BWH Short Term (48hrs or Less) Clinical Observational Experience Policy:

Statement of Policy/Purpose:

The Brigham and Women’s Hospital takes enormous pride in training and educating the next generation of physicians and healthcare workers. Most such training occurs as part of formal training arrangements such as medical student clerkships, ACGME accredited internships and residency training programs, and ACGME accredited fellowship programs. However, certain BWH Departments also offer non-credit, informal observation experiences for trainees not enrolled in the above entities but who desire to learn or gain basic exposure to the clinical environment. The purpose of this document is to ensure that all trainees, including those pursuing clinical observational experiences, are documented and abide by BWH Hospital policy ensuring no adverse impact on patient care or the academic environment. This policy pertains to experiences where observers are involved with the BWH clinical environment for 48hrs or less.

Clinical Observational Experiences (COE) at Brigham and Women’s Hospital will: (1) provide observers with appropriate educational observations in a closely supervised safe environment, (2) protect the rights and dignity of the BWH patient without adversely impacting clinical care, and (3) maintain the confidentiality and security of protected health information (PHI), and other proprietary or confidential information. COE’s are not training programs, and therefore do not provide BWH credit or any type of certification for trainee skills, level of training, or educational time.

Clinical Observational Experiences (COE’s) at BWH are not affiliated with any Harvard Medical School program or clerkships(s). Participation in a BWH COE will not have a preferential impact on any pending or future training applications. Upon successful completion of a COE, observers will receive an acknowledgement of COE attendance from the offering Department, confirming the observer’s dates of attendance. However, there is no formal credit provided. Prospective observers should also note that it will not be possible for professional or administrative staff to verify observers’ clinical skills based on participation in a clinical observership or provide a grade. Likewise, BWH professional staff will not be expected to write letters of recommendation for clinical observers.

Observer Participation & Limitations:

- The observer may join patient rounds and/or clinic opportunities under the direction of their BWH Faculty Supervisor but cannot ask questions or interrupt workflow. If there is time after rounds/clinic, questions can be directed to the Faculty member or medical team. The observer must note that they are not fulfilling a role as a medical or nursing student. Medical or nursing students (different from clinical observers) are enrolled in a formal training program, and thus may have a direct role in patient care as part of the credentialed medical team.
- The observer can introduce themselves to a patient, but in no way can participate in the care of the patient, documentation of care, or give even the appearance of being a caregiver. Importantly, the observer may not take a medical history, or touch or examine a patient. The observer should not interact with family members of the patient. Observers are not allowed to place medical orders, provide verbal orders, or convey medical recommendations to other patients or other healthcare providers.

Effective 1/01/2023
members. The observers are not hospital employees or members for the professional staff, and may not represent themselves as such.

- The observers’ activities must not interfere with the education or activities of medical students or graduate medical education trainees.
- Clinical observers cannot participate in research* activities. Similarly, Clinical observers cannot publish any works that imply a formal affiliation with BWH.
- **Short Term observers may only observe for a period of two days, within a one-week period.** Any observation period that exceeds two days within a one-week period or extends beyond a one-week period is considered a Long Term observer and should fill out the appropriate paperwork for that designation.

*Non-employees who expect to participate in research should be onboarded through BWH OSSVS as a Research Trainee*

**Observer Participation and Limitations in the Operating Room, PACU, Labor & Delivery:**
Access to these locations is granted only by unique circumstance with awareness and approval by the Department Chair overseeing the Faculty Sponsor. In the Operating Room, PACU, and Labor & Delivery, observers must always be in the company of the Faculty Sponsor and/or the designee.

**International Observers**
- International physicians entering the country on either B1 or Visa Waiver/Business (WB) are welcome to seek observerships. Although the hospital cannot sponsor visas for non-employees, including clinical observers, the Sponsor can provide a formal letter of invitation upon request.

**Current BWH Employees**
- Current employees not involved in clinical care activities as part of their employment (e.g. research trainees; research assistants) can apply for a short term observation in Departments that agree to allowing clinical observations (note that some Departments have a policy that prohibits clinical observers). Such employees must fully complete their short term observation packet, and seek approval from appropriate supervisors within the Department. Departments will then follow this guide to complete the clearance process through the Office of Sponsored Staff, though some duplicative work (if already entered as part of employment) may not be required.

**Harvard Medical School Students**
- Harvard Medical Students in good standing may clinically observe within a BWH department following approval from the department. HMS students must be onboarded, however, to enter the clinical area of care. BWH students enrolled as part of their BWH PCE or POM courses are already onboarded. If HMS students are outside of these efforts, and seeking clinical observation separate from an advanced clinical elective (for credit) through HMS, please contact the BWH UME Manager for onboarding assistance. Such paperwork must be completed 3 or more weeks in advance of such clinical experiences. Departments will be responsible for tracking and supervising students during the observation period.

