

Dear Prospective Sonography Applicant,

Thank you for your interest in the Diagnostic Medical Sonography Program. We are happy to have you observe within the sonography departments of St. Vincent Health to further educate you on what a sonographer does on a daily basis. The field of sonography encompasses many different concentrations and you will have the opportunity to experience that during this observation experience.



It is preferred that observations be completed through St. Vincent. However, this is not a requirement. If you are wanting to observe at a different location that is not within St. Vincent, please have the supervisor at the desired observation location contact Ashlie Munchel at [ashlie.munchel@ascension.org](mailto:ashlie.munchel@ascension.org) prior to you observing.

You must complete a minimum of four (4) hours of observation within obstetrics and eight (8) hours of observation within general/vascular. **Please read all of these instructions thoroughly if you would like to schedule observations. Observations are scheduled on a first come, first serve basis.** On page two you will find the available days and times for each observation requirement. Additionally, please read the HIPAA documents on pages 5-9 that further go over the guidelines to follow while observing. **You must fill out and scan in the Observation Date and Time Request Form (page 2) and HIPAA forms (pages 5-9) and return it via email to Ashlie Munchel, Sonography Program Director, at [ashlie.munchel@ascension.org](mailto:ashlie.munchel@ascension.org) to get your observations scheduled.**

Please read the instructions on page three to see where to report to for each observation. These instructions will let you know where to park, how to navigate through the hospital to find the correct area and who to ask for once you arrive. Please arrive at each location promptly wearing business casual attire. Please note that if you arrive for your observation and are not wearing business casual, you will be asked to leave. Additionally, you need to follow the rules of each department when it comes to being allowed to have your cell phone out. Please reserve cell phone use for emergencies only. You may take notes during your observation, if you desire.

On page four you will find the observation log that must be filled out for each observation rotation. **The observation log must be signed by the supervisor at each location and turned in with your application.**

Thank you,

*Ashlie Munchel*

## Observation Dates and Times Request Form

Please read the following guidelines prior to filling in the table below. General/vascular observations may be completed Monday through Saturday. You may choose two, four-hour observations that are either 8a-12p or 1p-5p or you can choose one, eight-hour day that is 8a-4:30p. Obstetric observations can be completed on a Monday, Tuesday or Thursday and need to be 8a-12p. Certain accommodations may be made at the director's discretion if the above dates and times do not work with your schedule.

**Please list at least three dates below that you are available to complete each observation. Return this form (page 3) and the HIPAA forms (pages 5-8) to [ashlie.munchel@ascension.org](mailto:ashlie.munchel@ascension.org). I will then look at the availability and let you know what dates are confirmed. Observations are scheduled on a first come, first serve basis.**

<u>General/Vascular</u> Requirement: 8 hours				<u>Obstetric</u> Requirement: 4 hours			
Day: Monday	Tuesday	Wednesday		Day (circle): Monday	Tuesday	Thursday	
Thursday	Friday	Saturday					
Date: _____				Date: _____			
Time (circle): 8a-12p   1p-5p   8:00a-4:30p				Time: 8a-12p			
Day: Monday	Tuesday	Wednesday		Day (circle): Monday	Tuesday	Thursday	
Thursday	Friday	Saturday					
Date: _____				Date: _____			
Time (circle): 8a-12p   1p-5p   8:00a-4:30p				Time: 8a-12p			
Day: Monday	Tuesday	Wednesday		Day (circle): Monday	Tuesday	Thursday	
Thursday	Friday	Saturday					
Date: _____				Date: _____			
Time (circle): 8a-12p   1p-5p   8:00a-4:30p				Time: 8a-12p			
Day: Monday	Tuesday	Wednesday		Day (circle): Monday	Tuesday	Thursday	
Thursday	Friday	Saturday					
Date: _____				Date: _____			
Time (circle): 8a-12p   1p-5p   8:00a-4:30p				Time: 8a-12p			



## **St. Vincent College of Health Professions**



### **Diagnostic Medical Sonography Program**

#### **Observation Locations**

### **General/Vascular Observations: 8 Hours Total**

#### **St. Vincent Indianapolis**

**Team Leader: Laura Roth**

2001 West 86th Street

Indianapolis, Indiana 46260

Please park in the main associate parking lot. These spaces are in the back of the lot and are designated associate parking by white lines. Enter the main entrance of the hospital (entrance 1). Proceed past the volunteer desk on your right and follow the hallway as it jogs slightly to the left. Continue past outpatient lab and follow the hallway as it turns right. Take the elevators that are across from outpatient registration down to the basement. Turn left when exiting elevators and then take an immediate right. Just passed the hallway on your right that leads to the professional office building will be a blue framed door on your left, which is the ultrasound waiting room. Please inform the front desk that you are observing in ultrasound for the day. They will get you in touch with a technologist. Please call 317-338-3006 if you need assistance finding this department. If observing on a Saturday, please note that there will not be anyone at the window. Please call 317-338-3006 when you arrive to the window and a technologist will come and get you.

