UR Medicine Finger Lakes Health Career Insights Shadowing Program Overview

The Career Insights Shadowing Program at UR Medicine Finger Lakes Health provides individuals with the opportunity to gain firsthand insight into the daily operations of a healthcare environment through observational experiences. This program is designed for individuals considering a future career in healthcare and seeking to better understand the roles and responsibilities within a clinical or non-clinical department.

Program Structure and Guidelines

- Duration: The shadowing experience is limited to a minimum of 2 and a maximum of 40 hours, which must be completed within a consecutive four (4) week period. Recommended shifts of 2-4 hrs.
- Nature of Experience: This is a strictly observational program. Participants will observe the routine activities of a designated department but will not perform any hands-on tasks or procedures.
- Patient Care Areas: In areas involving direct patient care, shadows are not permitted to have any exposure to:
 - Blood or body fluids
 - o Respiratory or infectious diseases
- Eligibility: Participants must be at least sixteen (16) years of age at the time of the experience.
- Compensation: This is an unpaid educational opportunity and does not include any form of financial compensation or educational credit.

Purpose

This program is intended to:

- Provide exposure to the healthcare field in a real-world setting
- Help students make informed decisions about potential career paths in health care
- Support the development of future healthcare professionals by offering meaningful observational opportunities

UR Medicine Finger Lakes Health is committed to ensuring that all shadowing experiences are conducted in a safe, respectful, and educational environment, in compliance with privacy, safety, and infection control standards.

This is a career exploration program only and not intended to be used for educational credits or as an internship opportunity.

For more information, contact flh shadowing@urmc.rochester.edu or call 315-787-4053



Not accepted at this time and

reason:

Shadower/Observer Information

*Must be 40 hours or less over a time period not to exceed four (4) weeks. The shadow will observe the activities of a department. The shadower may not perform any tasks and the experience is to be that of shadowing and observing only. In patient care areas, the shadow may not expose the shadower to any contact with blood or body fluid, or any respiratory or infectious disease. The shadowing participant must be sixteen (16) or older. There is no financial compensation for this experience. Submit application to: flh_shadowing@urmc.rochester.edu.

Name:			
	(Last)	(First)	(Middle Initial)
Address:			
	(Street)	(City/Sta	ate) (Zip)
Phone #:		Cell Ph	hone #:
Email Addre	ess:		
School Affil applicable:			
Desired dep	partment(s):		
Have you co	ontacted the departm	ent already? If so, provid	de name of contact:
Beginning D	Date:	Ending Date:	Number of Hours*:
*Can be est	timated if unsure of e	xact number of hours.	
Please shar	e why you are interes	ted in this shadowing op	pportunity:
Emergency	Contact Information:		
Person to N	lotify in Case of Emer	gency:	
Relationshi	p:	Pho	one #:
Do you have Finger Lake Iimited to tl may alter yo A yes respo	e any impairment than see that may be the habituation or add our behavior? Yes will not necessarians.	t may be of potential risk interfere with your shadd iction to depressants, sti •• No	sk to the patients, residents, or employees at lowing/observing experience, including but not timulants, narcotics, alcohol, or any substance that though the matter may have to be explored
 Signature o	f Student and date	 Signature	e of Parent/Guardian (if participant is under 18) and date
FOR OFFIC	E USE:		
Accepte	ed and department		_