	The Johns Hopkins Hospital Corporate and Administrative Policy Manual Administration	<i>Policy Number</i>	ADM019
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	<i>Subject</i>	Student Observer of Clinical Care	<i>Page</i>
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I. OBJECTIVES AND POLICY HIGHLIGHTS

The purpose of this policy is to establish a process for clinical observerships at The Johns Hopkins Hospital by students interested in the healthcare industry. The intention of student observerships is for educational purposes only.

II. INDICATION FOR USE AND EXCLUSIONS


- A. This policy applies when a student observer requests an observership experience with a sponsoring clinician/designee, not to exceed 2 weeks or 80 hours total over the course of one academic semester.
- B. This policy is not indicated for:
 1. Job shopping
 2. Student clinical placements or practicums
 3. Observations lasting longer than 2 weeks or 80 hours. For observation longer than 2 weeks or 80 hours, contact the Volunteer Office in Carnegie 173

III. DEFINITIONS

Student Observer	A student interested in the healthcare industry who will be watching patient care for educational purposes, but not subject to a written contract. Students must be 16 years of age or older. Students under the age of 18 years must provide a signed parental consent form (See Appendix C).
Observation Time	A limited period of time not to exceed 2 weeks or 80 hours over one academic semester.
Sponsoring Clinician/ Designee	The individual who acts as a host to the observer and is responsible for the observer's conduct. The sponsor must be a current employee of JHU or JHH. They are responsible for making sure that the student observer completes the required paperwork and follows JHH policies and procedures.

IV. RESPONSIBILITIES


- A. Sponsoring Clinician/Designee:

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1. Approves student observations at own discretion and completes the Student Observership Sponsor Form (See appendix A)
 2. Obtains signature on Confidentiality Pledge for Visitors and maintains form **in department on unit** per HIPAA office policy (See appendix B)
 3. Provides student observer with required Student Observer of Clinical Care Packet prior to beginning observation (Appendix C)
 4. Assures completion and storage of required documentation as determined by department
 5. Provides a safe and educational clinical observation for student, assuring that student has no physical contact with patients
 6. Introduces student to all patients as either a "student observer" or "observer" **and obtains verbal permission from the patient to allow the student observer to be present**
 7. Assures student observer is always accompanied by a sponsoring clinician/designee **while in a clinical area**
 8. Provides any additional training associated with patients, hazardous materials, dangerous equipment, or exposure to animals
 9. Notifies department administrator of the observation
 10. Complies with hospital and clinical policies which may prohibit visitors from accessing certain patient care areas
- B. Student Observer:
1. Signs Confidentiality Pledge for Visitors (Appendix B)
 2. Completes required documentation in the Student Observership of Clinical Care Packet and returns to sponsoring clinician/designee (Appendix C)
 3. Abides by expectations set forth in this policy
 4. Has no physical contact with patients
 5. Is accompanied by a JHH or JHU employee at all times while in any clinical area

V. PROCEDURE

- A. General Information:
1. Student observers are not issued employee ID badges or keys
 2. The hosting department for the sponsoring faculty/designee is responsible for issuing a "Student Observer" badge which is worn by the student observer at all times while on campus
 3. Student observers shall not:
 - a. Have physical contact with patients
 - b. Be given access to electronic medical records systems
 - c. Be issued a JHED ID
 4. Patients have the right to refuse to have a student observer present during examinations and discussions. If a patient refuses to permit a student observer to be present during examinations and discussions, that request must be honored
- B. Prior to beginning student observership, the sponsoring clinician/designee shall:
1. Complete the Student Observership Sponsor Form (Appendix A) and file per departmental requirements
 2. Inform student about required documentation prior to starting observership and provide requesting student with:
 1. Confidentiality Pledge for Visitors (Appendix B)
 2. Student Observer of Clinical Care Packet (Appendix C)
 3. Determine the type of student observation to be provided and obtains necessary approvals, as indicated, prior to student visit
- C. Once student observership begins, the sponsoring clinician/designee shall:
1. Assure completion of all required documentation and file in departmentally-determined designated area

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2. Provide student **observer** with "Student Observer" badge
3. Assure that student **observer** is accompanied by a JHH or JHU employee at all times while in any clinical area

VI. DOCUMENTATION

Required student observership documentation shall be stored in area designated by each department and shall include:

1. Student Observership Sponsor Form (Appendix A)
2. Confidentiality Pledge for Visitors (Appendix B)
3. Student Observer of Clinical Care Packet (Appendix C):
 - Parental Consent Form
 - Expectations of Behavior
 - Immunization Record
 - Bloodborne Pathogens Overview

VII. EDUCATION AND COMMUNICATION

- A. The Office of Medical Affairs will send notification to clinical department heads to communicate the policy to appropriate staff in their departments.
- B. Important aspects of the policy will be communicated via Medical Staff and Nursing publications.
- C. Functional Unit Directors will inform relevant staff members about this policy.
- D. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the [JHH website](#).

