

OBSERVERSHIP INSTRUCTIONS (See also Process Flowchart on last page)

1. When contacted by a potential observer, please assess whether the individual is eligible. As defined by Policy 15.03, observers are “undergraduate and post-graduate students, clinicians in private practice and students participating in a Hospital-Administration endorsed program.”
 - a. If eligible, proceed to Step 2.
 - b. If not eligible, please refer to appropriate departments:
 - i. Refer vendors to Materials Management (706-721-9066)
 - ii. Refer volunteers to Volunteer Services (706-721-7608)
2. Obtain current Observership paperwork from PAWS, Legal Forms at <https://paws.gru.edu/pub/legal/resources/Pages/observership.aspx> and complete forms A-E:
 - a. All highlighted areas on forms A-E, found within brackets, must be replaced with actual information - unless they are not applicable to your request (i.e. approval for OR), in which case you may delete or identify the non-applicable text.
 - b. All highlighted areas on forms A and C, indicating signature and date, must be circulated for signature among the appropriate parties including the Director/Clinical Service Chief/Chairman of the Department, and the person assuming supervisory role for the observer. If a Resident is the supervisor he/she must also have an Attending Physician sign form C.
3. Submit the following to Senior Associate Dean for Curriculum for review:
 - a. Forms A-E (completed and signed by department officials)
 - b. Proof of a negative PPD or reading of chest x-rays within the last **6 months**
 - c. Proof of Influenza vaccine from September 15 to March 1
4. The Senior Associate Dean for Curriculum office will review and approve and forward to Dr. Dellsperger for approval.
5. Once approved, an ID badge form will be returned with the signed paperwork, which the observer can submit to Parking Services to obtain an Observer ID badge.
6. Observer is now authorized to begin Observership.
7. Observerships for periods of **more than 30 days will generally NOT be approved** without specific strategic reasons.
8. The Medical Center has the right to terminate an Observership if there is failure to comply with the terms of the agreement or interference with clinical operations.

NOTE: IF THE OBSERVATION INCLUDES OR OBSERVATIONS, NUMBER 9 APPLIES

9. **OR Observations:** If the supervising physician is allowing the approved observer to observe patient care under his/her supervision in the OR, the observer **MUST** complete the “Operating Room Observership Orientation” page (Form E) included in this packet. Observers in the operating room must be 18 years of age or older.
10. Observership ID badge is required per policy.
11. ID Badges: Parking and Badging Office Annex II 1-7275 (7a-5p)



Once approved, mail contact:
Name: _____
Mail address: _____

Required:
PPD: _____
Flu Vaccine: _____
(Required Sept 15 to Mar 1)

TO: Kevin Dellsperger, MD, PhD
VP and CMO Georgia Regents Health System

THROUGH: **Andrew Albritton, MD**
Senior Associate Dean for Curriculum

James Mumford, MHSA, FACHE
Administrator, Children’s Hospital of Georgia
and Administrative Director of Pediatrics

Kimberly Basso, RN, MSN
Director Pediatric Patient Care Services
Children’s Hospital of Georgia

(Approval required for all Pediatric/CHOG observerships, with exception of MD’s – otherwise delete)

Charles Linder, MD
Interim Chairman of Pediatrics

(Approval required for Pediatric/Children’s Hospital of Georgia observerships, if observer is an MD- otherwise delete)

FROM: "[Director, Clinical Svc. Chief, or Chairman’s Name]" _____ (sig)
"[Director, Clinical Svc. Chief, or Chairman’s Title]"
"[Department Name]"

SUBJECT: Approval Request for "[Observer’s Name]"

DATE: "[Date Submitted for Approval]"

This memo is to request approval for an observership for "[Observer’s Name]", under the supervision of "[Supervisor’s Name]" during the period of "[Dates of Observership- generally no longer than 30 days]".

The purpose of this observership is to observe patient care in the Department of "[Department Name]" and Operating Room (**Delete if not observing in OR**) at Georgia Regents Health System. I understand that an observership allows for an educational process to occur in the clinical setting, however, it **does not** allow the observer to participate in activities which involve the touching of patients, writing on the medical record, writing orders for patients, and/or answering questions posed by patients or other care-providing staff regarding the treatment of patients.

Approved By:

Andrew Albritton, MD
Senior Associate Dean for Curriculum

Date

Kevin C. Dellsperger, MD, PhD
VP and CMO Georgia Regents Health System

Date

I, "[Observer's Name]", wish to observe the activities of the Department of "[Department Name]" and Operating Room (**Delete if not observing in OR**) at Georgia Regents Health System during the period of "[Dates of Observership]", in furtherance of my personal development and educational goals. **I understand that I will not be allowed to perform any clinical activities or other work, to include the touching of any patient, documenting on any medical record, and advising other care providers or patients.** I further understand that I will be under the supervision of "[Supervisor's Name]" and the chief housestaff physicians, and I am not to be in any patient care area without one of them being present with me. I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in the Department of "[Department Name]" and Operating Room (**Delete if not observing in OR**) at Georgia Regents Health System, I may be exposed to certain risks of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste, and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of Georgia Regents Health System allowing me to observe the activities in the Department of "[Department Name]" and Operating Room (**Delete if not observing in OR**) to further my educational goals, I hereby release and forever discharge Georgia Regents Medical Center/Georgia Regents University/MCG Health, Inc and its officers, agents, and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, those specific risks enumerated above.