Please note that the BWH Observational Experience Policy is subject to change based on hospital policies.

**Effective 1/01/2023**
Process for Applying for an Observational Experience:

Persons interested in a clinical observership should complete a ‘BWH Application for Observational Experience’, and ensure all necessary attachments are provided. These documents are then submitted to the sponsoring Department for approval by the Chair or their designee. Once completed, the approved documents are then submitted to the Office of Sponsored Staff (OSS), for final approval.

➢ **Step 1:** A BWH faculty supervisor must agree to sponsor the clinical observer, and the Department Chair or Associate Chief Nursing Officer (or their designee) from the sponsoring faculty member’s department must approve the observational experience.

➢ **Step 2:** All application paperwork and necessary supporting documents must be submitted to the Sponsoring Department, for checking and approval:
- Applicant’s Current CV (resume)
- Completed COE application and Signed COE Policy & Agreement
- Partners Confidentiality Statement - signed and dated
- BWH Occupational Health Form completed by observer and checked by Faculty Sponsor to ensure completion and up to date & necessary vaccinations - including Covid 19 vaccines and booster(s).
- Copy of Applicant’s government issued ID

➢ **Step 3:** All completed and signed application paperwork and necessary supporting documents must be submitted to The Office of Sponsored Staff Onboarding Portal no later than 3 weeks prior to the first day the observer and the sponsored faculty have agreed to begin the observership. This is a firm deadline
- Office of Sponsored Staff Onboarding Portal (Email bwhoss@partners.org for access)
- Click “Add POI Request”. Fill out the POI form in the portal with observers information (pictured below). Start date should be the first date of the agreed upon observership. End date should be the last day of the month in which the observership period concludes.
- Once POI form is submitted, click “Actions” and “Manage POI Request Checklist” to submit all supporting documentation
- Once all supporting documentation has been uploaded, go back to the original “Actions” tab and click “Change POI Request Status” from the dropdown menu. In the “Request Status” section of the pop up menu select “Ready for Review” and then click “Save & Close”
- Some observers may already be in the Onboarding Portal from a previous observership or educational experience. For these circumstances, search for the individual using their last name in the “POI Name” section, click “Actions” and then “Renew POI Request” in the drop-down menu. Follow the steps listed above after clicking “Renew POI Request” to submit your records to the Office of Sponsored Staff.

**Step 4:** The short-term observer brings the completed “Approval & Documentation Completion Form” to the Front Desk at 75 Francis Street. A BWH temporary badge will be provided. This badge must be worn by the Observer at all times. The temporary badge is valid for a 24hr period. Observer’s must get a new temporary badge for their second day of observation.

**Termination of Clinical Observership Experience:**

Effective 1/01/2023
BWH reserves the right to terminate a clinical observership at any time in the event of observer non-compliance with the terms of the Observership Agreement or if the observer becomes an obstacle to trainee, learning, or patient well-being.

Questions regarding clinical observers at BWH can be directed to Karen Bruynell or Alex McGillivray at the Brigham Education Institute, and Taraye Preston at The Office of Sponsored Staff
**POI FORM**

To be completed by Manager or Department Administrator

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**Start Date**

---

**First Name**
**Last Name**

**Date of Birth (mm/dd/yyyy)**
**Gender**
**Social Security Number**
**Ethnicity**

**Address**

**City**

**State/County**
**Zip**
**Phone**
**Email**

**License Information (skip this section if it does not apply to you)**

**Does the POI hold a work related license?**

**License Type**
**License Number**
**Expiration Date**
**Issuing Agency**
**Issuing State**

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**US Citizen?**
**[ ]** no, unauthorized to work in U.S.  
**[ ]** Work Visa/Authorization Type (include permanent resident)
**Work Authorizing Document #**
**Expiration Date**
**Emergency Contact (optional)**
**Phone**

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**FOR ALL POIs: I understand that before I begin, I will participate in an on-site orientation. I understand I must complete immunization screening and obtain clearance. I certify that the information provided on this application is true and correct. I understand that any false or incomplete, incorrect or false statements may result in dismissal. I understand that all offers to participate in a BWH Sponsored activity are conditional upon receipt of satisfactory CORI background check. I hereby release Brigham and Women’s Hospital and any persons or organizations that provide information from all legal responsibility or liability that may arise from conducting an investigation of my service.**

