



Medical Staff Policy Student and Physician Observers*

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

Scope:

Student and physician observers in Providence Inland Northwest Washington

Purpose:

To allow students and providers clinical exposure in our institutes

Criteria:

Active staff physicians may request licensed MD/DO/DMD/APP, 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 or 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. Observation or shadowing that requires confirmation is managed by Professional Development.

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 are not included in this policy. 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 review and attest that they read the required compliance information

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 reviewed the attached HIPAA and compliance training, to include the need to protect patient dignity, privacy, and confidentiality
- 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://watch.wsp.wa.gov/WATCH/Home/Index/>), 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, COVID, 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.**
- I understand that I am financially and legally responsible for all my actions while in the hospital.

Observation will include the OR or procedural areas: Yes No

If yes, please designate the area/s:

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 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.

**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.*



Compliance Program in Partnership with Our Medical Staff

Integrity Line: 888-294-8455

Integrity Online:
<http://www.integrityonline.ethicspoint.com>

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Partnering with medical staff

In addition to our Mission, vision and values the Providence Integrity and Compliance Program supports this guide to help us meet our legal, ethical and professional obligations.

This guide provides you with summary information about Providence policies with which all medical staff members must comply. A list of applicable policies may be found via the [Integrity & Compliance home page](#).

If you have questions about this or related information, please contact your Medical Staff Office or one of the resources listed on the back of this guide — or reference the [Providence Code of Conduct](#).

Fraud and abuse policy

Providence's *Fraud and Abuse Prevention Detection* policy ([PROV-ICP-711](#)) requires that claims must contain true, complete and accurate information. Physicians should select codes that most appropriately describe the services rendered to a patient because the accuracy of each claim depends upon the documentation provided, including diagnosis and written orders.

Providence monitors claims to detect errors and inaccuracies and to prevent false claims. Examples of false claims include:

- Billing for services that were either not provided or undocumented
- Billing for services that were not medically necessary
- Providing services at substandard quality that the government would not pay for the services

Providence asks physicians not to rely solely on our detection processes for claims monitoring. Please use your sound professional judgment as well. If you become aware of a mistake that could affect a claim for payment, please promptly report the concern using one of the reporting **processes** on the back of this guide so that the error can be corrected.

Fraud, abuse and false claims are serious breaches of conduct. Individuals who report their concerns are protected from retaliation under Providence policy and federal and state whistleblower laws.

Stark and anti-kickback laws

Federal and state anti-kickback statutes and the federal Stark Law apply to many relationships among Providence hospitals, other entities and physicians. Providence expects patient referrals and admissions to be accepted solely on the basis of patients' medical needs and our ability to provide

the needed services. Providence may not offer, nor may a physician (or other referral source) accept, any inducement for a patient referral. Following are examples of potential risks:

- Leases or other arrangements below market value;
- Leases where the square footage expanded with no adjustment to the rental payments there under; and
- Hospital providing services that are not reimbursed (e.g., phone, transcription and education services), other than as required by Providence pursuant to a contract or other written agreement.

Physician payment sunshine act

The Sunshine Act was created to ensure transparency in interaction between physicians and pharmaceutical, biologic and medical device industries as well as group purchasing organizations. Its provisions follow the legislation and regulations of several states that already regulate payments by drug, medical device, biological and medical supply manufacturers.

Beginning in August 2013, pharmaceutical and medical device companies began tracking information on their interactions with physicians. These interactions include payments or transfers of value such as consulting fees, honoraria, gifts, entertainment, food and beverage, travel and lodging, education, research, charitable contributions, speaker fees and more. The pharmaceutical and medical device companies have to report to the Centers for Medicare and Medicaid Services (CMS) from that point forward. CMS is creating a public database on its website that will display the information reported by the pharmaceutical, biologic and medical device companies. This database will go live in September of 2014.

Physician-owned distributorships (PODs)

A POD is an arrangement involving medical device companies and physicians in which physicians who control medical device decisions share in the profits generated by the sale of such devices.

Physicians may also use their ability to generate referrals for hospitals to induce them to purchase the medical devices in which the physician has ownership. These arrangements may be unethical or illegal. Under the physician payment sunshine act, these relationships are also required to be disclosed to CMS. Providence policy prohibits physician involvement in PODs.

