



## Physician Observer Application and Orientation Process

Must be 18 or older to observe. Exceptions: Students 16+ years of age may be considered when providing an appropriate written recommendation by a school official. Also visiting physicians, allied health and nursing will be considered on a case by case basis. This process is not offered for those completing the credentialing process.

### Complete/Produce the nine required documents below:

1. Observer Data Sheet
2. Signed Observer Guidelines
3. Signed Code Of Conduct
4. Supervising Physician Agreement - Must be signed by physicians with Inclusive Dates of the observation timeline. Note: Physician must have Instruction/Supervision Privileges within Covenant Health
5. Documentation of tuberculosis test (TB TEST) taken within the past year, or completed symptom review form and recent chest X-ray report if you are a positive reactor.
6. Documentation of current-year influenza immunization when rotating between October and March
7. Read and sign the Confidentiality Statement.
8. Click on the following link or copy/paste the link into your web browser for the Non-Employee Staff Orientation. <http://bit.ly/2ouGvDU>
  - **Print/sign the form at the end of this training and return with the packet.**
9. Current Professional Picture (JPG format) for your Covenant Badge

You will be contacted by the student liaison upon approval of your application to arrange an orientation with you. If you are observing surgeries, you will need to attend both a Covenant Orientation as well as an OR Orientation. Allow two weeks for processing prior to the start of your observation. You may not begin shadowing without a Covenant Security Badge or having attended Orientation.

**NOTE:** Please submit your completed application and all supplemental documents (above) by email to [natalie.bryant@stjoe.org](mailto:natalie.bryant@stjoe.org) or by fax to 806 - 723 - 7146.

### Mission, Vision and Promise:

#### **Covenant Health Mission:**

As expressions of God's healing love, witnessed through the ministry of Jesus Christ, we are steadfast in serving all, especially the poor and vulnerable.

#### **Covenant Health Vision:**

Health for a better world

#### **Our Promise:**

"Know me, care for me, ease my way."

August 2018      Observer/MS2 Application



OBSERVER DATA SHEET

I am requesting Observation privileges as a (select one):

- Pre-med student Non-TTUHSC Resident Physician Observer Medical Student – Year
Health Careers Student (i.e. CSA, NP, PA, CCP, Nurse) Other

Are you presently going through the Credentialing Process with Covenant Health Medical Staff Services? Yes No

OBSERVER INFORMATION:

Full Name: First Middle Last Credentials

Date of Birth: Last 4 digits of Social Security: Male Female
Month Day Year

Address:

Cell Phone: Email Address:

EDUCATION/ADVISOR INFORMATION:

Name of School -

School Address -

School Advisor - Advisor's Email -

Advisor's Phone - Advisor's Fax -

COVENANT SUPERVISOR FOR SHADOWING EXPERIENCE/LOCATION:

Name/Specialty -

If a mid-level, what is the name of their Supervising Physician?

Physical Location of your Observation? CMC CCH CSH JACC Plaza CMG Clinic Non-CMG Clinic
Other:

Are you currently employed by Covenant Health? Yes No Which campus?

Will any rotation you have involve a surgical specialty physician - OR, Cath Lab or L&D? Yes No

What is your Scrub Size? (Tops/bottoms must be the same size. Size range is XS-4X.)