VIII. SUPPORTIVE INFORMATION

See Also/References:

- [JHH HIPAA website](#)
- Johns Hopkins Hospital, Nursing Practice and Organization Manual Vol I
 - [E&R308 Clinical Observations for Students and Visitors](#)
 - [PAS007 Visitors in the Operating Rooms](#)
 - [PME012 Confidentiality Agreements](#)

Sponsor:

- Administrative Committee of the Medical Board


Developers:

- Volunteer Services
- Risk Management
- Office of Medical Affairs

Medical Board - Approval Date:

Effective Date:

Review Cycle - Three (3) years

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IX. SIGNATURES

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Appendix A: Student Observer of Clinical Care Application

General Information

Becoming a student observer of clinical care at The Johns Hopkins Hospital (JHH) is an opportunity for individuals who are interested in a career in health care to shadow a medical staff or workforce member (sponsor) and learn more about the field. Student observerships are for educational purposes only. Applicants are required to obtain a sponsor, complete an online application, provide proof of influenza immunization, and adhere to hospital policies regarding confidentiality, professional conduct, and safety.

Once your completed online application is received, the sponsor you wish to shadow will review your submission. They will either approve or decline your request for an observership. You will receive their decision in an email along with other instructions.

Student Observer Qualifications:

1. Sixteen (16) years of age. Observers under the age of 18 years must provide a signed parental consent form.
2. An active high school or college student, or recent graduate. Medical students must register with the JHU Registrar's Office.
3. Able to provide proof of having received the annual influenza (flu) vaccination. Only applicable during the flu season, October-March.

Guidelines:

1. Time spent observing medical staff shall not exceed 2 weeks or 80 hours total over the course of one academic school year. If student observer exceeds this time limit, they shall contact the volunteer office in Carnegie 173 and abide by their guidelines.
2. Student observers shall at all times be under the direct supervision of their sponsor or a designee appointed by them.
3. Student observers shall have no physical contact with patients.
4. Upon arrival to JHH, the student observer shall check in at a security desk to receive a visitor's ID bracelet. A visitor's bracelet must be worn at all times while on campus.
5. Student observers have the responsibility to act professionally, dress appropriately, and abide by the policies of JHH.
6. A student observership does not qualify as medical training or volunteering. Academic credit will not be granted.

Expectations of Behavior

As a student observer of clinical care at The Johns Hopkins Hospital, you are expected to behave in a responsible manner. The following are general expectations of behavior. The primary purpose for these guidelines is to protect the hospital community and ensure that you have a rewarding experience as a student observer. Please carefully read and sign below asserting that you will follow these standards while engaged in clinical observation. If you fail to adhere to these expectations of behavior, your observership may be terminated at the discretion of your sponsoring clinician/designee.

1. You are expected to do exactly what your sponsor asks you to do.
2. You have the responsibility to act professionally. This includes arriving on time to each appointment and being courteous to everyone you meet.
3. You have the responsibility to maintain the confidentiality of any and all patient information you see or hear including "protected health information." Do not talk about the patient or their information at any time.

4. Photography and video recording of any kind are not allowed while on Johns Hopkins property.
5. You shall have no physical contact with patients.
6. You have the responsibility to be groomed and dressed appropriately. Attire shall be clean, moderate in style, and appropriate for the work area.
7. You must wear a Visitor's ID wrist band at all times.
8. Smoking is not permitted at any time.
9. Possession of weapons, fireworks, or illegal drugs is not permitted at any time. If such items are found, the matter will be reported to local law enforcement.
10. Any other behavior, which is not outlined specifically above yet compromises the integrity and high standard of excellence of The Johns Hopkins Hospital, will not be tolerated.

Applicant Information

Name: _____ Date of birth: _____
Home Address: _____
Email Address: _____ Phone: _____
School/Institution: _____ Current Grade: _____
Date/s of Observation: _____
Emergency Contact: _____ Phone: _____
Relationship: _____

Sponsoring Clinician Information

Sponsor's Name: _____
Department: _____
Email Address: _____

Signature

I attest that everything in this application is true and I agree to comply with the above expectations of behavior.

Signature: _____

Date: _____

CONFIDENTIALITY PLEDGE FOR VISITORS

I certify that I am visiting Johns Hopkins for training, observational and/or educational purposes from: _____ to _____ or on _____.

