Clinical Observers

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Revised: November 2002 Administrative Policy 02-28
Reviewed: MSO Patient Care Policy 52
Clinical Observers

Policy

It is the policy of the University of Chicago and the University of Chicago Hospitals to permit qualified individuals to be present in the Hospitals to observe patient care activities in order to advance medical training so long as the observation is done under supervision and sponsorship and in a manner which does not compromise or interfere with patient care or with the formal training provided to others at the University and the Hospitals.

A period of observation is not intended to be a formal training program and will not be allowed as an alternative to a Fellowship or residency. There will be no clinical component to any observation period and the Medical Center will not provide any training certification for an individual’s period of observation.

Definitions

Visiting Educator means a person who holds a valid medical license in another state or country, who is a recognized teacher or scholar in his/her field and who will be present at the Hospitals to teach and observe for a period of 5 days or less.

Visiting Clinical Observer in Residence means a person who holds a valid medical license in another state or country, who has the proper credentials to come to the Hospitals for a period of observation and training and who will be present at the Hospitals for a period of more than 5 business days. A visiting clinical observer in residence is limited to a period of six months.

Visiting Resident Observer means a person who is enrolled in a Residency Training Program at another institution and who has the proper credentials to come to the Hospitals for a period of observation and training, not to exceed 30 days.

Procedure
The credentials of persons who will come to the Hospitals as a **Visiting Educator** will be obtained by the clinical departments and all documentation will be maintained by the department. These credentials may include copies of licenses, evidence of degrees, resumes and recommendations. The department will make the appropriate arrangements to enable the Visiting Educator to observe and teach without engaging in any direct patient care. The department will advise the Visiting Educator of the limitations for a person who does not hold an Illinois license to practice medicine and/or who does not have any clinical privileges at the Hospitals, and will provide the Visiting Educator with an appropriate orientation to the medical center. The department will assure that the Visiting Educator has signed an Assumption of Risk and a Confidentiality Obligation. All documentation for a Visiting Educator will be maintained in the Departmental Office.

A person who will come to the Hospitals as a **Visiting Clinical Observer in Residence** must file an application with the Dean’s Office of Academic Affairs. The application must evidence that the person holds an active medical license in another state or country, has the sponsorship of an academic institution or agency or foreign government, has adequate evidence of financial support and has evidence of current health insurance. The application will include completion of a Clinical Observers agreement, an assumption of risk and Confidentiality Obligations. It is the responsibility of the clinical department which is hosting the Visiting Clinical Observer in Residence to obtain all of the required documents. In addition to the application, the applicant must submit their CV, a copy of a medical license, letters of recommendation and evidence of appropriate INS approval and may include documentation of education and training. The Dean’s Office of Academic Affairs will review the application and will notify the Department that it has been approved. All documentation will be kept in the Office of Academic Affairs for a period of two years.

Each Visiting Clinical Observer in Residence must have a faculty member who agrees to oversee the period of observation.

A person who will come to the Hospitals as a **Visiting Resident Observer** must file an application with the Office of Housestaff Affairs. The application must evidence that the person holds an active medical license in another state or country, has the sponsorship of an academic institution or agency or foreign government, has adequate evidence of financial support and has evidence of current health insurance. The application will include completion of a Clinical Observers agreement, an assumption of risk and Confidentiality Obligations. It is the responsibility of the clinical department which is hosting the Visiting Resident Observer to obtain all of the required documents. In addition to the application, the applicant must submit their CV, a copy of a medical license, letters of recommendation and evidence of appropriate INS approval and may include documentation of education and training. The Office of Housestaff...
Affairs will review the application and will notify the Department that it has been approved. All documentation will be kept in the Office of Housestaff Affairs for a period of two years.

Each Visiting Resident Observer must have a faculty member who agrees to oversee the period of observation.

**Screening**

All Clinical Observers must be in good health. A health screening evaluation and a criminal background check will be required for Visiting Clinical Observers in Residence, and Resident Observers, the costs of which will be paid by the Clinical Observer. The volunteer office will facilitate this screening, which must be completed before the Observer is permitted to be an observer.

**Safety Instruction**

It is the responsibility of the clinical department hosting the observer to arrange for appropriate safety instruction and orientation to the areas where the observer will be present. If the observer will be involved in laboratory research, this instruction must include appropriate laboratory safety instruction as determined by the Safety Office.

**Identification Card**

A Visiting Clinical Observer and Visiting Resident Observer will be issued an identification card from the Security Department which must be worn at all times in the Medical Center. The identification card may not contain the designation “Dr.” and may not include any academic degrees.