I have read this document carefully and I voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Observer

Date

Observer's Parent or Guardian (if under 18 years of age)

Date

Witnessed By:

Administrative Assistant or Coordinator
"[Department Name]"

Date

I, "[Supervisor's Name]", the undersigned, agree to be responsible for supervising "[Observer's Name]", while he/she observes the activities of the Department of "[Department Name]" and Operating Room (**Delete if not observing in OR**) at Georgia Regents Health System during the period of "[Dates of Observership]". I acknowledge that I have told "[Observer's Name]" that he/she is to be under my supervision and that he/she is not to be present in any patient care area without supervision by the undersigned. I agree to ensure that "[Observer's Name]" shall engage in observation activities only and shall not participate in any patient care activities at Georgia Regents Health System during "[Dates of Observership]" **to include touching of patients, writing on the medical record, and advising other care providers or patients.**

Supervisor
(Replicate signature line if there are multiple supervisors)

Date

Georgia Regents University and Georgia Regents Health (Georgia Regents Medical Center, Children's Hospital of Georgia and Georgia Regents Medical Associates) maintain strict confidentiality and security of paper and electronic records in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and the Georgia Personal Identity Protection Act (GPIPA) in addition to other federal and state laws. These laws pertain to the confidentiality and security of all records that contain directly identifiable information that could reveal private information concerning our students, our customers and patients, our research participants and our employees and volunteers.

Our employees, students, volunteers and authorized others may access such private information to the extent necessary to perform their duties within our university and our health system. As an individual with access to private information at any of our institutions, you are required to protect against unauthorized access and disclosure, to ensure the privacy and security of records and to report any credible threats or known violations related to this private information. You must be very careful not to release this information to any individuals, including but not limited to unauthorized university or health system employees who do not have a **work or business-related need to know**. If in doubt, you should act to preserve the confidentiality of such private information until you have verified the work or business-related need for access through your supervisor or his/her designee, one of our legal offices or the Enterprise Privacy Officer.

Georgia Regents University, Georgia Regents Medical Center, Children's Hospital of Georgia and Georgia Regents Medical Associates define **unauthorized** access or disclosure as:

- Access to student, patient, research participant, employee or volunteer information not necessary to carry out your job responsibilities. This includes access to the private records of your family, friends and acquaintances that is not for a legitimate business use.
- Disclosure of student, patient, research participant, employee or volunteer records to unauthorized internal or external recipients.
- Disclosure of additional or excessive student, patient, research participant, employee or volunteer information to an authorized individual/agency than is essential to the stated purpose of an approved request.

Information may not be used, disclosed, copied, sold, loaned, reviewed, altered or destroyed except as properly authorized by the appropriate university or health system official within the scope of applicable federal or state laws, including record retention schedules and corresponding policies. No university or health system workforce member or other individuals are permitted to realize any personal gain as a result of disclosing or using confidential information. This obligation of nondisclosure or unauthorized use continues indefinitely, even after your relationship with the university and health system ends.

As an employee, student or volunteer of Georgia Regents University, Georgia Regents Medical Center or Georgia Regents Medical Associates, you must abide by our rules, regulations, policies and procedures, as well as federal and state laws applicable to your position at the university or health system. Your failure to comply with any applicable law or procedure may result in the revocation of your access to confidential information; disciplinary action, including termination of employment or student status; criminal and/or civil penalties, depending upon the nature and severity of the breach of confidentiality.

I have read the above Confidentiality Statement and understand my obligation as an employee, student or volunteer to ensure the confidentiality of information.

Printed Name: _____

Circle One: GRU / GRMC / GRMA

Circle One: Employee / Student / Volunteer / Other

Signature: _____

Date: _____

OPERATING ROOM OBSERVERSHIP ORIENTATION

I have viewed the OR Observer Orientation video accessed online at
<https://lecture.gru.edu/ess/echo/presentation/c91cc5c7-a7b4-4784-8995-6b2ee21eb058>.

I understand my role as an observer in the Operating Room.

I will not participate in patient care and that I will **NOT** scrub into surgeries and/or procedures.

I understand that failure to abide by all relevant GRU policies, procedures, rules, regulations, guidelines and requirements my observership will be terminated.

Printed name: _____

Signature: _____

Date: _____

Observership Instructions Process Chart