**Signature/Date**

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**FOR PHYSICIANS, PHYSICIAN ASSISTANTS, AND ADVANCED PRACTICE REGISTERED NURSES ONLY: I understand that I must be licensed and credentialed in the state of Massachusetts in order to provide any type of medical care or guidance at Brigham and Women’s Hospital (BWH). I understand that I must complete a formal BWH credentialing process and be approved for clinical privileges prior to engaging in any clinical activities.**

**Signature/Date**

---

**HR department (BR# or BD#)**
**Department name**

**Is the POI being Compensated?**

**[ ]** Pay Source

**Will the person be practicing medicine &/or assuming clinical duties?**

**[ ]** Will the person have contact with children?  
**[ ]**

**What is the POI’s Role?**

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**Work Schedule (hours per day & day of the week)**

---

**Please describe duties/responsibilities:**

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**Access to Partners Network needed?**

**[ ]** Yes  **Email account needed?**

**[ ]** Yes  **Is the POI Working Remotely?**

**[ ]**

**Primary Work Location (address, building name & floor)**

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**Requesting Manager/Dept Administrator**

**Signature**

**Form completed by**

---

**OSSYS/HR Section**

**POI Type:**
**CORI Date Submitted**
**CORI Date Received**
**OHS Clearance Date**
**Orientation Date**
**Confidentiality Agreement**
**Type of Volunteer**

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**POI OSSYS: Revised by BWH Operations 02/10/12**

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**Effective 1/01/2023**
**Clinical Observational Experience (COE) Application:**
Checklist and Cover Sheet

<table>
<thead>
<tr>
<th>Clinical Observer Name:</th>
<th>Current Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BWH Department:</td>
<td>Experience Dates:</td>
</tr>
<tr>
<td>Division/Program:</td>
<td>Coordinator Email:</td>
</tr>
<tr>
<td>Faculty Supervisor:</td>
<td>Coordinator Phone:</td>
</tr>
</tbody>
</table>

This form **must** be completed, submitted and approved before any outside* individual can enter any BWHC facility functioning in the capacity of a learner, an observer, a visiting student/physician, or any other activity whereby such an outside* individual **enters an area where healthcare is delivered**.

Complete this form completely with necessary attachments and submit to the BEI at least one month prior to any desired rotation start date. Please place all paperwork in the order listed on this form. Do not include any paperwork in this packet that is not listed below.

*Please submit all documents as single-sided document with original signatures.*

Effective 1/01/2023
Clinical Observer Experience Policy & Agreement

CLINICAL OBSERVERS ARE NOT ELIGIBLE FOR CLINICAL PRIVILEGES

- The observer may join rounds but cannot ask questions or interrupt workflow. If there is time after rounds, questions can be directed to the senior resident.
- The observer can introduce themselves to a patient, but in no way can participate in the care of the patient, the documentation of the care, or give even the appearance of being a caregiver. In particular, the observer may not ask questions, take history, or touch or examine the patient.
- The observer should not interact with ancillary staff and should never be a transmitter of medical information.
- The observer should not interact with family members of the patient.
- The observer should not attend family meetings.
- The observer should not be confused with students, who are participating in a formal training program or under a formal affiliation agreement.
- The observers’ activities must not interfere with the education or activities of medical students or graduate medical education trainees.
- The observers are not hospital employees or members for the professional staff and may not present themselves as such.
- Observers are not allowed to place medical orders, provide verbal orders, or convey medical recommendations to other patients or other healthcare members.
- Observers cannot participate in research activities.
- Observers cannot publish any works that imply a formal affiliation with BWH.
- Observers cannot suggest or imply that they are acting with authority of BWH.

If an observer is unable to adhere to these guidelines, BWH reserves the right to terminate the observational experience.

______________________________  ______________________________
Clinical Observer’s Signature    Date

______________________________
Clinical Observer’s Name

______________________________  ______________________________
Faculty Supervisor Signature    Contact Phone Number

Effective 1/01/2023
Clinical Observership Experience Application
BRIGHAM AND WOMEN’S HOSPITAL

This application must be completed for individuals who would like to observe patient care at Brigham and Women’s Hospital. For medical students from other institutions who are interested in participating in the care of patients or seek to receive clerkship credit for this experience, please contact the HMS Registrar’s Office at exchangeclerkship@hms.harvard.edu for more information regarding elective clerkship rotations. For residents and fellows from other institutions who are interested in participating in the care of patients, please contact the Graduate Medical Education office for more information regarding elective rotations. Please submit this application and all required supporting documentation (see checklist) to BWH Office of Sponsored Staff.