### **Obstetric Observation: 4 Hours Total**

#### **St. Vincent Maternal Fetal Medicine Indianapolis**

**Team Leader: Amy Pressnall**

8081 Township Line Rd, Suite 203

Indianapolis, IN 46260

The MFM office is in the Professional Office Building that is South (to the right) of St. Vincent Women's Hospital. Please park in the parking lot outside of the canopy labeled 8091. Enter the office building that is located to the right of the canopy labeled 8091, the building sits back a little further. You should see a canopy labeled 8081 over the entrance. Take the stairs or elevator to the second floor and follow the signs for Maternal Fetal Medicine Genetics. Enter the waiting room and inform the front desk that you are observing in ultrasound for the day. They will get you in touch with Amy Pressnall. Please call 317-371-9390 if you have trouble finding the location.



# Diagnostic Medical Sonography Program Observation Log



Applicant Name: \_\_\_\_\_

Facility	Date	Hours	Concentration G/V: General/ Vascular OB: Obstetrics	Supervisor's Signature

General/Vascular	Obstetrics	TOTAL

Please turn this observation log in with your application packet.



# Application for Shadowing/Job Observation Experience at St. Vincent 86<sup>th</sup> St, Indianapolis Hospital

**Important:** This form is to be completed in its entirety and submitted to the unit/department director for review and approval in advance of the requested date of observation.

## Shadower Information:

Name: \_\_\_\_\_  
*Last First MI*

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

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

E-Mail \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Are you over the age of 16? YES / NO.....Date of Birth (MMDD): \_\_\_\_/\_\_\_\_

Last 4 digits of SSN: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Proposed Date(s) of Shadowing Experience: \_\_\_\_\_

Proposed Times of Shadowing Experience: \_\_\_\_\_

*In case of an emergency, who should be contacted?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Please indicate the following: (You do not need to bring immunization records with you)

I will be able to show evidence of proof of immunization (signed by licensed nurse or health care provider immunity by laboratory result (positive titre), or natural disease history (diagnosed, documented, and signed by healthcare provider) of rubella (German measles), rubeola (measles), and varicella (chicken pox) and negative TB screening in the past year within 24 hours of request by hospital personnel.....YES / NO

Do you require any special accommodations due to medical limitations, disability or other restrictions? YES / NO.....If yes, please explain below:

Are your shadowing hours required for (check one):

School classes  Job investigation

If yes to any of the above, please explain the requirements for your shadower/observer experience:

\_\_\_\_\_

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**If observer is under the age of 18, parental guardian consent is required.**

My son/daughter, \_\_\_\_\_, has my permission to participate in a St. Vincent Hospital and Health Services Job Shadow experience. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

I attest that my child is at least 16 years of age and is free from communicable diseases and will be able to provide evidence of negative TB screening and **proof of immunization, immunity by laboratory results (positive titre), or natural disease history (diagnosed, documented, and signed by licensed healthcare provider), of rubella (German measles), rubeola (measles), and varicella (chicken pox) within 24 hours of request by hospital personnel.**

Participation in a job shadowing experience will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I do hereby release St. Vincent Hospital and Health Services, their staff and sponsors from any responsibilities of injury or accident as a result of the shadowing/observation experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken.

However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at St. Vincent Hospital and Health Services.

**Parent/Legal Guardian's Name (Printed)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Associate to be assigned supervision responsibility & escort for shadower/observer:

Name \_\_\_\_\_ Associate ID \_\_\_\_\_

Photo ID Checked \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**St. Vincent Hospital and Health Services**  
**Consent and Release of Liability for Shadowers/Observers**

My shadowing experience is to be performed on: Date/Time \_\_\_\_\_

I understand that my shadowing experience will potentially expose me to communicable and infectious disease, injury from needles and other sharp articles, slips and falls and other unforeseen incidents.

I understand that if I am injured or exposed to communicable disease, or suspected of being injured or exposed to communicable disease, I will be offered treatment according to St. Vincent policy for such exposures and injuries. I will be held responsible for the medical expenses related to all treatment that is provided to me in such instances.

**Health Status Verification**

I attest to the following:

I am immune to normal childhood diseases including rubella (German measles), rubeola (measles), and varicella (chicken pox) either by natural means (diagnosed, documented, and signed by licensed healthcare provider), immunity by laboratory results (positive titre), or from vaccination (signed by licensed nurse or healthcare provider). These immunities are documented and will be presented if requested to the site supervisor for purposes of audit, regulatory survey, and/or as part of epidemiologic investigation related to communicable disease exposure.

