

## Medical Staff Policy Student and Physician Observers\*

Reviewed      Revised  
10/2012, 1/2014, 5/2016, 2/2020

**\*Note that this policy and forms may also be used by Providence Medical Group for student observers in PMG clinic areas or Providence Surgery and Procedure Center. If observing in these PMG locations, the observer must receive approval through the PMG Chief Medical Office/designee and a badge obtained from PMG HR.**

### Policy:

Active staff physicians may request licensed MD/DO/DMD/APP, ~~pre~~, pre-medical students, medical school students, interns, or residents to observe their practice within the hospital. **These observers must be personally known to the Active Staff member and must be in the active process of applying to a medical school which requires a minimum number of medical practice observation hours.** Observations are for one week unless a special exemption has been granted by the Chief Medical Officer or Division Chief.

This process is not designed for students who require clinical experience to meet program requirements, and no confirmations of the experience will be provided by the hospital to an educational institution. (See the urban campuses' 'Student--Clinical Experiences' policy which covers the formal educational experience process which is administered through Educational Services.)

Visiting Medical Students and Residents (GME). Spokane-based medical students and residents are employed by PSHMC and may observe and assist credentialed staff throughout the hospital. A limited number of visiting medical students and residents may be additionally approved through one of the Providence residency programs.

Foreign Observers. Contact the Medical Staff Office for 'Foreign Observer' policy and request form. Foreign physicians may not assist with care, unless licensed in the United States. Approval is granted by the applicable Division Chief or CMO.

Allied health and ancillary staff training requests will be routed through the PHC Professional Development, as they manage affiliations, training, and rotations for these individuals.

### Procedure:

1. Requests must come from an Active Staff member to Medical Staff Services. The hospital will not match requesting students with a sponsoring physician.
2. The requesting Active Staff member must review this policy and permission form and provide it to the requesting student.
3. The student/observer will complete the permission form and attach the required documentation (HIPAA training, self query/response re criminal background obtained from the Washington State Patrol, immunization records).
4. The requesting physician will sign the permission form, indicating his/her complete responsibility for the student.
5. Paperwork must be received by Medical Staff Services a minimum of three working days prior to the date of observation.
6. Observation is for one week unless a special exemption is granted.
7. You will need to obtain, from security (509-474-5800) a temporary visitor/observer badge and wear it at all times while in the facility and return it to Security following the observation.
8. Observations are specific to a physician (for example, students may not request 'observation in the ED', not assigned to a specific physician).

9. **Students/observers are to accompany their physician sponsor at all times.** If the student will observe more than one physician, separate forms must be completed by each physician sponsor.
10. **Physicians who wish the sponsored student/observer to accompany him/her to the OR must arrange for the student to complete the appropriate education module in the OR prior to the observation. The OR desk staff will guide the student through the OR orientation process. (SHMC – 474-3232; HFH 482-2359). OR staff reserve the right to limit student observers if any safety or infection risks are present. Please note that any student/observer that shows up without his/her physician sponsor will be asked to leave the OR until the sponsor arrives**
11. The students/observers will be instructed by their physician sponsor and hospital staff to adhere to hospital policy, especially in sterile procedure areas, as well as with patients in any type of isolation precautions.
12. Students/observers may not observe care being provided to a family member or personal acquaintance.
13. **No posts to social media may be made referencing a student observation, and no photos may be taken within the hospital.**
14. The Chief Medical Officer, Department Chair, Administrative Supervisor, or any member of the Senior Leadership Team has the authority to immediately remove a student observer if there is any noncompliance with the agreement.
15. Student observer paperwork will be filed in the credentials file of the physician sponsor.

### **Permission for Student/Observer**

#### **Request and agreement by student:**

I request permission to accompany my sponsoring physician, \_\_\_\_\_, to observe only during his/her patient care services for the following date/s: \_\_\_\_\_ at  Sacred Heart  Holy Family  
 PMG clinic: \_\_\_\_\_  Providence Surgery and Procedure Center

Please check your agreement with each requirement.

