

**POLICY & PROCEDURE MANUAL**

SECTION: 400.000 – CARE OF THE PATIENT

SUBJECT: CLINICAL OBSERVER POLICY

POLICY:

It is the policy of the Public Health Trust to accept physicians, resident physicians, registered nurses, other health professionals or students desiring to participate as an observer in clinical areas at Jackson Health System facilities. The individual desiring to participate must provide the required documentation to the appropriate office for approval. This policy covers observership requests for all inpatient and outpatient locations and other designated facilities in the Jackson Health system.

PURPOSE

- To define observer and length of an observership
- To clarify the role of an observer
- To describe necessary qualifications and requirements
- To outline the application process for an observership

DEFINITION

An observer is a health care professional or student who will **not provide patient care or have direct patient contact**. Observers differ from students in an academic program in that the observership is not an educational requirement of any academic program (see administrative policy 389 for students). Observerships may last up to 4 weeks (1 month), longer if written approval by the department is obtained. Observerships may be in an inpatient or outpatient setting and must be approved by the Jackson Health System facility's department(s) director(s) of the area being observed. For physicians, approval is needed from the Associate/Chief Medical Officer. For residents, approval is needed from the GME office. For nurses, approval is needed from the Director of Patient Care Services and/or the Chief Nursing Officer. For all other students, approval is needed from the Associate/Chief Medical Officer.

He/she may be one of the following:

- Physicians (foreign or domestic)
- Registered Nurses (foreign or domestic)
- Other health professionals (e.g. Radiology, Respiratory Therapy, Psychology, Pharmacy Technicians etc.)
- Students not covered under an existing affiliation agreement

ROLE OF AN OBSERVER

Subject to the patient's permission, observers may watch procedures, surgeries, patient interviews. Observers may attend patient rounds, teaching conferences, grand rounds, and non-confidential hospital committee meetings with advance permission from the committee



POLICY & PROCEDURE MANUAL

SECTION: 400.000 – CARE OF THE PATIENT

SUBJECT: CLINICAL OBSERVER POLICY

chairperson. Observers may not participate in any patient care activities or research. Observers may not question or examine any patient. Observers may not access or review a patient's medical record without the permission of their sponsor.

Observers may be permitted in the operating room with the permission of the service/attending surgeon and subsequent approval of the Director of Perioperative Services and/or ACO (refer to Perioperative policy 590 "Operating Room Visitor/Observer Policy"). Requests must be made in advance of the surgery.

PROCEDURE:

- I. A formal written request is required of the observer and if possible submitted on the home institution's letterhead (not required of students). The request must identify the objectives and length of visit, name of the observer, the unit(s) in which the observation will occur and what Jackson Health System medical staff member or employee is the sponsor. (addendum I). The application is submitted to the appropriate department as described above.
- II. The following documents are required:
 - a. Letter of good standing from home institution (if applicable)
 - b. Letter of acceptance by the JHS clinical sponsor
 - c. Signed confidentiality agreement
 - d. Copy of valid driver's license
 - e. Copy of medical license (if applicable)
 - f. Copy of passport and visa (if applicable)
 - g. Proof of immunization (including Hepatitis B) – **IF OBSERVING MORE THAN 1 MONTH**
 - h. Proof of negative TB test – **IF OBSERVING MORE THAN 1 MONTH**
- III. Upon approval of the application, a letter of acceptance will be sent to the observer, clinical service and security services.
- IV. All observers must wear a valid identification at all times during the observership.
 - a. If the observership is less than 1 week s/he must obtain a paper ID badge from the information desk at no charge.
 - b. If the observership is to be more than 1 week a badge must be obtained from security services. The ID badge will indicate OBSERVER status and include relevant dates. A \$10 processing fee will be charged.
 - c. Upon completion of the observership the ID badge must be returned to Security Services.

**POLICY & PROCEDURE MANUAL**

SECTION: 400.000 – CARE OF THE PATIENT

SUBJECT: CLINICAL OBSERVER POLICY

- V. The department providing approval will maintain a tracking system of all observers with names and dates of the observation.
- VI. All observers must sign a confidentiality agreement (attached).

REQUIREMENTS

An application must be submitted to the sponsoring department head (addendum I)

All observers must wear valid identification badges at all times during the observership in the Jackson Health System.

Observers must comply with surgical attire policy while in the operating room.

No photography is permitted at any time.

All observers must sign and comply with the JHS Confidentiality Agreement (addendum II).

Failure to comply with these requirements will result in an immediate end to the observership.

APPROVED: Michael Butler, MD, EVP, CMO, Jackson Health System

AUTHORIZATION:

Carlos A. Migoya, President and CEO, Jackson Health System



POLICY & PROCEDURE MANUAL

SECTION: 400.000 – CARE OF THE PATIENT

SUBJECT: CLINICAL OBSERVER POLICY

ADDENDUM I



APPLICATION

To begin the application process for the Observational Experience program please provide the requested information below.

It takes 10 business days to process your application and supplemental materials.

First Name

Last Name

Phone Number

Email Address

Start/End Date of Observation

MM/DD/YY – MM/DD/YY

Area(s) to Be Observed

Achieved Level of Education:

High School

Bachelors

Masters

Doctorate

What are the goals and objectives for your observational experience?

SPONSORING INSTITUTION (IF APPLICABLE)

Name

Address

Contact Person
& phone
number



POLICY & PROCEDURE MANUAL

SECTION: 400.000 – CARE OF THE PATIENT

SUBJECT: CLINICAL OBSERVER POLICY

ADDENDUM II

Confidentiality Agreement

I understand that this Confidentiality agreement shall cover any and all things observed or discussed while I, _____, am on campus and in the facilities of Jackson Health System (“JHS”). The purpose of my visit is to participate in training and education for professionals in my field. Confidential information may include, but is not limited to, information on patients, employees, other workforce members, donors, research, and financial and business operations. Some of this information is made confidential by law (such as “protected health information” or “PHI” under the federal Health Insurance Portability and Accountability Act) or by Jackson Health System policies.

- Via a JHS official (undersigned), I have been given an overview of JHS policies and procedures, and understand my role as a visitor with respect to patient privacy, security, and confidentiality.
- Confidential information may be in any form, i.e. written, electronic, oral, overheard or observed.
- I will not disclose confidential information, including patient health information, to patients, friends, relatives, or anyone else except as permitted by JHS policies and applicable law.
- At all times I will protect the confidentiality of all protected information I may be exposed to, including patient health information, while at JHS.
- All confidential information remains the property of JHS and may not be removed or kept by me when I leave JHS except as permitted by JHS or required by law. If required by law, I will provide the JHS Privacy Office with notice in advance of any release of information.
- I will provide immediate notice to the JHS Privacy office if there is any inappropriate use or disclosure of protected health information.
- If I violate this agreement, I may be subject to criminal or civil penalties.
- This agreement survives the end of my time as a visitor at JHS.
- I have read and understand the above and agree to be bound by the terms of this agreement.

Print Name: _____

Signature (Visitor): _____ Date: _____

Signature (JHS Official) _____ Date: _____