

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

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

Forms Checklist:

- CORI Request Form, Pre-placement Health Screens, CORI Request (Child contact), Minor Consent OHS, Confidentiality Agreement, Lab Minor Consent Form, Research Trainee Letter

Start Date

First Name, Last Name

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

Address, City

State/ Country, Zip, Phone, Email, End Date(approximate)

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

US Citizen?, If no, authorized to work in U.S?, Work Visa/Authorization Type (include permanent resident)

Work Authorizing Document #, Expiration Date

Emergency Contact(optional), Phone

FOR ALL POI's:

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 deliberate, 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

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?

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

Please describe duties/responsibilities:

Access to Partners Network needed? Yes, Email account needed? Yes, Is the POI Working Remotely?

Primary Work Location (address, building name & floor)

Requesting Manager/Dept Administrator, Signature, Form completed by

POI Type:, CORI- Date Submitted, CORI- Date Received

OHS Clearance Date, Orientation Date, PeopleSoft ID#

Confidentiality Agreement, Type of Volunteer

Biographical Information - PeopleSoft Required Fields

To be Completed by Manager or Department Administrator

OSSVS/ HR Section

Clinical Observational Experience (COE) Application:

Checklist and Cover Sheet

*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.

Clinical Observer Name: _____ Current Date: _____

BWH Department: _____ Experience Dates: _____

Division/Program: _____ Coordinator Email: _____

Faculty Supervisor: _____ Coordinator Phone: _____

Clinical Observation 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 represent 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

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.

Section 1 - To be completed by visiting scholar:

First Name

Last Name

Date of Birth

Gender

Social Security Number

Ethnicity

Home Address

State/Country/Zip Code

Email

Phone Number

Y/N
US Citizen

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: _____

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.

By signing this document I understand the following:

- 1. Access to confidential information without a patient care/business need-to-know...
2. I agree not to discuss confidential patient, employee, payroll, fiscal, research or administrative information...
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.
5. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system.
6. I agree to log off a Partners workstation prior to leaving it unattended.

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.

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.

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

Date

Print Name

Infection Control Standards for Health Clearance

- **Tuberculosis (TB) Screening Required**

One of the following is required:

- a. Documentation of TB skin test within 3 months of screening date

OR

- b. Documentation of a negative IGRA (QFT or T-Spot) within 3 months of screening date

OR

- c. For individuals known to be TB skin test positive or who have positive IGRA, documentation of a chest x-ray report which rules out active tuberculosis is required and a completed TB symptom survey

- **Measles, Mumps, and Rubella Immunity Required**

One of the following is required:

- a. Documentation of two MMR vaccines **OR** two measles vaccines, two mumps vaccine, and one rubella vaccine

OR

- b. Proof of immunity to measles, mumps, and rubella by IgG antibody titer (blood test).

- **Chicken Pox (Varicella) Immunity Required**

One of the following is required:

- a. History of Varicella

OR

- b. Proof of immunity to chicken pox by IgG antibody titer (blood test)

OR

- c. Documentation of two varicella vaccinations

- **Influenza Vaccination Required**

Mass General Brigham requires all health care workers to receive a seasonal flu vaccine.

- **COVID Vaccination Required**

Mass General Brigham requires all health care workers to be up to date with COVID-19 vaccinations.

Health Screening Requirements

Observer Name: _____

Date of Birth: _____

Must be Completed by Personal Health Care Provider or School Health Office:

All personnel who will work, volunteer, or observe at a Mass General Brigham healthcare facility are required to meet the minimal infection control standards on page 1.

Tuberculosis (TB):

BAMT within 3 mos. of screening date	QFT Date: _____ Result: _____	OR	T-Spot Date: _____ Result: _____
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For history of +TST or +BAMT a Chest X-Ray (CXR) is required	CXR Date: _____	Chest X-Ray Result _____
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LTBI TX	Dated of Completion: _____	OR	LTBI TX Not Completed _____
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Symptom Review <i>(Only for applicants who have a history of a positive PPD)</i>	Loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Unexplained weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Night Sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Productive Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TB SCREENING:
 Have you lived for more than one month in a country with a high rate of TB? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe) YES _____ NO _____
 Are you immunosuppressed? YES _____ NO _____
 Have you had close contact with someone who had infectious TB disease since your last TB screening? YES _____ NO _____

Other Requirements

	Date	Date	Titer Result	Date
MMR	MMR #1 _____	MMR #2 _____	POS NEG	
Measles	Measles #1 _____	Measles #2 _____	POS / NEG	
Mumps	Mumps #1 _____	Mumps #2 _____	POS / NEG	
Rubella	Rubella #1 _____		POS / NEG	
Hx of Varicella	Yes _____	No _____		
Varicella	Varicella #1 _____	Varicella #2 _____	POS / NEG	
COVID 19	COVID 19 #1 _____	COVID19 #2 _____	Booster:	
	Manufacturer: _____	Manufacturer: _____	Manufacturer:	
Influenza (Seasonal)	Influenza _____			

Provider Name (Print): _____	Phone: _____
Provider Signature: _____	Date _____

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: _____