



ADULT OBSERVATION APPLICATION APPROVAL

*** Observer is responsible for finding a mentor and setting up shadowing and must have prior approval of mentor to shadow prior to submitting observation packet. Shadowing/observation is a hands-off observation ONLY.

Applicant Name

Email Address:

Telephone:

Date of Birth:

Requested Area for Observation Experience

Reason for the Observation Experience

Requested Date(s) for Observation Preferred time of day

How many hours of observation are needed? Deadline for hours

Photo Identification
(Attach copy of official ID such as state ID or Driver's License)

Letter of character reference is attached. Yes No

Have you ever been convicted of a crime other than a misdemeanor?

Have you ever been employed by Saint Francis? Yes or No If yes, list dates Dept.

Under what name? Reason for leaving

Have you ever volunteered at Saint Francis? Yes or No

Current Place of Employment

Reason for choosing Saint Francis Health Center for observation experience:

Name/Department of the Individual You Will Be Shadowing

SFHC Department Manager/ Director

VACCINATION FORM FOR SHADOW OR OBSERVATION EXPERIENCE

Name (please print):

Health Insurance Policy# (Attach copy)

Area of Observation:

Dates of Observation:

Name of SFHC staff Mentor:

Please provide the following information and proof:

1. TB Testing information	
<ul style="list-style-type: none"> Date of last TB test (<i>must be within last 10 months</i>): <input type="text"/> Result: <input type="text"/> 	
2. MMR history	
<ul style="list-style-type: none"> Dates of two (2) MMR or titres for rubella, rubeola & mumps 1. <input type="text"/> 2. <input type="text"/> 	
3. Varicella (Chicken Pox) history	
<ul style="list-style-type: none"> Have you had varicella (chicken pox) Yes <input type="checkbox"/> No <input type="checkbox"/> (see below) If you have not had varicella provide: Proof of immunity (titer) or Proof of two (2) varivax immunizations 	
4. Tetanus information	
<ul style="list-style-type: none"> Date of last tetanus shot <input type="text"/> 	
6. COVID-19 Vaccination information	
<ul style="list-style-type: none"> COVID-19 Vaccine 1st dose Date <input type="text"/> COVID-19 Vaccine 2ND dose Date <input type="text"/> COVID-19 Booster Date <input type="text"/> Exemption (if exemption has been granted, please provide paperwork) Must include in packet, copies of Covid Vaccination Card 	
5. Flu Vaccine	
<ul style="list-style-type: none"> Date of Vaccine <input type="text"/> If you have not received Hepatitis B immunizations provide date of signed declination of immunization <input type="text"/> 	

Student Signature:

Date:

SERVICE EXCELLENCE STANDARDS AND STANDARD GREETING

The University of Kansas Health System St. Francis Campus associates strive to provide excellent care and customer service to patients, families, visitors, physicians and fellow associates by following these Service Excellence standards.

Service Excellence Standards:

- **Patient Centered Care**
 - I will communicate using SAINTS our standard greeting.
 - I will complete bedside shift report.
 - I will assure purposeful hourly rounding is completed.
 - I will talk with patients and guests, instead of at them, using language they understand.
 - I will be responsive in meeting our customer's needs and communicate changes.
- **Compassion**
 - I will connect to our purpose of caring for patients and guests as if they were my own family.
 - I will provide patients and guests my full attention and listen without interrupting.
 - I will interact with each patient and guest in a kind and genuine manner.
 - I will go above ordinary care to provide little things that give patients comfort, safety and reassurance.
 - I will use the power of human touch.
- **Teamwork**
 - I will engage in Senior Leader Rounding to create relationships of trust.
 - I will recognize patients and guests as part of my team and involve them in their care.
 - I will be flexible, accept additional responsibilities and assist my co-workers.
 - I will engage in a positive manner with team members and recognize them.
 - I will manage up co-workers and other departments.
- **Excellence**
 - I will anticipate patient and guest's needs and expectations.
 - I will escort patient and guests to their destinations.
 - I will be professional in my dress and communication.
 - I will seek out and continually acquire new knowledge and skills.

Standard Greeting: to be used in all customer service interactions (**SAINTS**)

- **Smile** – at 10 feet make eye contact and smile
- **Acknowledge** – greet at 5 feet (Good Morning, How can help, etc.), get at the customer's level
- **Introduce self** – your name, your role, what the customer can expect
- **Name preference** – use preferred name (if not known, ask customer); avoid negative nicknames
- **Time and touch** – provide time expectation/timeframe, use touch as appropriate to encounter
- **Statement of appreciation** – allow opportunity for questions, thank customer

I commit to apply the above service standards in all my work interactions with patients, families, visitors, physicians and fellow associates.

Print Name: Department:
Signature: Date:

ATTESTATION OF ADULT OBSERVATION APPLICATION

*** Observer is responsible for finding a mentor and setting up shadowing and must have prior approval of mentor to shadow prior to submitting observation packet.

I certify that the information I have given is true, correct, & complete.

Printed name of observer

Signature of Observer

Date

I agree to accept this observation application for shadowing experience.

Mentor Signature/Title

Date

Manager or Director Signature/Title

Date

Please email signed and dated applications to:
hailey.wilson@kutopeka.com

Personal Reference Form

NOTE: Your reference must be someone who is not related to you.

I (reference) am completing this Personal

Reference Form for (applicant) .

My address is:

My phone or cell phone number is:

Please answer the following questions; your responses will be kept confidential.

How long have you known him/her and in what capacity?

What can you tell us about him/her:

Describe any notable strengths:

Describe any notable weakness:

Please choose **10** traits that best describe the applicant:

- | | | | |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Detail Oriented | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Structured | <input type="checkbox"/> Needy | <input type="checkbox"/> Approachable | <input type="checkbox"/> Sociable |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Good listener | <input type="checkbox"/> Independent | <input type="checkbox"/> Extrovert |
| <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Self-starter | <input type="checkbox"/> Organized | <input type="checkbox"/> Versatile |
| <input type="checkbox"/> Productive | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Punctual |
| <input type="checkbox"/> Controlling | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Receptive | <input type="checkbox"/> Likes Routine | <input type="checkbox"/> Practical | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Questioning | <input type="checkbox"/> Logical | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Good Natured | <input type="checkbox"/> Reliable | <input type="checkbox"/> Proud |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Non-Judgmental | <input type="checkbox"/> Fun |

Signature

Date

Please return this personal reference form to: Hailey.Wilson@kutopeka.com; Phone: 785-270-7656