

SWEDISH MEDICAL CENTER
OBSERVERSHIP POLICY AND PROCEDURES

In support of its educational mission, Swedish Medical Center provides students with observership experiences with Swedish Medical Staff members in good standing. An observership is a shadowing experience of no more than 40 hours in duration designed to provide an educational experience for the observer. The purpose of this policy is to provide an environment that is safe for patients, office staff, medical trainees and medical staff; respect patients' rights to privacy and confidentiality; and enhance the experience of the observers. Please give at least one week lead time to process application and paperwork.

POLICY

- I. An observership is a voluntary experience.
- II. Applications must be received at least one week prior to the start of the observational experience.
- III. All paperwork must be completed and turned in to the central GME office at least one day preceding the start of the observational experience.
- IV. An observer receives no academic credit from Swedish for the observership.
- V. All observers must be at least 18 years of age at the time of the observership.
- VI. Observers must wear a Swedish ID badge at all times.
- VII. Observerships are limited to a maximum of 40 hours, which may be scheduled as 1) a consecutive work week of up to 5 days or 2) up to 5 days spread over a period of no more than 1 month.
- VIII. Observership opportunities are subject to the discretion of the clinical department.
- IX. All observers must be sponsored by a Swedish Medical Staff member in good standing. Arrangement of such sponsorship is up to the observer and will not be facilitated by the Medical Education Department.
- X. Observers must be in the presence of and be directly supervised at all times by the designated supervising physician.
- XI. Patients must be informed of the presence of observers. An observer's presence is subject to permission granted by the patient.
- XII. Isolation patients must not be observed at any time.
- XIII. Observers may participate in grand rounds, conferences and other didactic activities as appropriate.
- XIV. Observers may participate in discussion of patient interactions with the designated supervising physician only if the patient has agreed and granted permission.
- XV. Observers must not interact with any patient independently.
- XVI. Observers must not provide medical care, conduct a patient interview, take a medical history, examine a patient, provide medical advice to a patient, or assist in any procedure.
- XVII. Observers must not make entries into patient medical records. They must not make copies of any patient medical records or other materials identified with patient names or other patient information.
- XVIII. Observers must not write orders for patients or make verbal orders for patients.
- XIX. Observers must not bill for any service.
- XX. Observers will abide by all applicable SMC policies (see OR Visitor/Observer policy for all

observerships involving Operating Room access).

PROCEDURES

Observers must do the following before beginning any observership experience:

1. Complete the Swedish online application and HIPAA Privacy and Security at <http://ehealth.swedish.org/gme/>
2. Submit the following documents to David Minetti (contact information below):
 - a. Completed Observer/Sponsor application, signed by both the observer and the observership sponsor.
 - b. Updated CV
 - c. Completed Swedish Confidentiality Agreement
 - d. Proof of Immunization and PPD
 - e. Proof of Health Insurance
 - f. Receipt of OR Visitors/Observers policy (for any observership requiring OR access)
 - g. For international medical students or a medical student coming for more than a two day period, a letter of good standing from the dean of the medical school. This letter must be completed and signed on official institutional letterhead
 - h. Government ID or visa upon arrival.

Upon receipt of all documentation the observer will be given a temporary Swedish ID badge to be worn during the period of observership. The badge must be returned to the Medical Education office at the completion of the observership.

Contact:

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Receipt of OR Visitor/Observer policy

I _____ acknowledge that I have received and reviewed the OR Visitor/Observer policy and will adhere to it at all times during my Observership with Dr. _____.

Signature

Date