**VISA**

The appropriate visa is the sole responsibility of the clinical observer or visiting educator. The University would be willing to entertain candidates for J-1 Visas.

**Access to Information Systems**

Clinical Observers will not be given any access to Medical Center patient information systems. If the faculty member who is overseeing the period of observation establishes that the Clinical Observer has a significant need to access patient information systems, then he may make a request to the Clinical Director of the Medical Center Information Services. If the request is granted, access will
be given only after all training and security requirements have been met.

**Observation in the OR**

In order for a Observer in Residence to be present in the operating room, all requirements of the Visitors to the Operating/Recovery Room Policy must be followed.

**Applicability of Other Policies**

A person who is given permission to be a Clinical Observer is expected to follow all other applicable policies and procedures of the institutions.

**Interpretation, Implementation and Revision**

The Office of the Dean of the Biological Sciences Division and the Office of Housestaff Affairs is responsible for review and the clinical departments are responsible for the implementation of this policy.

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James L. Madara, MD Kenneth P. Kates Jafar Al-Sadir, MD
Dean Vice-President and Chief President
Biological Sciences Division Operating Officer Medical Staff Organization
Hospitals and Health System

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Clinical Observers
THE UNIVERSITY OF CHICAGO and the UNIVERSITY OF CHICAGO HOSPITALS

Application to Observe Medical Care
(Clinical Observers)

This form is to be used by individuals with advanced medical degrees who wish to come to the UCH to observe medical care in order to advance their education. The applicant must have an M.D., D.O. Ph.D. or D.D.S degree, or the equivalent, from another state or foreign country. Because the clinical observer will not have a license in Illinois and/or will not have any privileges or credentials at the Hospitals, the clinical observer will not be permitted to engage in any patient care or hands on training involving patients. There will be no certification made by UCH of any clinical training.

NAME: _______________________________________

Permanent Address:

Sex

Birthdate

DEPARTMENT WHERE you will be observing: _________________________

Name of Sponsoring entity (hospital, institution, governmental entity etc) ____________

Position at Sponsoring entity _____________________________________________

Are you enrolled in a residency training program? __________________________

NAME OF UCH Physician Overseeing this observation period: _________________

Area of study at UCH ___________________________________________________

Period of study _________________________________________________________

Are you a US citizen? ______ yes ______ no

If no, do you hold permanent residence status for the U.S. __________________

If yes, date permanent resident card issued (attach a copy)

If not a permanent resident, country of citizenship __________________________

Do you hold a J-1 Exchange Scholar Visa? Yes_______ No_______ (attach a copy)

Date Issued _______________ Expiration Date _______________ Visa No_________
If you do not hold a J-1 Exchange Scholar Visa, what type of Visa do you hold? (Note – this opportunity is not available to holders of B-1 visas)

Describe your goals during this period of study and observation

LETTERS OF REFERENCE/RECOMMENDATION: Please attach two (2) letters of recommendation from members of your specialty who can attest to your professional competence and ethical character.

By signing this application, I request consideration for a period of study and observation at UCH. I understand that I will not be permitted to engage in patient care. I understand that I will be expected to follow all UCH policies and procedures, that I will be expected to undergo screening for infectious diseases and safety education. I understand that if I breach any UCH policies or my obligations, I will be asked to leave immediately. I understand that UCH will not provide me with any clinical training certification at the end of this period of education.

Signature of Applicant

Date

I have reviewed the application and credentials submitted by this applicant to be a Clinical Observer at UCH, I support the application and I agree to personally oversee and supervise this period of observation and education.

Signature of Sponsoring Faculty Member

Date

Approved:

Department Chair

Date
THE UNIVERSITY OF CHICAGO HOSPITALS

CONFIDENTIALITY OBLIGATIONS

I, ________________________, will be a Clinical Observer at the University of Chicago and the University of Chicago Hospitals. I understand that I may have access to confidential patient information or confidential information about the family of a patient.

I understand that any information that I learn about a patient, including the fact that a person is a patient, is confidential under the laws of Illinois and that information about a patient can not be disclosed to anyone. I understand that Illinois law provides for possible civil and criminal penalties for disclosure of confidential patient information.

I agree that I will not:

Reveal to anyone the name or identity of a patient.

Repeat to anyone any statements or communications made by or about the patient.

Reveal to anyone any information that I learn about the patient as a result of reviewing medical records or from discussions with others providing care to the patient.

Make any copies of any medical records of medical information.

I have read this statement. I understand my obligation to maintain patient confidentiality and I agree to follow that obligation. I understand that if I breach my obligation to maintain confidentiality, I will be asked to immediately leave the Hospitals and the University.

