

## Providence Staff Responsibilities for Observational Requests

### Philosophy

Providence Health & Services – Oregon Region is supportive of learning experiences for non-graduate students that will expand their understanding of the medical field. Sometimes this is best done through an extended observation (greater than 8 hours). In collaboration with HR, we have established the following process to accommodate such requests.

### Required forms and reference materials:

- 1) Observational Rotation Application Request (included for reference);
- 2) Observer HR spreadsheet (see [GME Website](#)) ;
- 3) PHSOR Prof Staff Policies Revised 05 28 18 (see Article XVI, Section 6, p 72, included);
- 4) Non-employee badge request template blank (included)

### Steps to follow:

- 1) **Observer** secures agreement with a PHSOR Staff Member to supervise them.
- 2) **Observer** completes the application (available on [GME Website](#)) and includes the required documentation (drug screen, criminal background – should be a global check for international applicants, and immunization records). Documents should be translated into English as needed.
- 3) **Observer** sends completed application and required documents, preferably in one pdf file to PHSOR Staff Member.
- 4) After reading Article XVI, Section 6, p. 72 - 73 of the PHSOR Staff Policies, **PHSOR Staff Member** signs page 7 and gets their Department Chair's signature on the form.
- 5) **PHSOR Staff Member /office** sends application packet and completed HR spreadsheet to **Loretta Kemper**, ([loretta.kemper@providence.org](mailto:loretta.kemper@providence.org)). **Loretta** sends the documents to OR REG HR Student Affiliation ([orreghrstudentaffiliation@providence.org](mailto:orreghrstudentaffiliation@providence.org)) for clearance.
- 6) Once HR gives clearance, **Loretta** submits a Security badge request to the appropriate hospital. Observer should have a 'visitor' badge.
- 7) **Loretta** notifies the **PHSOR Staff Member/Office** that HR has cleared the student for observation and that the badge is available for pick up in the Security office of the respective hospital.
- 8) If any portion of the observation will be in the OR, **Loretta** will contact Lisa Morgenthaler ([lisa.morgenthaler@providence.org](mailto:lisa.morgenthaler@providence.org)) at PPMC or Kristina Pickering ([kristina.pickering@providence.org](mailto:kristina.pickering@providence.org)) at PSVMC for additional clearance requirements.
- 9) **PHSOR Staff Member /office** maintains forms on file for 3 years.
- 10) **PHSOR Staff Member /office** notifies observer of clearance to start along with any pertinent details of start date, time and location.

NOTE: **Observers** are requested to allow 4 – 6 weeks lead time for processing. For international requests, allow 8 weeks.

## Providence Observational Rotations All Learner Types

We at Providence Health & Services – Oregon Region are excited to provide an observer experience to enhance and guide you in your career path decisions. For your protection and the protection of our patients, observers who are at our facilities **more than 8** hours cumulatively must follow the steps below prior to their experience.

The following documentation is necessary to have you on our campuses in our patient care areas. This is necessary for all non-patient specific visitors as well. Please allow 4 – 6 weeks (8 weeks for international requests) for processing.

Step 1: Compile the following documentation:

- Background check, which includes Social Security Number trace, OIG sanctions list and GSA/EPLS, criminal history and Sex offender registry. For international requests, this should be a global background check.
- A 10-panel drug screen, which includes Amphetamines, including methamphetamines; Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Opiates, Phencyclidine.
- Health Screen verification, which includes a TB exposure screening, annual influenza vaccination, Measles, Mumps, Rubella (MMR), Varicella immunizations, Hepatitis B vaccination and Tetanus/ Diphtheria/ Pertussis (Tdap) vaccine.

If you need assistance in getting a background check and/or drug screen completed, please contact [ORRegHRStudentAffiliation@providence.org](mailto:ORRegHRStudentAffiliation@providence.org).

Step 2: Complete pages 2 – 6 of this document, Observational Rotation Application Request

- Applicant Behavior, Conduct and Performance Expectations
- Providence Non-Employee Behavioral Standards and Privacy Attestation
- Providence Non-Employee Confidentiality and Non-Disclosure Attestation
- Release of Liability Form

Step 3: When you have completed the packet, *please forward it via e-mail, preferably as one pdf attachment, to the Staff Member through whom you coordinated your experience 4 – 6 weeks (8 weeks for international requests)* prior to the beginning of your Observational Rotation. This will help avoid delays and allow you to start your experience on time.

