



Policy Administration Console

Policy:	Observer Policy (Medical and Non-Medical)		
Policy Owner:	Director, Medical Affairs		
SLT Sponsor:	IVP, Medical Affairs & Medical Education		
Approval By:	Medical Advisory Committee & Senior Leadership Team	Date:	2014-04-22
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This policy applies to: LHSC

Similar policy at St. Joseph's: **Policy Name:** Observer Policy (Medical and Non-Medical)
Policy Owner(s): Integrated Director, Medical Affairs

POLICY

London Health Sciences Centre (LHSC) is committed to teaching and to offering learning experiences to individuals who are not staff or [affiliates](#) of LHSC. These individuals, called [Observers](#) are offered an opportunity to attend at the organization to gain knowledge and expertise about health care and/or the functioning of the organization. This may involve the opportunity to observe specific procedures and/or patient care processes.

Approval from the relevant Department Chief, Program Director, Manager Professional Practice, Clinical Coordinator or delegate must be obtained prior to agreeing to the presence of the Observer, and the individual approving the Observership must consider whether the Observership is consistent with and based on:

- The mission and values of the organization;
- Ensuring the safety of the patient;
- Respecting and maintaining the privacy of the patient and his/her family;
- Protecting the confidentiality of patient information and confidential business information of the organization.

Observer Role

An Observer is **not** permitted, in any circumstances, to provide any patient care, including but not limited to:

- Taking a medical history;
- Conducting physical examinations;
- Diagnosing or treating patient's condition;
- Ordering, preparing or administering drugs;
- Documenting on patients' health records, either in electronic or hard copy format;
- Having independent access to health records, either in electronic or hard copy format;
- Performing or assisting in surgical procedures, or diagnostic patient interventions;
- Obtaining consent;
- Interacting directly with patient/substitute decisions maker (SDM);
- Providing health care advice.

Observers and Patient Access

If it is anticipated that the Observer will be present during any contact with a patient/SDM, the [Sponsor](#) must:

- Obtain verbal consent from the patient/SDM to allow the Observer to be present at the time of the clinical visit, procedure or other patient service;
- Introduce the Observer to the patient/SDM and explain the reason for the Observership; and
- Document patient/SDM consent in the patient's health record.

Attendance by an Observer **should not exceed 12 weeks** unless an extended period is deemed necessary by the Department Chief (or Division Leader), Sponsor and the Observer.

An Observer is not considered an employee or affiliate of the Hospital and therefore is not:

- Entitled to salary, benefits, reimbursement of expenses or other forms of compensation;
- Covered under the Workplace Safety and Insurance Board (WSIB);
- Covered under the organization's liability insurance;
- Entitled to receive educational credit or certification from the organization for time spent observing;
- Entitled access to Occupational Health Services.

Custom tours for researchers, scientists, physicians, hospital administrators and staff from other hospitals, health care agencies and government have a Sponsor who must comply with the procedure and rules as outlined below. Any request for a custom tour involving more than one program, must ensure that all programs are notified prior to the agreed upon tour date.

LHSC may terminate an Observership at any time at its sole discretion. Concerns regarding the appropriateness of the Observer will be addressed by the Sponsor and, if necessary, by the Sponsoring department/program chief/leader. Concerns regarding the appropriateness of an Observer in Perioperative Care will be dealt with by the Perioperative Coordinator, the Chief of Surgery and the Chief of Anesthesia.

PROCEDURE

1. At Least One Week Prior to the Observership

1.1. The Sponsor will:

- a. Provide Observer with documentation package to complete and submit to the Sponsor at least one week prior to the planned attendance of the Observer.
- b. Review completed documentation submitted by Observer to ensure that information provided is complete, forms signed and the request for Observership is compliant with this policy.
- c. Forward the completed and signed documentation to the appropriate leaders (i.e. Department Chief, Division Chief, Site Chief, Program Director, Manager Professional Practice (Clinical Coordinator or delegate) for their review and approval/support.
- d. Once approved/supported by appropriate leaders, submit all required documentation to:
 - i. Medical Affairs – If the Observer's sponsor is a credentialed physician/dentist/midwife
 - ii. Student Affairs – If the Observer's sponsor is not credentialed as a physician/dentist/midwife.