I am free of significant eye, skin, respiratory, gastrointestinal, or other communicable infections. This includes fever, cough, cold, cold sores, hepatitis A, lice, scabies, diarrhea or recent exposure to communicable infections such as chicken pox (varicella), pertussis (whooping cough), or Tuberculosis (TB).

I am free of any skin rashes, including any reaction to recent chicken pox vaccination.

I understand that if I become sick (including but not limited to fever, cough, diarrhea, vomiting, cold or flu), I will remove myself from any hospital assignment, seek medical care as appropriate and will not return with any communicable disease.

**Other Infection Control Instructions:**

I must comply with hand hygiene procedures by using soap and water/hand sanitizers before and after entering any patient room or treatment area, eating, and after using the restroom.

I hereby release this facility, its employees, its agents and its medical staff and agree to hold them harmless from any and all actions and claims, not caused by their negligence, arising out of their good faith performance under this consent document.

**Confidentiality:**

I will hold all patient information in strict confidence. I understand no patient information is to leave St.Vincent premises, and I am not to discuss patient information with anyone other than the person I am shadowing. I understand that patient information includes not only patient names and other identifying information, but also any information related to a patient's condition, treatment, presence at the hospital, or any other information I heard, observed, or learned about any patient or patient's family members during my shadowing experience.

**Unpaid Experience:**

My signature acknowledges that my shadowing/observation does not constitute an implied promise of future employment and I understand that this shadowing/observation experience is unpaid.

**I have read this form carefully before signing it, as well as the *St. Vincent Hospital Guidelines for Shadowing Experiences*, and have been given the opportunity to ask questions relating to my shadowing/observation experience.**

Name of Shadower (Printed) \_\_\_\_\_

Signature of Shadower \_\_\_\_\_ Date: \_\_\_\_\_

If not 18 yrs. of age must ALSO be signed by Parent/Guardian

Name of Parent/Guardian (Printed)  
\_\_\_\_\_

Signature of Parent/Guardian  
\_\_\_\_\_

Date: \_\_\_\_\_

Name of Witness (Printed) and Date - Signature of Witness  
\_\_\_\_\_

This document is to be maintained by unit management in department files for at least two years past the shadower/observer experience.



## Guidelines for Your Shadowing Experience

Welcome to St. Vincent Hospitals and Health Services. We are pleased that you have selected St. Vincent's for your Shadowing Experience. To ensure your safety, as well as that of our patients, visitors, and associates, we have several guidelines which we ask that you follow during your time with us. If you have any questions about these guidelines, do not hesitate to ask your preceptor, or the manager of the area in which you are shadowing, at any time!!!!

1. Once you have submitted your Application and Consent for your shadowing experience, the manager of the area will confirm that date and time of your experience. The manager may also provide you with specific instructions regarding the experience which you must follow closely.
2. As a "shadower/observer", you must be supervised at **all times** by a St. Vincent associate. This associate will be your preceptor. They will make sure you stay safe, answer any questions you have, and familiarize you with the hospital. There may be some situations in which you cannot participate, in order to maintain a safe, private environment for the patient. Your preceptor will make you aware of those situations and ensure that either they or another assigned associate stays with you.
3. In no circumstance should you provide any care directly to the patient. You are to be observing only.
4. Please do not discuss any patient information with anyone other than your assigned preceptor. Although you may be eager to share your experiences with family and friends, all patient information must be kept confidential. Remember the old saying: *"What you see, what you hear, when you leave, leave it here!"*
5. Hospitals are full of germs!!!! Remember to wash your hands with soap and water, or an alcohol based disinfectant. Please wash your hands before entering a patient's room, upon leaving a patient's room, after you use the restroom, and prior to eating anything.
6. Do not come for your shadowing experience, if you are ill that day. Shadowers who display signs of illness, such as fever, cough, runny nose, chills, vomiting, etc. will be asked to leave immediately. If, at any point in your experience, you start to feel sick, faint, nauseated, or weak, please alert your preceptor. They will assist you.

**Dress Code:** Please follow any specific instructions provided by your manager regarding dress code. Minimally, we ask that you comply with the following:

1. Business casual dress: This would include trousers and polo or oxford-type shirts for men and slacks/skirts and blouses or dresses for women. Please no blue jeans, capris, or shorts. Dress comfortably, yet professionally. You will, more than likely be on your feet a lot and moving frequently. Shoes should be comfortable with enclosed toes. Hosiery must be worn. No sandals, flip-flops, peep toes, or Crocs with holes are permitted.
2. All tattoos must be covered.
3. Refrain from wearing excessive jewelry. Small post-earrings in the ear are permitted. Body piercings in areas other than the ear must be covered or removed.
4. Please bring a photo I.D. with you for identification purposes.