- If I am a premedical student, I attest that I am actively gaining observation hours in preparation to apply to medical school.
- I understand I am limited to observation only.
- I understand my observation must be in the presence of my physician sponsor at all times.
- I agree to follow the direction of my physician sponsor and the direction of other hospital staff in adhering to all hospital policies, including adhering to all policies regarding patient isolation.
- If observing in surgery or a sterile procedure area, I have reviewed the attached education module regarding the OR prior to observation and will follow instruction from hospital nursing staff in addition to my physician sponsor regarding the sterile field.
- I have received HIPAA training, to include the need to protect patient dignity, privacy, and confidentiality and am attaching this documentation.
- I understand that no photographs or cell phone images may be taken during this observation nor should any references be made regarding this observation on social media.**
- I have obtained a background check, as required by the Child and Adult Abuse Act, through Washington State Patrol (<https://fortress.wa.gov/wsp/watch/>), and am attaching this information. (Note that you will need to pay a fee of \$12.00 via credit card.)
- I am attaching a copy of a government issued ID.
- I am attaching a copy of my immunization records (this must include varicella, measles, mumps, rubella, Tdap, and a recent influenza vaccine).
- I understand that any access, use or disclosures of information or violation of any policies and procedures related to confidentiality or use of information shall terminate my observer status and may result in personal civil and monetary penalties as directed by state and federal law.
- I understand that I will not use any computer while in the facility.
- If I am injured or exposed to infectious disease during this experience, I understand that I may receive health care services at the hospital but I will be responsible for any expenses associated with treatment.
- I will obtain, from security (509-474-5800) a temporary visitor/observer badge and wear it at all times I am in the facility and return it to Security following the observation.

Observation will include the OR or procedural areas: Yes  No  If yes, please designate the area/s:

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**Signature/Student Observer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PHYSICIAN SPONSOR

**IMPORTANT – PLEASE COMPLETELY REVIEW THE FOLLOWING AND AGREE TO YOUR OBLIGATION REGARDING THIS STUDENT:**

**PLEASE CHECK EACH BOX INDIVIDUALLY:**

- I take full responsibility to introduce the student/Observer to staff and directly supervise this observer at all times while he or she is in the hospital. The student will remain with me at all times.
- Supervision will include instruction and observance of all infection control and patient safety policies of the hospital, with particular observance of handwashing.
- I will obtain permission from patients for the observer to be present in all patient care areas. If the patient objects, the observer will not be allowed in the area.
- If observing a procedure requiring informed consent, the observer will be listed on the informed consent.
- If the student will observe in the OR, (pre-med and medical students only) I will assure that the student complies with all universal precautions and all OR policy. The observer may scrub in to observe a sterile field, but absolutely may not assist in any patient care or examine the patient
- I understand that I am financially and legally responsible for all actions of the observer while in the hospital.
- I understand that I could be subject to disciplinary action through the Medical Staff structure for any noncompliance with this policy.

Signature/Active Staff Physician Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**Removal of Student Observer:** The Chief Medical Officer (CMO), Department Chair, Administrative Supervisor, or any member of the Senior Leadership Team has the authority to immediately remove a student observer if there is any noncompliance with this agreement.

**Please complete, attach requested documentation and return to Medical Staff Services a MINIMUM of three working days prior to the date of observation.**

***Sacred Heart Medical Center fax – 509-474-3351***

***Holy Family Hospital fax - 509-482-2133***

# An Orientation to Integrity and Compliance (as a student observer, you will not be given computer access; however, it is important for you to understand these Providence policies and the need for integrity, privacy and security of information)

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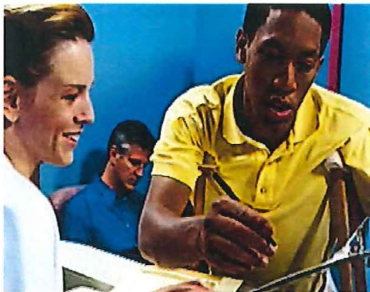
## INTEGRITY

Integrity includes the Providence Code of Conduct, Compliance, HIPAA Privacy and Security, and how we hold ourselves accountable in our daily work. Integrity means:

- ▶ Protecting Providence assets from misuse and abuse
- ▶ Making decisions and taking action consistent with our core values
- ▶ Understanding and complying with policies and standards
- ▶ Asking questions when we are unclear about something

Integrity is a commitment expected of each member of the Providence workforce.

## HIPAA PRIVACY AND SECURITY



HIPAA regulations give patients more access to and control over who accesses their healthcare information.

Access to protected health information (PHI) is a privilege, and is restricted on a need to know basis. If given permission to access PHI, you are only allowed to look at that information required to do your job. Viewing your own PHI or the records of family members and friends is prohibited unless you need the information to do your job or you have an appropriate authorization.

Limit your use or disclosure of healthcare information to the minimum necessary.

HIPAA also requires us to safeguard all healthcare information stored or communicated in any manner - oral, written, or electronic.