1.2. The Observer will:

- a. Review the documentation package.
- b. Complete & sign:
 - i. [Observer Request Form](#) (Appendix A)
 - ii. [Observer Confidentiality Agreement](#) (Appendix B)
 - iii. [Medical and Non-Medical Observers - Self-Screening Health Evaluation](#) (Appendix C)

- iv. [Infection Prevention and Control Core Competency Training](#) (Appendix D)
- c. Forward all documentation requirements to the Sponsor at least one week prior to the requested date of attendance.

1.3. The Department/Division/Site Chief, Program Director, Manager Professional Practice, Clinical Coordinator or delegate will:

- a. Review the Observer's completed documentation and provide support/approval for the Observership or decline the Observer's request if the request is not consistent with this policy.

1.4. Medical Affairs/Manager Professional Practice, Clinical Coordinator or delegate will:

- a. Notify relevant leader(s) and/or staff for all departments/programs/services/areas of which the Observer will be attending by identifying the Observer's name and Sponsor (e.g. inform the Perioperative Service Manager/Director if the Observer will be in the OR).
- b. Retain all Observer documentation for a minimum of six years after the completion of the Observership. If Observer Sponsor is not a physician/dentist/midwife, documentation is to be forwarded to Student Affairs.

2. On the Observer's Arrival Date

2.1. The Sponsor will:

- a. Validate the Observer's photo identification (e.g. Passport photo, valid Driver's License), where applicable.
- b. Ensure receipt of any outstanding documentation information, i.e. credentialing or certification requirements are obtained, if necessary.
- c. Facilitate Observer obtaining an LHSC visitor badge by signing-out one of the generic/visitor badges in the Customer Support office. Generic ID badges must be obtained in the Customer Support office of the site the Observership will be affiliated, where applicable.
- d. Sign-out the ID badge and return the ID badge when the Observership ends.
 - i. If an Observer has a valid photo ID from another health care organization (or educational institutional badge), he/she must wear this ID while on hospital premises.
- e. Provide orientation to the Observer, including:
 - i. Overview of observing events and times
 - ii. Physical layout of department/program/service area
 - iii. Safety training, as applicable
 - iv. Any applicable departmental policies or procedures.
- f. Ensure that the Observer is under the responsibility of a LHSC staff or affiliate at all times.

2.2. The Observer will:

- a. Wear ID badge at all times while in the organization (or recognized educational/organizational ID).
- b. Respect that unforeseen events may interfere with the Observership, and in this case, the Observer will recognize that his/her Observership may be terminated at the request of the Sponsor, other leaders in the department or the organization.

3. Last Day of Observership

3.1. The Sponsor will:

- a. Ensure that the LHSC visitor badge is returned upon completion of Observership.
- b. Where desired, obtain feedback/evaluation from the Observer regarding his/her overall experience to ensure on-going positive relations and quality assurance.

DEFINITIONS

Affiliates – Individuals who are not employed by the organization but perform specific tasks at or

for the organization, including:

- Credentialed Professional Staff with a hospital appointment (e.g. physicians, midwives, dentists)
- Students
- Volunteers
- Contractors or contracted workers who may be members of a third party contract or under direct contract with the organization
- Individuals working at the organization but funded through an external source.

Observer –An individual attending at the organization for the specific purpose of gaining knowledge and expertise about health care and/or the functioning of the organization. An Observer may be:

- Medical professionals from other hospitals
- Nursing professionals from other hospitals
- Allied health professionals from other hospitals
- Other individuals not affiliated with the organization.

The individuals listed below, are **not considered Observers** and are managed through alternative processes/policies. Please refer to the appropriate department/policy for information on having such individuals attend at LHSC.