I understand that while I am visiting in this capacity, I may be exposed to "protected health information," information about a person's health or treatment that identifies the person, and other information deemed to be confidential by other laws (collectively referred to as "Confidential Information"). I also understand that while I am visiting in this capacity I may be treated as a temporary member of Johns Hopkins' "workforce" for purposes of the federal HIPAA privacy regulations only.

I pledge and agree to use and disclose any Confidential Information only for the training, observational and/or educational purposes of my visit and otherwise to keep the information confidential. The taking of photos, videos and audio recordings is not allowed without additional permissions/authorizations.

I will not post or discuss Confidential Information, including pictures and/or videos, on my personal social media sites (e.g. Facebook, Twitter, etc.).

I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices, with respect to Confidential Information, in accordance with Johns Hopkins policies only.

I understand that I may direct to the Johns Hopkins Privacy Office any questions I have about my obligations under this Confidentiality Pledge or under any of the Johns Hopkins' policies and procedures and applicable laws and regulations related to confidentiality. The contact information is: Johns Hopkins Privacy Office, Telephone: 410-614-9900, e-mail: HIPAA@jhmi.edu.

Name of Visitor

Signature of Visitor

Date

Address of Visitor

Telephone of Visitor

I, as sponsor of the above-named Visitor, have reviewed this pledge with the visitor and certify that the visitor is here for training, observational and/or educational purposes.

Name of Party at Johns Hopkins Responsible for Visitor

Responsible Party Signature

Date

Retain original signed copy of this Pledge in the department or entity sponsoring the training, educational event or observation. Copy to visitor.

Appendix C: Bloodborne Pathogens Overview

As an observer of clinical care, there is an inherent risk of exposure to blood and other potentially infectious materials (OPIM). The information in this document provides an overview of bloodborne pathogens (BBPs), how to prevent exposure, and actions to take in the event of exposure.

OVERVIEW

Bloodborne pathogens can be transmitted when infectious blood or OPIM is introduced into the bloodstream of a person. Transmission of bloodborne pathogens in the workplace can occur through the following routes of transmission:

- Needle sticks/sharps injuries
- Splashes to the mucous membranes (eyes, nose, and mouth) or to non-intact skin.

There are several diseases that are caused by bloodborne pathogens. A few BBPs are fairly common and present a risk to you if you come in direct contact with other potentially infectious materials (OPIM) such as human blood and certain body fluids. The three that are most common are **HIV, Hepatitis B, and Hepatitis C**. There are no vaccines for HIV or Hepatitis C but there is a vaccine for Hepatitis B. This is a series of 3 shots that is given at the initial clinic visit, a month later, and then 6 months later.

HOW TO PREVENT EXPOSURE

1. Practice good hand hygiene.
2. Wear Personal Protective Equipment (PPE) as directed by the patient's condition. This may include gloves, goggles, and face shields.
3. Consider all patients and body fluids/blood to be infectious.
4. Remove PPE before leaving the work area.
5. Dispose of all contaminated items into approved medical/infectious waste containers.
6. Dispose of all sharps into an approved sharps container.
7. Needles shall never be recapped, broken, or sheared off.
8. If you have broken glassware, it shall be swept up and placed into a sharps container. Do not directly pick it up with your hands.
9. Unless gloves or other non-sharp items are capable of releasing liquid or dried blood when compressed, they can be disposed of in standard trash containers. When in doubt, dispose of in red trash bags.
10. If you are working in an area where there is a risk of exposure, you should never eat, drink, handle contact lenses, or apply makeup in that area.
11. Food and drink must be stored in separate areas from where blood and body fluids are present. This includes refrigerators.

WHAT TO DO IN THE EVENT OF EXPOSURE

1. Wash the exposed site.
2. Call the 24-hour hot line **5-STIX** (410-955-7849).
3. Inform your sponsoring clinician/designee.
4. **If recommended by your sponsoring clinician/designee**, initiate Post-Exposure Prophylaxis (PEP) for possible HIV exposure **within 1 - 2 hours after exposure** for optimum efficacy.
5. Complete an incident report and report to the injury clinic (Blalock 139).

SIGNATURE

By signing below, I assert that I have read the Bloodborne Pathogen Overview for Student Observers and understand the risks associated with being an observer of clinical care in a hospital setting. I agree to take the recommended precautions to prevent contact with bloodborne pathogens and will follow the hospital's protocol in the event of exposure.

Name of Student Observer: _____

Signature: _____

Date: _____

Name of Sponsoring Clinician: _____

Department: _____