## GUIDELINES FOR MEDICAL STAFF OBSERVERS AT COVENANT HEALTH

1. **Permission to observe a Medical Staff member of Covenant Health (Covenant Medical Center, Covenant Children’s Hospital, Covenant Specialty Hospital, Joe Arrington Cancer Research and Treatment Center, Covenant Hospital Levelland, Covenant Hospital Plainview, Covenant Surgery Centers, and/or any of the Covenant Medical Group Clinics) is given as a public service to further interest in healthcare careers.**
2. **Observers may not provide any services related to provision of medical care to patients including, but not limited to: diagnosing diseases, administering medications, performing surgical procedures, suturing, providing medical advice or any other tasks generally reserved for the trained health professional. The only exception to this policy is with the second year medical students. MS2 students during their Community Preceptorships are allowed to gather a patient’s history, administer a physical exam, document a patient visit and generate a basic differential diagnosis and plan for the patient condition.**
3. **Photography of any kind is strictly forbidden in any patient care area or other location that could violate patient confidentiality.**
4. **Observers must remain with the Supervising Physician at all times while in patient care areas of the hospitals.**
5. **Patients have the right to refuse to have Observers present for any examination, procedure, test or surgery.**
6. **Observers must wear a Covenant badge above the waist in a visible manner at all times while on Covenant Health premises.**
7. **Observers must dress in attire consistent with Covenant Health policies and procedures.**
8. **Observers must maintain strict confidentiality and privacy in accordance with hospital policies and procedures and the Health Insurance Portability and Accountability Act (HIPAA).**

**I have read and agree to abide by the Guidelines for Observers at Covenant Health. To the best of my knowledge, all information I have supplied is accurate and complete. I hereby release and hold harmless Covenant Health and all of their related and/or affiliated entities along with their respective directors, officers, representatives, agents, licensees, and/or employees, of any and all liability, damages, causes of action, suits, claims or judgments relating to my participation at Covenant. This release and hold harmless shall be binding upon me and my heirs, executors, administrators and assigns.**

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Observer Signature

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Date



## Code of Conduct

Covenant Health System desires that all patient care activity take place in an atmosphere of collegiality, cooperation, and professionalism. Members of the Medical Staff/Observers are expected to conduct themselves in a manner consistent with and supportive of Covenant Health System's mission, vision and core values.

### **Mission and Values**

Members of the Medical Staff acknowledge that Covenant Health is a faith-based ministry based on Catholic and Methodist traditions and principles whose mission is "As expressions of God's healing love, witnessed through the ministry of Jesus Christ, we are steadfast in serving all, especially the poor and vulnerable". Our five core values – Compassion, Dignity, Justice, Excellence, and Integrity – serve as guiding principles.

### **Respectful Treatment**

All members of the Medical Staff/Observers of Covenant Health System (Hospital) shall treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

### **Safe Environment of Care**

Members of the Medical Staff/Observers acknowledge and agree that the protection and safety of patients, employees, physicians and others in the Hospital and the orderly operation of the Hospital are paramount.

### **Patient Care**

Members of the Medical Staff/Observers agree to provide care to patients consistent with generally recognized standards of care. Medical Staff members further agree to actively help educate patients and their families regarding the medical condition for which the patients are receiving care and treatment. Additionally, members of the Medical Staff/Observers agree to coordinate care, treatment, and services with other practitioners and Hospital staff as appropriate and seek consultation whenever warranted by patient's condition. Medical Staff members/Observers also agree to provide continuity of care for patients and delegate responsibility of diagnosis and/or treatment of hospitalized patient to a practitioner who is qualified to provide necessary care.

### **Language and Behavior**

Members of the Medical Staff/Observers agree to refrain from engaging in any behavior that may impair the ability of the healthcare team to provide quality care and/or otherwise create a hostile or intimidating work environment. Prohibited conduct includes, but is not limited to, making offensive or derogatory comments, racial or ethnic slurs, sexual comments/innuendos, threats of violence, using foul language, acting in a rude, intimidating or otherwise unprofessional manner, engaging in retaliatory conduct, criticizing individuals in inappropriate forums.

### **Harassment/Discrimination**

Members of the Medical Staff/Observers also agree to refrain from engaging in any form of unlawful discrimination or harassment based upon any legally protected characteristic, including race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability, or military status. Harassment is defined as unwelcome verbal, visual, or physical conduct that creates an intimidating, offensive, or hostile work environment that interferes with work performance. Sexual harassment, specifically, includes making unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that is unwelcome and offensive to individuals who are subjected to it or who witness it.