Conflicts of interest

Conflicts of interest occur when personal interests or activities influence or **appear to influence** actions and decisions.

Examples include:

- Using your influence to recommend the selection of a vendor, contractor, product or supplier, including medical devices and pharmaceuticals, when you have a financial interest (such as consulting or speaking fees or ownership interest in the supplier of the service or product); and
- Accepting monetary or in-kind gifts from a vendor or contractor as an inducement to use your influence or position.

If you believe a possible conflict of interest may exist, then treat the situation as if a conflict *does* exist. Disclose and resolve the matter. For questions, contact your Medical Staff Office or one of the resources listed in this guide.

Patient information and security

Patient protected health information (PHI), personally identifiable information (PII) and other confidential information require special care. Consistent with HIPAA and state privacy laws, PHI may not be used or disclosed except:

- To provide care for the patient
- For payment or health care operations purposes
- If the disclosure is required by law
- If the patient has authorized the disclosure
- If the disclosure is otherwise specifically permitted under Providence policy or Providence's Notice of Privacy Practices

As a physician, you have a responsibility to ensure that your staff and agents acting on your behalf comply with the following privacy and security guidelines: Providence-related PHI should only be accessed when there is a legitimate business need; a patient's PII/PHI should not be discussed in public areas; PII/PHI should never be posted on social media sites; and passwords should never be shared.

If taking Providence-related patient information off site using a mobile device (e.g., a CD, DVD, flash drive and/or laptop), you are responsible to keep that device secure and in your possession at all times until that device can be secured.

These measures are not only essential for the protection of our patients, Providence and you, but they also maintain our integrity and keep patient trust intact.

Providence is legally obligated to protect, remediate and report breaches of PHI and PII to the individual, state government and Department of Health and Human Services in certain circumstances. If you are aware of a breach relating to Providence PHI/PII, please immediately report the concern to one of the resources listed in this guide.

Excluded providers

As a recipient of funds from Medicare, Medicaid/Medi-Cal and other federal and state health programs, Providence is prohibited from submitting any claim for services ordered, prescribed or provided by individuals or organizations excluded from participation in federal or state health care programs. If you are notified by CMS of exclusion you should promptly notify the Medical Staff Office.

Medical identity theft

If you are treating a patient and suspect medical identity theft for any reason, please immediately report the concern using your entity's identified process or by contacting one of the resources listed in this guide.

Respectful work environment

In keeping with the Providence core values of Respect and Compassion and maintaining a respectful work environment for all, you should expect to be treated with respect. Accordingly, we also expect that you treat everyone you meet in our hospitals, clinics and other facilities with equal respect and fairness at all times.

No Providence medical staff member, employee, patient, family member or visitor should tolerate disrespectful or disruptive behavior in any Providence facility.

If you witness such behavior, please report it immediately to your Medical Staff Office or one of the resources listed in this guide.

Ethical and religious directives

As a Catholic health care organization, we require adherence to all Ethical and Religious Directives as a condition of medical privileges and employment. The Ethical and Religious Directives reaffirm ethical standards of behavior in health care concerning treatment and dignity of people and provide guidance on certain ethical issues that face Catholic health care today. For more information visit the [Ethical and Religious Directives](#).

Reporting process

You can report any concern by:

- Calling the Providence Integrity Line at (888) 294-8455
- Contacting your local or regional integrity and compliance office or medical group compliance officer
- Using the identified process in your service area or Medical Staff Office.

Providence expects medical staff members to promptly report actual or potential wrongdoing.

Additional resources

For more information on these and other compliance, integrity and privacy topics visit the [Medical Staff Member Information page](#) on the Integrity and Compliance internet site.

Providence contacts

Regional Integrity, Compliance & Privacy

Alaska (907) 212-2651

California (818) 847-3158

Northwest Washington (425) 254-5329

Oregon (503) 216-4472

Providence Health Care (509) 474-7320

Providence Senior & Community Services (PSCS)
(425) 254-5329

Providence Strategic & Management Services (PSMS)
(425) 525-3709

Southeast Washington (509) 474-7320

Southwest Washington (425) 254-5329

Swedish (206) 386-3678

Western Montana (509) 474-7320

Integrity Line / Integrity Online

(888) 294-8455 (toll free, 24/7)

<http://www.integrityonline.ethicspoint.com>