

Policy Title:	Clinical Observer Policy		
Location:	GWUH	Department:	Medical Staff Office
Policy Number:		Current Review Date:	September 2017
Original Effective Date:	May 1995	Current Effective Date:	

I. Purpose:

To establish guidelines for obtaining permission to observe clinical and clinical research functions at the George Washington University Hospital (GWUH).

II. Policy:

It is the policy of the George Washington University Hospital to allow healthcare professionals or other individuals the opportunity to observe (shadow) members of the Medical Staff or participate in clinical research with member of the Medical Staff.

An individual who wishes to observe or participate in clinical research with a Medical Staff member must request approval in advance. Each Medical Staff member must submit a sponsor statement, including the date and duration of the observation and/or clinical research period not to exceed 12 months.

III. Definition:

An observer is any individual who is present in a clinical area observing patient care who is **not**:

- a) A member of the George Washington University Hospital workforce;
- b) A medical student who has been authorized to participate by the George Washington University School of Medicine & Health Sciences (GWU SMHS);
- c) A resident or fellow in a George Washington University (GWU), training program, registered through the Graduate Medical Education (GME) Office; or
- d) A rotator from an accredited, non-GWU training program, registered through the appropriate GW SMHS or GW SON Office or through GW Hospital with a current affiliation agreement

IV. Procedure:

1. Prior to giving approval to an observer to participate, the observer must complete and sign:
 - a) Statement from the Sponsor (*Attachment A*)
 - b) Memorandum of Understanding (MOU). *PLEASE NOTE: If under 18 years of age, a parent or legal guardian must sign the MOU. (Attachment B)*
 - c) Observer Health Information form. (*Attachment C*)
 - d) Picture Identification, e.g. valid driver's license or passport
2. The Medical Staff Office reviews all material for completeness and ensures that the application packet includes a signed MOU and Observer Health Information form.
3. If the Observer is an International Medical Student or International Medical Graduate, the appropriate box must be checked and the application be shared with the International Office at GW School of Medicine & Health Sciences (SMHS).

4. If the clinical observation status exceeds 30 days, the clinical observer will be issued a hospital identification badge. The clinical observer should wear his/her badge at all times that indicates that he/she is an Observer. At the end of the observation, the identification badge must be returned to the Security Office.
5. For Clinical Research Observers:
 - a. The Sponsor must complete the Sponsorship Statement
 - i. indicate which IRB approved study the clinical research observer will be participating in
 - ii. indicate the IRB approved time period for the study
 - iii. provide documentation that the observer has been added to the IRB
 - b. The Medical Staff Office will provide the Research Statement to the IT manager once the Observer has been approved.
 - c. The Clinical Research Observer will need to contact the IT help desk at 202-715-4955 to complete additional documentation in order to be granted read only access to CERNER

APPROVED:

Bruno Petinaux, MD
Chief Medical Officer

Date:



THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Statement from the Sponsor (Sponsor must have GW Hospital Privileges)

I will be participating as a sponsor to _____

in the Department of _____

I will be responsible for the above named observer for the period of:

_____ To _____

Will the Observer be participating in Clinical Research? YES NO

The Observer will be participating in the following IRB approved study. *(Please provide documentation that the observer has been added to the IRB).*

Sponsor (print name): _____

Sponsor signature: _____

General Conditions.

The Hospital may immediately withdrawal any research observer who fails to follow Hospital rules and regulations, or who otherwise fails to act in a professional manner.

The medical staff office will need at least 5 business days to process the request. The Information can be sent via email: gwuhmedapp@gwu-hospital.com or faxed to 202-715-4477.

Any information that is not provided may delay this request.



MEMORANDUM OF UNDERSTANDING

This is a Memorandum of Understanding (M.O.U.) between District Hospital Partners, L.P., dba The George Washington University Hospital, hereinafter referred to as "Hospital", and (name) _____ hereinafter referred to as "Observer". I will be participating as an "Observer", sponsored by _____ in the Department of _____. Observer email: _____

Check if: International Medical Graduate International Medical Student Clinical Research Observer

A. Purpose

- 1. The purpose of this M.O.U. is to guide and direct the parties respecting their affiliation during the period of observation.

B. Clinical Observer Responsibilities

- 1. Observer will show proof of physical exam and negative PPD within the past 12 months.
2. Observer will show proof of Influenza Vaccination, if clinical observation occurs during influenza season (October 1- May 31).
3. Observer will be responsible for any injuries that (s)he may incur during the observation period.
4. Observer will comply with all Hospital rules and regulations, including but not limited to strict adherence with patient/medical confidentiality.
5. Observer will observe for the period from _____ to _____.
6. Observer shall not present her/himself as an employee of the Hospital.
7. Observer shall not participate in direct patient care in any manner.
8. Clinical Research Observers will need to contact the IT help desk at 202-715-4955 to complete additional documentation in order to be granted read only access to CERNER.

C. The following Attachments must be included:

- Completed and signed health form
 Clear, legible photo id (can be work, school, passport, driver license)
 Statement from the sponsor they will be shadowing (sponsor must have GW Hospital Privileges)

D. General Conditions

The Hospital may immediately withdraw any observer who fails to follow Hospital rules and regulations, or who otherwise fails to act in a professional manner.

E. The medical staff office needs at least 5 business days to process the request. The information can be sent via email: gwuhmedapp@gwu-hospital.com (preferred) or faxed to 202-715-4477. Please note if all information is not provided it will delay your observer request.

Hospital

Observer

Bruno Petinaux, MD
Chief Medical Officer

Date

Signature and date

(Parent or legal guardian signature required for Observers under the age of 18)



OBSERVER HEALTH INFORMATION FORM

The George Washington University Hospital requires each observer to provide the following information to assist the Infection Control Program of the Hospital. Failure to provide this information may lead to denial of your observer request. Should you require assistance in obtaining any of this information, please contact the Medical Staff Office at 202-715-4676. Form may be faxed to 202-715-4477.

NAME: _____ EMAIL: _____
ADDRESS: _____
PHONE _____ DOB: _____
FAX: _____

To be completed by a physician, nurse practitioner or physician assistant.

SECTION I — TUBERCULIN STATUS:

- 1. If PPD performed in the past 12 months please provide copy of results or record current PPD reading below.

Table with 4 columns: Forearm Placement, Date/Initials Performed, Date/Initials Read, Results. Includes sub-columns for Left and Right forearm placement and a blank space for mm results.

SECTION II -- TUBERCULIN STATUS - - POSITIVE:

- 1. Does the provider have a history of a Positive PPD [] YES [] NO
2. Date of last normal chest x-ray: _____
3. In the past 24 months has the provider developed any signs/symptoms of tuberculosis? [] YES [] NO (ie: shortness of breath, productive cough, weight loss, bloody sputum)
4. If yes, please submit documentation that provider is TB free.

SECTION III — INFLUENZA VACCINATION STATUS: Documentation must be attached.

Required if Clinical Observation Occurs During Influenza Season (October 1-May 31)

- a) I received the influenza vaccination. Yes: _____ No: _____ DATE: _____
b) If No, you must provide documentation of reason for exemption.

Signature of certifying physician/NP/PA: _____ Date: _____

Print name of certifying physician/NP/PA: _____ Phone: _____
Address: _____