The following are examples of best practices:

- ▶ Do not leave patient data on computer screens
- ▶ Do not leave charts open on desks or counters
- ▶ Shred printed documents with patient data when you are done with them
- ▶ Avoid patient related discussions in public areas
- ▶ Avoid informal or casual discussions of patient situations which are not directly related to care.
- ▶ Do not leave voicemails or phone messages containing sensitive information
- ▶ Do not leave PHI in and around copier or fax machines
- ▶ Avoid inadvertent disclosures and take special care in semi-private situations
- ▶ Follow e-mail and fax policies for transmitting PHI to those with a need to know

## COMPUTER NETWORK SECURITY

*I: MSS/Policies and Procedures/Student Observers Joint*



Protecting the security of our computer networks is a key part of protecting patient privacy. Computer networks include portable laptops and other devices which may contain confidential information. Best practices include:

- ▶ Keeping your computer and voicemail passwords private
- ▶ Locking your PC when unattended (Ctrl Alt Delete | K)
- ▶ Installing a privacy guard to prevent others from seeing your computer screen
- ▶ Never downloading confidential information onto a home or non-Providence PC
- ▶ Storing portable devices and electronic media in a secure location
- ▶ Encrypting confidential data so data is not accessible if your laptop is lost or stolen

## GIFTS

Providence workforce members are expected to keep relationships with vendors and other third parties impartial, and to avoid acceptance of gifts or other items that do not comply with Providence gift standards. Gifts may be anything of value, including, but not limited to:

- ▶ Cash, gift certificates and gift cards
- ▶ Meals, tips and gratuities
- ▶ Tickets to events
- ▶ Special favors
- ▶ Discounts
- ▶ Free Services



Cash, gift certificates, gift cards, and any gift that is intended to influence your judgment and action may never be accepted. Accept gifts only when:

- ▶ They are of minimal value (under \$10) and are offered on an infrequent basis, or
- ▶ They provide a benefit to Providence, patients, or have legitimate education value.

Gifts should not exceed \$100 per person in value in a calendar year. This limit does not apply to gifts given to you from a Providence ministry.

When in doubt, direct the person offering the gift to a Providence foundation.

## FRAUD AND ABUSE PREVENTION AND DETECTION

Providence expects that those involved with creating and filing claims for payment for Providence services will only use true, complete and accurate information to make the claim.

Under the 2005 Deficit Reduction Act (DRA), an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Workers' Compensation claim could become a false claim. Examples of possible false claims include situations where someone knowingly:

- ▶ Bills for services that were not provided
- ▶ Bills for services that were not ordered by a physician
- ▶ Bills more than once for the same goods or services

“Knowingly” means a person:

- ▶ Knows the record or claim is false, or
- ▶ Seeks payment while ignoring whether or not the record or claim is false, or
- ▶ Seeks payment recklessly without caring whether or not the record or claim is false

A person with knowledge of a false claim can file a lawsuit in federal court and, in some cases, may receive a reward for bringing original information about a violation to the government's attention.

Penalties are severe for violating the False Claims Act -up to three times the value of the false claim, plus from \$5,500 to \$11,000 in fines per claim.

## REPORTING FALSE CLAIMS, ISSUES AND CONCERNS

Providence expects that concerns and issues that may be illegal or otherwise inappropriate will be reported promptly and that employees, agents, volunteers and contractors will be familiar with how to report.

Report incidents that can significantly impact licensure, certification for reimbursement or accreditation, may lead to a major legal claim, or can carry significant sanctions or fines in accordance with Providence's *Early Reporting Policy*.

Otherwise, use the Providence four-step reporting process:

1. Discuss with your immediate supervisor
2. Discuss with the next higher level manager
3. Contact the facility Integrity coordinator or Compliance and Privacy staff
4. Call the 24/7 Providence Integrity Line at (888) 294-8455

Retaliation for good faith reporting is prohibited under Providence's *Non-Retaliation Policy*.

*Policies are available on the Providence intranet under "System Integrity" or by contacting a local or regional integrity or compliance resource*



**Acknowledgement of Receipt and Understanding of Providence policy on**

- **Integrity**
- **HIPAA Privacy and Security**
- **Computer Security**
- **Gifts**
- **Fraud and Abuse Prevention and Detection**
- **Reporting False Claims, Issues and Concerns**

I have received information on **Providence policies** for the above items. I agree to comply fully with these policies. In the event I become aware of any potential instances of policy violations, I agree to immediately notify my supervisor, his or her manager, or call the Providence Integrity Line.

I understand that compliance with the above **Providence policies** is a condition of my continued employment or association with Providence Health and Services.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician sponsor

*A copy of this acknowledgment will be retained in the sponsor's credentials file and will be available for review upon request.*