

University Medical Service Association, Inc. (UMSA)

| New: X Revised: Supersedes: | |
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| Policy Name: Requirements for MCOM Student Observers in Patient Care or Clinical Resea | |
| Areas | |

| Responsible Office: | Privacy & Healthcare Civil Rights Compliance Program (PHCR) | | |
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| Submitted By: | Barbara Wolodzko | Title: | Privacy Officer |

| Review/Approvals: | Committee Name and/or CEO Name: | Date Approved: |
|---|---------------------------------|----------------|
| Oversight Committee (if applicable): | | |
| Sr. Assoc. Vice President, USF Health Chief Operating Officer, USF Health CEO, UMSA | Renee Debault | |
| USFHC Finance, EMC or CLB (if applicable): | | |

OBJECTIVES AND PURPOSES: To establish a process to ensure all enrolled USF Health Morsani College of Medicine students (MCOM students) who request to observe in a patient care setting or in a clinical research area are properly vetted for their safety along with the safety of our patients and workforce members. This standard practice and procedure (SPP) applies to all MCOM students who request to observe at any USF Health clinical or research locations, as well as all USF Health affiliates where USF Health conducts patient care and/or clinical research activity.

STATEMENT OF INTERNAL GUIDELINES. An "MCOM Student Observer" is an individual currently enrolled in the Morsani College of Medicine and who has requested to observe a USF Health faculty, credentialed provider, nurse, or administrator ("Sponsor"). Prior to the MCOM Student Observer being present when the Sponsor is engaged in direct patient care, oral consent from the patient must be obtained by the Sponsor and noted in writing in the electronic medical record. Consent is not required for incidental exposure to patients not under the direct care of the Sponsor. Observers are not permitted to have hands on contact with a patient nor shall an Observer participate in any direct patient communications. Additionally, the MCOM Student Observer must have a TB test obtained within the last 365 days on file with Medical Health Administration. For any observation at a USF Affiliate site (e.g., TGH, ACH, Moffitt, VA), Sponsor shall be responsible for contacting the Affiliate for information about any additional requirements of the Affiliate and shall confirm all requirements are met by the Sponsor and the MCOM Student Observer.

In no case is an MCOM Student Observer permitted to shadow or observe the same Sponsor for more than five (5) consecutive business days (for a total of 40 hours or less) during a calendar year but the MCOM Student Observer may shadow another Sponsor during the same calendar year for the purpose of

expanding his or her educational experience. Every MCOM Student Observer must be assigned to a designated Sponsor and remain in the physical presence of the Sponsor at all times while observing. An Observer shall not be permitted to access a patient's electronic medical record for any reason.

AREAS OF RESPONSIBILITY FOR IMPLEMENTATION. All MCOM Student Observers in USF Health patient care and clinical research areas must be approved in accordance with the procedures described herein prior to the requested observation actively beginning. The MCOM Student Observer and the Sponsor must complete the attached forms and email them to privacy@usf.edu. The forms will then be approved and both the MCOM Student Observer and Sponsor notified of approval by email.

<u>RESPONSIBLE OFFICE</u>: The preceding was developed by PHCR. Any questions or concerns should be directed to PHCR at 813-974-2222 or email at <u>privacy@usf.edu</u>.

| Name: | |
|--------------------------------------|--|
| Address with City, State and Zip: | |
| Email: | |
| Phone Number: | |
| Date of Birth: | |

Directions: Potential MCOM Student Observer please complete the following:

By signing below, I agree to:

- Observe only and I will not provide any "hands on" patient care;
- Be in the physical presence of the Sponsor while in the clinical or laboratory setting;
- Observe only after the Sponsor obtains consent from the patient to my observation of care;
- Wear a badge while I am observing that identifies me as an MCOM Student Observer, states the name of my Sponsor, and provides the dates of my observation period;
- Keep any patient protected health information I learn while serving as an observer confidential in compliance with all HIPAA requirements and that I do not have the right to disclose any patient information outside the observation setting;
- Report any HIPAA privacy concerns to my Sponsor or to contact the Privacy Officer, Barbara Wolodzko, at 813-974-2222 or via the helpline email at privacy@usf.edu; and
- Report any HIPAA violations or incidents to the Privacy Officer and acknowledge that I will not to be retaliated against for making good faith reports.

All MCOM Student Observers MUST also have on file with Medical Health Administration (MHA) the results of a TB test completed within the past 365 days. Contact MHA via email at <u>mha@usf.edu</u>.

Date

MCOM Student Observer's Signature

Have your Sponsor complete the next page and submit both pages to privacy@usf.edu.

Directions: Sponsor or Clinical Administrator must Complete:

| Sponsor's Name: | |
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| Department/Division | |
| Phone Number: | |
| USF Health email: | |
| Clinics the MCOM Student Will Observe: | |
| Start and End Date of Observation (40 hours max.): | |

By signing below, I understand:

- I am responsible for accompanying and supervising this MCOM Student Observer at all times and I will not delegate this responsibility to another individual:
- Consent must be obtained by each patient prior to the Student observing patient care;
- Consent to the observation should be documented in the medical record;
- The Student should wear an identification badge indicating they are a Student Observer.

Date

Sponsor's Signature

Email both completed forms to <u>privacy@usf.edu</u> and we will notify you and the MCOM student by email once approved to observe.