Signed ___________________________  Print Name ___________________________

Address ___________________________  Telephone ___________________________

Date _______________________________
THE UNIVERSITY OF CHICAGO HOSPITALS

The Hospitals prohibits anyone from engaging in patient care who does not have privileges at the Hospitals or who is not enrolled in the Hospitals' residency training programs. The Illinois Medical Practice Act prohibits the practice of medicine in the State of Illinois without an Illinois license. The Act prohibits referring to or representing any person as a "Medical Doctor" if he or she does not hold an Illinois license. The Act also prohibits an unlicensed individual from wearing clothing or identification which would cause a person to infer that the individual is a physician. The potential civil and criminal penalties to the individual, his/her supervisors and for the Hospitals for violation of the Act are severe. Therefore, it is important to prevent persons who are visiting the Hospitals to observe, teach or perform research and who are licensed physicians in other states or countries but who do not hold an Illinois medical license or who do not have privileges at the Hospitals ("Clinical Observers") from inadvertently or intentionally violating the Act or Hospital policy.

Conditions for Clinical Observers

As a condition of permitting ___________________________________________ (hereafter referred to as the Clinical Observer) the opportunity to observe clinical services or perform research in the Section of ___________________________________________ of the Department of ___________________________________________ at The University of Chicago Hospitals between ___________________________ and ___________________________ (insert start and end dates) and under the direction of ___________________________________________, the undersigned agree that the Clinical Observer:

• Will always be accompanied by a UCH clinical attending when in the presence of patient;

• Will not be introduced to a patient, refer to himself/herself or be represented to the patient or any other person as a "Doctor" or a "Physician." It is appropriate to represent the Clinical Observer as a Professor if he or she holds appropriate educational degrees;

• If the Clinical Observer wears a white lab coat in the presence of a patient or in any patient care areas, it will not have embroidery on it or other identifying marks or imprints;

• The ID badge for the Clinical Observer must list only his/her first and last name. It will not carry the designation "Dr." and may not include any academic degrees. A department may be indicated below his/her name;

• In the presence of a patient or in any patient care areas the clinical observer will not be asked or allowed to answer specific questions about a patient's care or treatment, or otherwise provide medical or professional opinions;

• Will not write patient orders or write in patient charts;

• Will not interpret, write, or report test results, x-rays, etc., as part of the treatment of a patient;

• Will not perform any procedures on a patient;

• Will not be indemnified/insured by The University of Chicago or The University of Chicago Hospitals for malpractice purposes.

• Agrees to fully comply with any applicable laws or regulations.

• Agrees to follow all Hospital and University policies, rules and regulations including, specifically, those regarding infection control and Safety, confidentiality, and the policies and procedures of the IRB.

• Shall not be entitled to any of the rights or benefits of employees or students of the Hospitals or the University.

_________________________________________ (Clinical Observer's signature and date)  ________________________________ (Faculty Attending's signature and date)

_________________________________________ (Section Chief's signature and date)  ________________________________ (Department Chair's signature and date)
THE UNIVERSITY OF CHICAGO and the
UNIVERSITY OF CHICAGO HOSPITALS
ACCEPTANCE OF RISK for Clinical Observers

As a clinical observer of medical activities including surgery and as a participant in research for purposes of my own academic development and training, I recognize and acknowledge that there may be certain risks of physical injury including, but not limited to death, which may arise from these activities. I have no physical condition which would present a risk of injury to me through my participation as a clinical observer or researcher. Notwithstanding any instruction or consultation by the University of Chicago and Hospitals, I agree to assume responsibility for any such injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the clinical observation or research except if caused by the sole negligence of The University of Chicago or the University of Chicago Hospitals. I hereby release, waive and discharge the University of Chicago and the University of Chicago Hospitals, their trustees, officers, agents or employees from any and all liability, claim, damages and losses arising out of any loss, damage or injury that may be sustained by me or to any property belonging to me while participating in these activities. I acknowledge that the University and Hospitals are providing me with an educational opportunity and I further agree to indemnify and hold The University of Chicago and the University of Chicago Hospitals harmless for any occurrence resulting therefrom except if caused by the sole negligence of The University of Chicago or the University of Chicago Hospitals. It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I also understand that the University does not provide health, accident or liability insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in clinical observation or research activities should I become uninsured. I further understand that The University of Chicago or the University of Chicago Hospitals may, but is not required to, terminate my participation at any time for any reason. I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk and I voluntarily sign this agreement.

______________________________
Signature of Clinical Observer

______________________________
Date