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires a meeting to be held with the Medical Staff member/Observers to discuss the incident.



### **Corrective Action for Inappropriate Conduct**

Collegial and educational efforts may be used by Medical Staff leaders to address inappropriate conduct. Collegial steps, including counseling, warnings, and meeting with a practitioner, may be taken to address complaints about inappropriate conduct. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may warrant immediate corrective action in accordance with the Medical Staff Bylaws, Rules and Regulations.

### **Confidentiality**

Members of the Medical Staff/Observers agree to maintain confidentiality of patient care information at all times, in a manner consistent with all relevant laws. Members of the Medical Staff/Observers shall also abide by the Medical Staff Rules and Regulations regarding confidentiality of peer review files and process.

### **Compliance**

Members of the Medical Staff/Observers agree to abide by Hospital Bylaws, Medical Staff Bylaws, Rules and Regulations and policies, applicable laws and regulation of governmental agencies, Corporate Compliance policies, and applicable standards of accrediting organizations including the Joint Commission on Accreditation of Healthcare Organizations. Failure to comply with the provisions of this Code of Conduct policy may result in corrective action in accordance with the Medical Staff Bylaws, Rules and Regulations.

### **Reporting Concerns about Safety or Quality of Care**

Members of the Organized Medical Staff/Observers are encouraged to report their concerns about patient safety or quality of care to any of the following Covenant Health System (CHS) leadership: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief of Staff, or the Medical Director of Quality. Concerns may also be reported to any member of the Joint Commission/Regulatory department at 725-3838. By reporting issues directly to Covenant leadership, it will help us conduct a timely and appropriate response.

In keeping with our commitment to meet the Joint Commission standards, CHS takes this opportunity to inform you that if you have concerns about patient safety and quality of care here at CHS, you may also choose to report concerns to the Joint Commission at 1-800-994-6610, or online at [www.jointcommission.org](http://www.jointcommission.org)

Any member of the Medical Staff/Observers can report directly to the Joint Commission without fear of retaliatory or disciplinary action being taken by Covenant Health System.

### **Code of Conduct Attestation**

**By my signature below, I certify that I have received and agree to Covenant Health's CODE OF CONDUCT.** I agree to comply fully with the standards, policies, procedures and other provisions of the Code of Conduct. I understand that compliance with the provisions contained in the Code of Conduct are a condition of obtaining and retaining medical staff/Observer credentials and privileges at Covenant Health. I also understand that the Covenant Health may from time to time amend, modify and update the Code of Conduct pursuant to the Bylaws and Rules and Regulations of the Covenant Health and the Medical Staff/Observers.

**Printed Observer Name:** \_\_\_\_\_

**Observer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



SUPERVISING PHYSICIAN AGREEMENT

(Must be signed by Physicians.)

I agree that the Observer’s presence with me shall be for the purpose of observation only, and that he/she may not perform any procedures, either in assistance with me or individually. Observer agrees that he/she shall respect the wishes of any patient who objects to his/her presence and that he/she shall abide by the policies and procedures of Covenant Health (Covenant Medical Center, Covenant Children’s Hospital, Covenant Specialty Hospital, Joe Arrington Cancer Research and Treatment Center, Covenant Hospital Levelland, Covenant Hospital Plainview, Covenant Surgery Centers, and/or any of the Covenant Medical Group Clinics), and comply with the provisions of the Health Insurance Portability and Accountability Act. I also understand that I must have the Instruction and/or Supervision of NP/PA/Medical Students, Residents and Fellows Privileges within the Covenant Health System in order to participate in this student’s clinical rotation. (If you are not sure if you have Instruction Status, please contact Medical Staff Services 725 – 0566.)

I agree that I shall be responsible for all of the Observer’s acts and omissions while he/she is with me at Covenant. I hereby release and hold harmless Covenant Health and all of their related and/or affiliated entities along with their respective directors, officers, representatives, agents, licensees, and/or employees, of any and all liability, damages, causes of action, suits, claims or judgments relating to Observer’s participation with me at Covenant. This release and hold harmless shall be binding upon the Observers and my heirs, executors, administrators and assigns.