- Student, resident/fellow or research fellow who is completing an educational placement at the organization as part of a program offered by an educational institution affiliated with the organization
- Volunteer (See [Volunteer Services](#))
- Employee of LHSC (See [Human Resources](#))
- Pharmaceutical representative
- Industry representative.

Sponsor –LHSC staff or a physician, dentist, or midwife who is credentialed at LHSC.

REFERENCES

Corporate Policies

[Guidelines for Pharmaceutical Representatives](#)
[Non-Medical Student & On-site Faculty](#)
[Policy for Industry Representatives](#)

Other References

CPSO Policy Statement: Shadowing: Observing Physicians in a Clinical Setting
[Code of Conduct \(LHSC\)](#)

APPENDICES

Documentation Package

Appendix A - [Observer Request Form](#)
Appendix B - [Observer Confidentiality Agreement](#)
Appendix C - [Medical and Non-Medical Observers - Self-Screening Health Evaluation](#)
Appendix D - [Infection Prevention and Control Core Competency Training](#)

Please refer to the On-line Corporate Policy Manual for the most up to date version of this policy. LHSC cannot guarantee that hard copy versions of policies are up-to-date.



OBSERVER REQUEST FORM

Full Name of Observer: (print) _____ (Attach a current C.V or resume).

Category of Observer:

☐ Physician ☐ Dentist ☐ Midwife ☐ Other (*please specify*) _____

Purpose of Visit:

Explain what learning outcomes you expect to accomplish during your Observership

Start and End Dates of Observership:

Please indicate your anticipated start and end date (yyyy/mm/dd).

Start: _____ End: _____

Sponsor Information:

Your Observership must be sponsored by a staff member or physician at the organization (a signature is required on page 2 of this document).

Sponsor's Name: _____ Ext: _____

Sponsor's Title: _____

Department(s)/Program(s) of Observership:

List all programs and departments, including specific divisions/areas you wish to observe, if known:

Observer Location(s):

Please check all hospitals that apply to your request for Observership.

London Health Sciences Centre:

☐ University Hospital ☐ Victoria Hospital

Please continue to Read the Agreement & Acknowledgement of Role & Accountabilities.

1. The Observer ***will not***, under any circumstances, be involved in any form of direct patient care. Patient care involves, but is not **limited to**:
 - taking a medical history,
 - conducting physical examinations,
 - diagnosing or treating patient's condition,
 - ordering, preparing or administering drugs,

- documenting on patients' health records, either in electronic or hard copy format,
 - having independent access to health records, either in electronic or hard copy format,
 - performing or assisting in surgical procedures, or diagnostic patient interventions
 - obtaining consent,
 - interacting directly with patient/SDM.
 - providing health care advice.
2. All Observers must comply with London Health Sciences Centre Observer Policy for Medical and Non-Medical Observers; and any other relevant development policies and procedures as discussed with the sponsor.
 3. All Observers are required to maintain patient confidentiality regarding all cases observed. **(You must read and sign the LHSC Observer Privacy & Confidentiality Agreement included in this package – Appendix B).**
 4. Your sponsor must obtain a patient's verbal consent for your presence prior to any patient contact. A patient's right of refusal is to be respected at all times.
 5. You must complete the Self-Screening Health Evaluation and return it with your documentation package and you must acknowledge that you have completed and agree to comply with the information presented on the form. **(Appendix C)**
 6. You must complete the Infection Prevention and Control Core Competency Training and return it with your documentation package and you must acknowledge that you have completed and agree to comply with the information on the form. **(Appendix D)**
 7. You must attach a current version of your C.V (or resume). A short version is acceptable.

Observer:

- ☐ I have read and fully understand the information provided in this documentation package.
- ☐ I am aware of and agree to comply with the aforementioned roles and accountabilities.
- ☐ I have completed and confirm my compliance with the Self-Screening Health Evaluation Form.
- ☐ I have completed and confirm my compliance with the Infection Prevention and Control Competency Training.
- ☐ I have attached a current copy of my C.V (or resume)

Signature: _____

Date: _____

Sponsor:

I agree that it is safe and appropriate for the above individual to assume an Observer role and acknowledge the aforementioned roles and accountabilities.