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**Section 1 - To be completed by visiting scholar:**

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First Name ________________________________ Last Name ________________________________

Date of Birth __________ Gender __________ Social Security Number __________ Ethnicity __________

Home Address ____________________________________________________________

State/Country/Zip Code __________________________ Email __________________________

Phone Number __________ US Citizen __________ Y/N __________

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I ___________________________________ ("Clinical Observer") understand that this observational experience is being made available to me based upon BWH’s interest in training future health care professionals. I understand that this experience is solely for my educational benefit and that my status is that of an observer. I understand and acknowledge that I do not have an employment or volunteer relationship with BWH/HMS and that I will not be providing any services to BWH/HMS during the course of my observational experience.

Clinical Observer’s Signature: ____________________________________________ Date: __________

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Effective 1/01/2023
Section 2 - To be completed by BWH Department:

BWH Contact Person/Program Coordinator: ___________________________ Phone number: ________________

BWH Faculty Supervisor: ___________________________ Phone number: ________________

The above-named Clinical Observer would like to apply for an observational experience in the BWH Department of
_________________________ in __________________________ (division or program), for the period
from ___________ to ___________ at (hospital) ____________ (location/ward) ____________ % _____
from ___________ to ___________ at (hospital) ____________ (location/ward) ____________ % _____

Educational goals of the proposed observership: __________________________________________________________
_____________________________________________________________________________________________

______________________________________________________________________________________________

BWH Signatures:

Faculty Supervisor: ___________________________ Date: __________

Dept Chair/Assoc Chief Nurse Officer or Designee ___________________________ Date: __________
PARTNERS HEALTHCARE SYSTEM
PARTNERS COMMUNITY HEALTHCARE

CONFIDENTIALITY AGREEMENT

Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare must assure the confidentiality of its employee, payroll, fiscal, research, computer systems, and management information. In the course of my employment/assignment at a Partners organization/practice, I may come into the possession of confidential information. In addition, my personal access code [User ID and Password] used to access computer systems is also an integral aspect of this confidential information.

By signing this document I understand the following:

1. Access to confidential information without a patient care/business need-to-know in order to perform my job—whether or not that information is appropriately shared—is a violation of this policy. I agree not to disclose confidential or proprietary patient care and/or business information to outsiders (including family or friends) or to other employees who do not have a need-to-know.

2. I agree not to discuss confidential patient, employee, payroll, fiscal, research or administrative information where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient’s name is not used. This can raise doubts with patients and visitors about our respect for their privacy.

3. I agree not to make inquiries for other personnel who do not have proper authority.

4. I know that I am responsible for information that is accessed with my password. I am responsible for every action that is made while using that password. Thus, I agree not to willingly inform another person of my computer password or knowingly use another person’s computer password instead of my own.

5. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Partner's computer systems to unauthorized locations, e.g., home.

6. I agree to log off a Partners workstation prior to leaving it unattended. I know that if I do not log off a computer and someone else accesses confidential information while the computer is logged on with my password, I am responsible for the information that is accessed.

Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare have the ability to track and monitor access to on-line records and reserves the right to do so. Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare can verify that those who accessed records did so appropriately.

I have read the above special agreement and agree to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges. I understand that in order for any User ID and/or Password to be issued to me, this form must be completed.

Signature of Employee / Physician / Student / Volunteer / Non-Partners Personnel

Date

Print Name

03288 01/17/06

To Be Filed in Employee’s Personnel Record
BWH Occupational Health Form: The BWH Clinical Observer must complete and comply with ALL infectious control standards at BWH. Short Term observers should complete the attached form, and the Faculty Sponsor must review, ensure compliance, and attest via signature.

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**Health Screening Requirements**

Directions: Please take this form to your health care provider or Student Health Service for completion.

**For Health Care Provider Completion:**

All personnel who will work, volunteer, or observe at the Brigham and Women's Hospital are required to meet the minimal infection control standards on page 2.

- Please plant and read a TB skin test, if this applicant has not had one in the past three months.
- For applicants with a past positive TB skin test, please complete the section labeled “Symptom Review” and obtain a chest X-ray which rules out active TB if one is not on file.
- Either documentation of the measles, mumps, rubella vaccines as required on page 2 is needed or proof of immunity by titer (blood test) is required.

For questions on form completion, call 617-732-6034. Thank You.