1.) Signature of Supervising Physicians Inclusive Dates of Rotation Specialty: [ ] Medicine [ ] Surgery [ ] Other Printed Name Observer will rotate with me at: [ ] CMC [ ] CCH [ ] CMG Clinic [ ] Non-CMG Clinic [ ] Cath Lab [ ] Plaza [ ] CSH [ ] High Plains Surgery Center [ ] Other - \_\_\_\_\_

2.) Signature of Supervising Physicians Inclusive Dates of Rotation Specialty: [ ] Medicine [ ] Surgery [ ] Other Printed Name Observer will rotate with me at: [ ] CMC [ ] CCH [ ] CMG Clinic [ ] Non-CMG Clinic [ ] Cath Lab [ ] Plaza [ ] CSH [ ] High Plains Surgery Center [ ] Other - \_\_\_\_\_

3.) Signature of Supervising Physicians Inclusive Dates of Rotation Specialty: [ ] Medicine [ ] Surgery [ ] Other Printed Name Observer will rotate with me at: [ ] CMC [ ] CCH [ ] CMG Clinic [ ] Non-CMG Clinic [ ] Cath Lab [ ] Plaza [ ] CSH [ ] High Plains Surgery Center [ ] Other - \_\_\_\_\_

Student Name: \_\_\_\_\_



## CONFIDENTIALITY STATEMENT

(For Students/Observers/Volunteers)

As a student, observer or volunteer performing duties at Covenant Health (CH), you will have access to the protected health information (PHI) of patients. Federal and State laws, including HIPAA and other policies and procedures created internally, protect the privacy and security of this PHI, including the fact that an individual was a patient at CH. It is illegal for you to use or disclose PHI outside the scope of your duties at CH. This includes oral, written, or electronic uses and disclosures. Below are some guidelines that you must be familiar with regarding the use of a patient's PHI.

1. You may use PHI as necessary to carry out your duties as a student/volunteer;
2. You may share PHI with other health care providers within CH for the direct treatment of the patient;
3. You may NOT photocopy or otherwise permit PHI to be duplicated in anyway;
4. You may NOT photograph patients;
5. You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment;
6. You may NOT record PHI (such as patient names, diagnoses, dates of birth, addresses, phone numbers, Social Security numbers, etc.) on any assignments you may need to turn in to your instructor, reports you may need to turn in to your program, or forms you may need to take with you;
7. You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI;
8. You must be aware of your surroundings when discussing PHI. As an example, it is inappropriate to discuss PHI in elevators, bathrooms, the cafeteria, and any other place for which your discussion may be overheard;
9. When disposing of any documents with PHI, do NOT place them in the trash can. Instead, the documents should be placed in the proper containers marked for shredding or another disposal container as set forth by policy and procedures for your specific department;
10. If you have questions about the use or disclosure of PHI, contact the Compliance and Privacy Officer (806.725.0085).

Please read, sign, and date this acknowledgement. Return it Medical Staff Services where it will be filed with your application.

### Acknowledgment

I have read and I understand the information in this document. I realize that there are penalties for which I may be subject, including criminal, for the unauthorized use and disclosure of PHI. I agree to abide by the guidelines described above when performing my duties at Covenant Health.

I understand and agree that in the performance of my duties within any Covenant Health entity (Covenant Medical Center, Covenant Children's Hospital, Covenant Specialty Hospital, Joe Arrington Cancer Research and Treatment Center, Covenant Hospital Levelland, Covenant Hospital Plainview, Covenant Surgery Centers, and/or any of the Covenant Medical Group Clinics) I may become aware of information that could be considered confidential. It is my responsibility to protect the privacy of patients, employees and the hospital. I understand that my failure to comply may result in disciplinary action from my physician supervisor.

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_