statement you signed.



Southwest Area Health Education Center

Frequently Asked Questions

? What is SWAHEC?

A: SWAHEC is located at Cameron University and works with 23 different counties. SWAHEC seeks to improve the health of our population, especially the rural and underserved, by creating partnerships among community and academic organizations. We link health care resources to build and strengthen community-based education.

? What Programs does SWAHEC have to offer me or my organization?

A: SWAHEC is available to offer services to students, teachers, schools, parents, and others. The following services are available to you: opportunities for career exploration, job shadowing or observation programs, health career camps, information and referrals, career fair exhibits, learning resource materials, field trips to area health care facilities, classroom presentations, and guest speakers on health-related issues.

? What are some of SWAHEC's more popular programs?

A: The Observation or Job Shadowing Program seems to be very popular with high schools. Students choose what health care discipline they are interested in and SWAHEC finds a local professional in that particular discipline who serves as a preceptor for the students. While working with the Preceptor, the students experience first-hand what it is like to work in a particular health field.

? What is the difference between Job Shadowing and the Observation Program?

A: A Job shadow is defined as *less than* 20 hours of activity with a preceptor. The observation program is defined as *a minimum* of 20 hours with a Preceptor. The most popular form of job shadowing is the all-day shadowing.

? Which is better for me? The Job Shadowing or the Observation Program ?

A: It really depends on how much time you have to commit. Other factors that play a role are how close you live to the Preceptor site, if you have transportation available to you, as well as your class schedule.

? What are the benefits of participating in Job Shadowing or the Observation Program?

A: When you participate in a job shadow or the observation program, you gain first-hand knowledge of what it is like to work in a particular health field. If you are thinking about pursuing a career in a health field, an opportunity like this allows you to determine whether or not you think you are well suited to that career before you enter training on an academic level. You may just as likely decide that you are not suited for a particular health field as decide that you are. Both are equally important. Also, upon completion, you are given a certificate from SWAHEC/ Cameron University; which has proven to be invaluable for resumes and scholarship applications.

? When can I complete the Job Shadowing or Observation Program?

A: Some schools have career classes where the students get credit for the program. These schools allow the students to leave during school hours for the duration of the program. Some paper work is required for this. While other schools do not give credit for the program, they will allow some students to leave during school time to complete the activity. The student also has the option of completing the program after school and/or on weekends. Whenever you decide to complete your time, you will be monitored and are required to sign in and out of your scheduled session and have your preceptor initial for verification.

? Is there any health career in which it is difficult to find a Preceptor ?

A: SWAHEC has not had a request that it has not been able to find a Preceptor who is willing to work with a student. There is a web of resources available throughout SW Oklahoma that people are not even aware of. While the most popular requests include Nurses, Physicians, and Veterinarians; others include Radiology, Sports Medicine/Rehabilitation, Ophthalmology, and Social work. "Health Careers" is a broad term that includes a wide range of careers.

? What if I live in a small town where there are not a lot of resources available to me?

A: While SWAHEC works out of Lawton and has many partnerships within the city, its focus is on the underserved and rural areas. Chances

are that no matter how small your town is, there is a health care facility within distance to you. Students from towns as small as 400 have reaped the benefits of this program.

? **What have I got to lose?**

A: Nothing!

? **What have I got to gain?**

A: Experience, knowledge, self confidence, a strong base on which to make informed decisions, and a positive and rewarding future!

? **What do I have to do in order to participate in a Job Shadow or Observation Program sponsored by SWAHEC?**

A: Talk to your career counselor or teacher about your interest or call SWAHEC directly yourself. We are happy to help you with any questions or concerns you may have. All SWAHEC needs is for you to express an interest and we go from there. We do all the paper work, such as student and preceptor agreements, confidentiality and liability forms, create a schedule for you based upon your availability, and monitor your progress regularly.





Club Scrub Observation Program

Availability Form

Name:

School:

Class:



Name: Traelynn Charlson
Observation Site: Sinor EMS

"I have learned so much about myself and what career I want to choose. I really enjoyed my internship and I now know that I would like to go into a career that has to do with saving people's lives."

DAYS	TIMES
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

The times I am available for the Club Scrub Program

We are aware that your schedule may or may not change, so please submit your hours of availability as of today. If needed, your observation appointments will be adjusted later to suit your changing schedule.

Observation Program

This is the criteria you will be evaluated on. It is for your information only. A copy of this evaluation will be forwarded to your mentor and available to you at the end of the program.

Mentor Evaluation of Student

Name of Mentor: _____

Name of Student: _____

1=strongly disagree 2=disagree 3=undecided 4=agree 5=strongly agree

Has good attendance	1	2	3	4	5
Demonstrates an interest in obtaining information and acquiring skills	1	2	3	4	5
Carries out work in an efficient and timely manner	1	2	3	4	5
Undertakes a variety of tasks and assignments	1	2	3	4	5
Demonstrates initiative and self-direction by assuming an active role in activities.	1	2	3	4	5
Learns quickly and is able to work without constant supervision	1	2	3	4	5
Listens to ideas, implements suggestions, and follows directions	1	2	3	4	5
Is self-confident, mature in attitude, and positive about the mentoring experience	1	2	3	4	5
Is productive and industrious in overall performance	1	2	3	4	5
Communicates effectively with others	1	2	3	4	5
Reports ideas, issues, or problems clearly and concisely	1	2	3	4	5
Exercises good judgment, and demonstrates an awareness of abilities and limitations.	1	2	3	4	5
I feel the student learned a great deal about human relations as a direct result of this experience	1	2	3	4	5
I feel the student learned a great deal about the profession and associated work environment as a direct result of this program	1	2	3	4	5

Additional Comments:



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(Sample only-Original will be forwarded to you once Internship site has been determined)

CONFIDENTIALITY STATEMENT

(Hospital Name) and its employees/volunteers must make every effort to prevent unauthorized disclosure of medical, personal, and other data about its patients and employees. To the extent we believe it is imperative that as a condition for shadowing each student be familiar with our confidentiality policy.

It states that information on a patient concerning their presence in the hospital, their reason for being there, the treatment they're receiving, etc. is purely confidential and may be released by authorized personnel only. Any knowledge, medical or personal, about a patient is not to be disclosed outside (Hospital Name). Such information should not be passed from one individual to another inside the hospital unless such is necessary for the patient's treatment.

This policy was written to protect the right of the patient from unauthorized disclosure as well as to comply with both State and Federal law. As a routine matter, we must be very conscious as to our conversation outside the workplace.

In no case should patient information be released or discussed with anyone unless it is in the performance of your duties. To ensure that you understand the importance of practicing a strict code of confidentiality, we must request that you read and sign the below statement.

I fully understand the importance of following the confidentiality code and further understand that disclosure of any information regarding a patient and/or his/her condition may be a violation of federal and state law and that unauthorized disclosure confidential information may lead to immediate removal from the shadowing program.

Signature of Student

Date