Step 4: The Staff Member will then complete page 7 and coordinate clearance through our HR team. **You will receive an approval notification from their office. Please note that you cannot start your Observational Rotation unless you receive this notification.**

## Observational Rotation Application Request

**Print or type all information.** *Please complete all forms and submit 4 weeks prior to the beginning of the rotation. Accuracy, timeliness, and completeness are the keys to avoiding delays in completing this process.*

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_ Suffix: \_\_\_\_\_

Gender: M \_\_\_\_ F \_\_\_\_ Other \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN\*: \_\_\_\_\_  
(mm/dd/yyyy)

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

U.S. Citizenship: Yes \_\_\_\_ No \_\_\_\_ If no, indicate current visa status \_\_\_\_\_

Dates of Observational Experience Rotation: \_\_\_\_\_ to \_\_\_\_\_

Supervising Medical Staff Member: \_\_\_\_\_

**Providence Facilities: Check all that apply to this observation only**

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Providence Hood River Memorial Hospital | <input type="checkbox"/> Providence Portland Medical Center         |
| <input type="checkbox"/> Providence Medford Medical Center       | <input type="checkbox"/> Providence St. Vincent Medical Center      |
| <input type="checkbox"/> Providence Milwaukie Hospital           | <input type="checkbox"/> Providence Willamette Falls Medical Center |
| <input type="checkbox"/> Providence Newberg Medical Center       | <input type="checkbox"/> Providence Seaside Hospital                |
| <input type="checkbox"/> Providence Cancer Center                | <input type="checkbox"/> Providence Outpatient Clinic _____         |

*\*Social Security Number (SSN) is required.* You may opt to contact the staff member to relay your personal identification information directly rather than email it.

## **Applicant Behavior, Conduct and Performance Expectations**

I shall clean my hands with alcohol hand rub or soap and water before and after every patient specific observation to protect patients from hospital acquired infections. I will work cooperatively, collaboratively and constructively with other health care member and with the health system and hospital employees to avoid disruption of the patient care and operation of the hospital. This included but is not limited to the following:

### **Professional Expectations:**

Treat all patients, families, Members and health system employees with respect, courtesy, and dignity, in language and nonverbal behavior.

Maintain confidentiality in all health care matters.

Assure that all interactions with health system employees are free of hostility; verbal mental and/or physician harassment, intimidation, sexually suggestive or explicit behavior, retribution implied or explicit on campus or in the community, behavior that is profane, vulgar, or demeaning toward others, violations of reasonable personal space.

Assure that conflict, described in objective behavioral terms, is resolved in a professional, constructive manner, through established mechanisms, and in a confidential manner when performance or competence issues arise, refraining from derogatory or demeaning comments to others.

Conduct care in a way consistent with the faith tradition of Providence Health & Services, as expressed in such places as the Ethical and Religious Directives for Catholic Health Services, and to make use of the ethical resources available, such as the ethics consultation team at the specific facility or the Providence Center for Health Care Ethics when there are questions regarding these directives or general ethical principles.

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Applicant's Printed Full Name

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Date (mm/dd/yyyy)

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Applicant's Signature

## Providence Non-Employee Behavioral Standards And Privacy Attestation

### Behavior

- All Providence observer opportunities are a privilege. It is expected that observers conduct him or herself in the behavior and decorum expected of a professional.
- Observers are expected to refrain from participating in patient care. Observers are to demonstrate active listening skills, eye contact, a positive attitude and positive non-verbal communications. Observers are to eagerly engage in dialogue with staff and to be accepting and encouraging of other team members.
- Any Providence employee may remove the observer from the clinical environment if it is suspected that the Observer is under the influence of drugs or alcohol, the presence of the observer is assessed as unsafe for the patient, or if the observer is disruptive to the clinical care of the patient.

### Respectful Treatment

- Providence facilities are places of business and observers are expected to exhibit a professional demeanor and appearance at all times.
- Observers will adhere to Providence facility dress code and policies and wear appropriate ID badge(s) any time they are at the facility for their observational experience.
- All Providence staff, vendors, contract personnel, volunteers, school personnel, students, patients, their families and visitors shall be treated in a respectful, dignified manner at all times. Language, non-verbal behavior, gestures, attitudes and activities shall reflect this respect and dignity of the individual at all times.

### Drugs and illegal substances

- Regardless of the legality of a drug, Providence is a drug free environment observers are expected to abstain from the use of drugs while at any Providence facility.

### Photography, Cell Phones/electronic devices & Social Media

- Cell phones are not allowed in any clinical procedural area (OR, endoscopy, catheter lab, etc.). Please leave them at home, in your car, or in a locker in the scrub change area.

### **Photography of patient, body part, staff, or clinical environment is absolutely prohibited and grounds for removal from any Providence facility indefinitely and may result in legal action by the patient or Providence.**

- The observer may not share any information about patients, staff, clinical environment or learning experience via any social media venue. Doing so is grounds for removal from Providence indefinitely and may result in legal action by the patient or Providence.
- No Observer is to use an iPod or other music and/or video device, cell phones, laptops or other computer devices, do homework or otherwise veer from the learning experience.