Printed name _____

Signature: _____

Date: _____

Department Chief/Program Director/Professional Practice Leader:

I support the above Observership and acknowledge the aforementioned roles and accountabilities.

Printed name _____

Signature: _____

Date: _____

**OBSERVER PRIVACY AND CONFIDENTIALITY AGREEMENT****London Health Sciences Centre**

All patients, residents, and clients under the care of London Health Sciences Centre and all staff and affiliates have a fundamental right to have their personal health information/personal information treated in confidence.

This Agreement confirms that:

1. I commit to hold in confidence all information about patients, residents, clients, and their families, staff and affiliates, as well as the confidential business information of London Health Sciences Centre, which comes to my attention while carrying out my duties as agreed within the organization.
2. I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of London Health Sciences Centre, as well as the confidential business information of the organization even after my affiliation with the organization ends.
3. I will only use personal health information, personal information or confidential business information required for the performance of my role as an observer.
4. I will comply with the Canadian and provincial privacy legislations and regulations.
5. I understand that I must maintain all professional obligations, including adherence to the standards of practice.
6. I understand that I may consult my hospital sponsor, the Privacy Office or Risk office for information regarding this Agreement.
7. I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for action, up to and including the loss of affiliation with London Health Sciences Centre.

Printed Full Name of Observer: _____

Signature of Observer: _____

Date (YYYY/MM/DD): _____

Sponsor Name: _____

Sponsor Department: _____

Note: For observers visiting patient care areas, verbal consent must be obtained from the patient by LHSC staff/affiliate before the observer approaches the patient.



Medical and Non-Medical Observers
SELF-SCREENING HEALTH EVALUATION

In a hospital setting there are several childhood and communicable diseases, which may pose a health risk to patients and/or staff members (eg. chicken pox, influenza, viral diarrhea, etc.). We would appreciate your answering these questions before your visit to the hospital.

INSTRUCTIONS:

The content of this evaluation is strictly confidential. This questionnaire is for self-screening purposes only, and is to be completed and retained by the Observer.

1. Complete prior to the date of your observership in the hospital.
2. Answer the questions listed below.
3. If you answer "yes" to any of the questions listed below, you will not be able to observe at the hospital as scheduled.

DURING THE PAST MONTH, HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS THE FOLLOWING DISEASES:

	YES	NO
MEASLES (RED MEASLES)	()	()
MUMPS	()	()
CHICKEN POX	()	()
RUBELLA (GERMAN MEASLES)	()	()
WHOOPING COUGH	()	()

IN THE PAST 48 HOURS, HAVE YOU EXPERIENCED:

A COLD	()	()
A SORE THROAT	()	()
DIARRHEA	()	()
VOMITING	()	()
COLD SORE	()	()
FEVER	()	()
PINKEYE	()	()
A RASH	()	()
ITCHY SKIN	()	()

If you answered 'Yes' to any of the above, you will not be able to observe at the hospital as scheduled. You must notify your Sponsor to make alternate arrangements for your observership.

INFECTION PREVENTION AND CONTROL CORE COMPETENCY TRAINING

To ensure the safety of the observer, patients, and staff, you are required to complete the Infection Control Core Competency training modules. These are three e-learning modules that will enhance your knowledge of infection control.

- 1) Hand Hygiene:
https://wwwold.sjhc.london.on.ca/SSL/medical_affairs/hand_hygiene/index2.htm
- 2) Chain of Transmission:
https://wwwold.sjhc.london.on.ca/SSL/medical_affairs/chain/
- 3) Routine Practices:
https://wwwold.sjhc.london.on.ca/SSL/medical_affairs/routine/

I have reviewed all three of the above Infection Control modules and agree to follow the proper steps required to ensure both the safety of myself and the patient throughout this observership.

Printed Full Name _____

Signature _____

Date (YYYY/MM/DD) _____

Sponsor Name _____

Sponsor Department _____