<table>
<thead>
<tr>
<th>TB Skin Test (TST)</th>
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<tbody>
<tr>
<td>#1 within 1 year of start date</td>
</tr>
<tr>
<td>Date Planted: _______</td>
</tr>
<tr>
<td>#2 TST within 3mos of start date</td>
</tr>
<tr>
<td>Date Planted: _______</td>
</tr>
<tr>
<td>Within 3mos of start date (see p.2)</td>
</tr>
<tr>
<td>QFT date/result: _______</td>
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<tr>
<td>If positive, chest x-ray is required</td>
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<table>
<thead>
<tr>
<th>Symptom Review</th>
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<tbody>
<tr>
<td>Loss of appetite</td>
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<tr>
<td>Unexplained weight loss</td>
</tr>
<tr>
<td>Night Sweats</td>
</tr>
<tr>
<td>Chest X-Ray Date</td>
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<tr>
<td>LTBI Treatment Length</td>
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<tr>
<td>INH Completion Date</td>
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<th>MMR</th>
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<tr>
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<table>
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<tr>
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<td>Hep B #2</td>
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<tr>
<td>Hep B #3</td>
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<tr>
<th>Td/Tdap</th>
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<tr>
<td>Td</td>
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<tr>
<td>Tdap</td>
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<table>
<thead>
<tr>
<th>Influenza Vaccine</th>
</tr>
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<tbody>
<tr>
<td>Seasonal</td>
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Titer Result (circle) | Date
POS / NEG

Color Vision Screen date | Normal/Abn

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<table>
<thead>
<tr>
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<th>Date</th>
<th>Healthcare Professional or Clinic Site</th>
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</thead>
<tbody>
<tr>
<td>1st Dose COVID-19</td>
<td></td>
<td><em><strong>/</strong></em>/___</td>
<td>mm dd yy</td>
</tr>
<tr>
<td>2nd Dose COVID-19</td>
<td></td>
<td><em><strong>/</strong></em>/___</td>
<td>mm dd yy</td>
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<tr>
<td>Other</td>
<td></td>
<td><em><strong>/</strong></em>/___</td>
<td>mm dd yy</td>
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<tr>
<td>Other</td>
<td></td>
<td><em><strong>/</strong></em>/___</td>
<td>mm dd yy</td>
</tr>
</tbody>
</table>

Print Name Health Care Provider

Signature

Date

Location

Telephone
Infection Control Standards for Health Clearance

Tuberculosis Screening and Chest X-Rays
One of the following is required:
   a. Documentation of 2 step TB testing; #1 within 1 year of start date, #2 within 3 months of start date.
   b. For individuals known to be TB skin test positive, documentation of a chest x-ray report is required which rules out active tuberculosis.
   c. Documentation of a negative QFT or Tspot within 3 months of start date; if positive QFT or Tspot, then documentation of a chest x-ray report is required which rules out active tuberculosis.
   d. For clinical staff who need to be screened annually, QFT or Tspot test accepted only if new hire is from TB endemic country (http://www.who.int/countries/en/) and/or history of BCG vaccine.

Measles, Mumps, and Rubella Immunity Required
One of the following is required:
   a. Documentation of two measles vaccines, two mumps vaccine, and one rubella vaccine or documentation of two MMR vaccines.
   b. Proof of immunity to measles, mumps and rubella by titer (blood test).

Hepatitis B Vaccine
For individuals who may be exposed to blood or body fluids during their experience at BWH:
   a. Documentation of the hepatitis B series and/or
   b. Positive antibody test for hepatitis B.
   *BWH will provide Hepatitis B vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.

Chicken Pox Immunity Required
One of the following is required:
   a. Proof of immunity to chicken pox by titer (blood test).
   b. Documentation of two varicella vaccinations.
   c. Documentation of provider verified varicella (chickenpox) disease.

Tetanus
All staff should have documentation of up-to-date tetanus vaccine (Td/Tdap).

Influenza
Massachusetts Department of Public Health requires all health care workers to receive flu vaccine or to sign a declination that it was not received. BWH has a mandatory mask policy for those not vaccinated against seasonal influenza.

COVID-19 Vaccines
All staff, trainees and observers should have documentation of up-to-date Covid-19 vaccines (2 vaccines and a booster).
BWH Staff/Faculty Sponsor attestation:

☐ I have reviewed these data and they are in compliance with BWH Occ Health regulations

Name (printed): __________________________ Signature: __________________________
BWH Short-term (<48hrs) Clinical Observer Approval & Document Completion Form

As a staff member of the Brigham & Women’s Hospital, I take responsibility for the oversight of this short-term Clinical Observer, (name/dob) __________________________.

On behalf of the Dept of ___________________, I have reviewed all necessary documents required by the ‘short-term’ clinical observer policy, and this clinical observer is in compliance and has attested to BWH immunization requirements.

Please provide this short-term clinical observer with a BWH temporary badge, effective from: _____________________
(maximum, 48hrs)

Name (printed):______________________

BWH Department:___________________

Signature of BWH Employee: _______________________

Effective 1/01/2023