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Applicant's Printed Full Name

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Date (mm/dd/yyyy)

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Applicant's Signature

**Providence Non-Employee Confidentiality and Non-Disclosure Attestation**

- I understand that in the course of observing at Providence Health System – Oregon (PHS-OR) campuses, I may be exposed to information not generally available or known to the public. I agree that such information is confidential information that belongs to PHS-OR. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial and proprietary information, whether oral or recorded in any form or medium. I agree that information developed by me, alone or with others, may also be considered confidential information belonging to PHS – OR.
- I will hold confidential information in strict confidence and will not disclose or use it except as authorized by PHS-OR.
- I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with PHS-OR, or my right to use information if this is or becomes generally known to the public through no fault of my own.
- I will not access confidential information for which I have no legitimate need to know.
- I understand my responsibility to become familiar with and abide by applicable PHS-OR policies and protocols regarding the confidentiality and security of confidential information.
- I understand that PHS-OR electronic communication technologies are intended for benefit of PHS-OR, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time and is not in conflict with PHS-OR business requirements. Internet usage is monitored and audited on a regular basis by PHS-OR management. PHS-OR management also reserves the right to monitor e-mail and telephone usage.
- I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable PHS-OR confidentiality, privacy and/or security policies, PHS-OR may terminate my association with PHS-OR, including any written Agreements with PHS-OR. Further, PHS-OR will be entitled to all remedies it may have under written Agreement or at law, as well as to seek and obtain injunctive and other equitable relief.
- I have reviewed, understand, and agree to comply with the student behavior standards.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Applicant's Signature

**RELEASE OF LIABILITY FORM FOR JOB SHADOW AND/OR UNPAID INTERNSHIP**

Providence Health & Services Oregon onsite career educational activities such as job shadowing and internships carries the potential for certain risks some of which may not be reasonably foreseeable.

I acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or death.

I am a willing participant in Providence Health & Services Oregon onsite career educational activities.

I acknowledge that for a job shadow experience I am only to observe and that I am not to provide patient care. I will follow all Providence Health & Services confidentiality policies and protocols and I read the HIPAA training provided by Providence and have signed the Providence Non-Employee Confidentiality Form. I agree that participating in onsite educational experiences are for my informational purposes and do not constitute employment or an offer of employment.

By signing this agreement, I agree to release, indemnify, and hold harmless Providence Health & Services-Oregon, as well as all its employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my participation in onsite career educational activities.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Applicant's Signature

### Medical Staff Member Agreement

- I attest that I am aware of and have read the Medical Staff Bylaws pertaining to Medical Observers.
- I agree to accompany the observer at all times while in patient care or other restricted areas of the Providence Health & Services campuses.
- I agree to make patients aware of and gain verbal consent to having the observer present during all aspects of the patient encounter.
- I agree to ensure the observer does not access medical records or participate in direct patient care performing activities such as interviewing patients, examining patients, providing medical advice or assisting in procedures.
- I agree to involve the observer in discussions of patient interactions and clinic findings as appropriate.
- I agree to involve the observer in educational events on the Providence Health & Services campuses during the observational experience as applicable and appropriate.
- I agree to ensure that the observer wears a Providence issued badge identifying them as an observer.

\_\_\_\_\_  
Supervising PHSOR Medical Staff Signature

\_\_\_\_\_  
Supervising PHSOR Printed Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

I attest that I have agreed to allow observers in our department and the Medical Staff Member, whose signature appears above and has agreed to accept an observer onto service, is in good standing with the Medical Staff Office and has approval to supervise the observer while on Providence Health & Services campuses.

\_\_\_\_\_  
Providence Department Chair Signature

\_\_\_\_\_  
Providence Dept. Chair Printed Name

\_\_\_\_\_  
Date (mm/dd/yyyy)



**PHSOR Prof Staff Policies Revised 05 28 18 (see Article XVI, Section 6)**

**Section 6. Medical Observers**

- A. Medical Observers are typically individuals preparing for careers in medicine, podiatry, dentistry, clinical psychology, physician assistant, certified nurse midwifery, nurse practitioner disciplines, or advanced nursing anesthesia but not yet enrolled in a formal education program
- B. Medical Observers may also be medical students, residents, fellows, or fully licensed physicians present to observe aspects of patient care for educational purposes when a full affiliation agreement or privileging and involvement in direct patient care is not required to meet educational goals.
- C. Medical Observers who wish to observe less than eight hours must comply with the PHSOR Onsite Career Exploration Policy.
- D. Medical Observers who wish to observe over eight hours must fulfill the following requirements:
  - 1. Must undergo appropriate background checks, health screening, and training in hospital policies in accordance with current Providence human resources process.
  - 2. Must be accompanied by the Medical Staff member at all times when observing patient care
  - 3. Must not interact with patients independently
  - 4. Must make patients aware of, and consent to, observation of their care
  - 5. May not have access to the medical record, make chart entries, or write orders
  - 6. May not provide medical care including performing patient interviews and histories, examining patients, providing medical advice to a patient, or assisting in procedures.
  - 7. May not use the observership experience towards meeting the requirement of a formal degree program.
  - 8. May participate in discussions of patient interactions and clinical findings with their supervisor and attend educational events.
  - 9. Must wear a Providence name badge at all times with their status clearly marked.
- E. It is an individual Hospital's prerogative to allow observers for more than eight hour increments. In Hospitals that elect to host observers, the Hospital leadership will allocate administrative assets other than the GME or medical staff office to interact with the observer, ensure on-boarding materials are completed, and obtain a security badge.
- F. In Hospitals choosing to host observers, PHSOR supervising Professional Staff Members must be in good standing, must obtain the permission of the department chair sponsoring the observer, and must attest to their understanding of the responsibilities outlined in these policies and procedures.
- G. The regional GME department is responsible for working with human resources to develop standardized on-boarding materials for Hospitals who choose to host observers.
- H. The number of observers present must not interfere with the training opportunities and accreditation of Providence-sponsored education programs.

## SECURITY SERVICES

### Non-Employee Badge Request Form

Complete this form if you are requesting an Individualized Long-Term Badge for a Non-Employee. Submit the form to your appropriate badging location.

BADGE INFORMATION			
<b>REASON FOR REQUEST:</b>	<input checked="" type="checkbox"/> NEW ISSUE (1 <sup>ST</sup> ID)	<input type="checkbox"/> BROKEN/WORN	<input type="checkbox"/> LOST
<b>TYPE OF BADGE:</b>	<input type="checkbox"/> PROFESSIONAL STAFF	<input type="checkbox"/> VISITOR	<input type="checkbox"/> VOLUNTEER
<b>PRIMARY WORK LOCATION/MINISTRY:</b>			
Benedictine Nursing Center (PBNC)	OR Region Shared Services	Portland (PPMC)	
Child Center	Hood River (PHRMH)	Seaside (PSH)	
Health Plans	Medford (PMMC)	St. Vincent (PSVMC) Home	
& Community Services	Milwaukie (PMH)	Willamette Falls (PWFMC)	
Providence Medical Group (PMG)	Newberg (PNMC)		
<b>NAME:</b>		<b>PREFERRED NAME ON BADGE:</b>	
<b>CREDENTIALS</b> (If you are required to have credentials appear on your badge, please indicate here):			
<b>JOB TITLE (OR SPECIALITY):</b>			
<b>DEPARTMENT:</b>			
<b>VERIFIABLE DURATION</b>	<b>START DATE:</b>	<b>END DATE:</b>	
ACCESS INFORMATION			
<input type="checkbox"/> NO ACCESS NEEDED	<input type="checkbox"/> GENERAL ACCESS ONLY	<input type="checkbox"/> OTHER (Specify below)	
If other or additional access is needed, please specify below:			
AUTHORIZATION AND AGREEMENT			
Providence Photo ID badges are the property of PH&S and are to be returned to Security Services upon completion of service or relationship.			
<b>MANAGER/SUPERVISOR/ MEDICAL STAFF REPRESENTATIVE</b>	<b>NAME:</b>	<b>SIGNATURE:</b>	
<b>WORK EXT:</b>	<b>DATE:</b>		
TO BE COMPLETED BY BADGING SPECIALIST ONLY:			
<b>GOV'T ISSUED PHOTO ID</b>	<b>TYPE:</b>	<b>ID #:</b>	
FOR PROFESSIONAL STAFF BADGES: Email completed form to Medical Staff Services (Kim.Tolman@providence.org)			
ID Locations			
PPMC Security Office Tues & Thurs 7:30-10 AM, 1-3 PM Phone: (503) 215-6235 Fax: (503) 215-6982	PSVMC Security Office, Lower Level Mon & Weds, 7:30-10 AM and 1-3 PM Phone: (503) 216-2032 Fax: (503) 216 6814	PPMC Security Office Mon, 7-9 AM & 4-6 PM / Weds & Fri 7-9 AM Phone: (541) 732-6467	
PWFMC Administration, By Appt. Phone: (503) 650-6282	PMH Administration, By Appt. Phone: (503) 513-8336	PBNC Human Resources, By Appt. Phone: (503) 845-2674	PHRMH / PNMC / PSH Facilities By Appointment

Revised: 2019-02-11