

**Non UVA GME Trainees OBSERVING AT UVA**  
**Observations of 10 – 30 days**

**OBSERVER TRAINEE NAME:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **DATES OF VISIT:** \_\_\_\_\_

Observing Trainees (individual is currently enrolled in a GME training program at another institution) may observe in clinical/patient care areas, but **cannot participate in direct patient care activities**. The UVA Program Director who agrees to sponsor an observing trainee must ensure that he/she is directly supervised at all times, completes an Observation Agreement, and ensure that the trainee complies with all of the Medical Center requirements for mandatory orientation, infection disease, and other requirements as deemed necessary prior to the commencement of observation activities.

**Observers are bound by GMEC Policy 28 “Policy on Visitors, Observers, and Externs.” Observation periods cannot exceed 30 days without prior GMEC Approval.**

Trainees wishing to provide patient care must pursue permission for a Credentialed Visiting Trainee Rotation. Individuals who are NOT currently enrolled in a GME Training Program elsewhere must follow guidelines in MC Policy 0315 “Management of Observers”. These individuals do not come through the GME Office.

**Department’s Responsibility:**

	<b>Department &amp; Observer should complete <i>Observation Agreement Form</i>.</b> Please attach a copy of the Observer’s current CV. <u>Scan and email the Agreement and copy of Observer’s CV to Linda White at <a href="mailto:lkw5p@virginia.edu">lkw5p@virginia.edu</a>, no less than 30 days prior to observation.</u> Observation Agreement must be approved by the DIO. Once approved, the GME Office will notify the requesting Coordinator. (If requesting OR Observation, Coordinator must notify OR).
	Trainee must have home institution complete <b><i>Employee Health Requirement Verification Form</i></b> .
	Trainee must complete signed <b><i>Electronic Access Agreement</i></b> . <a href="https://www.hsts.virginia.edu/forms/electronic-access-agreement">https://www.hsts.virginia.edu/forms/electronic-access-agreement</a>
	<b>Obtain an ID Badge for the trainee.</b> Anyone visiting more than 24 hours must obtain a laminated photo ID Badge. Badges must be turned in at completion of experience.
	Trainee must complete electronic <b>Computer Based Learning Modules</b> (assigned by GME).
	Review <b><i>Patient Privacy Rules for Observers</i></b> and any other relevant Departmental orientation information with Observer.

**GME Responsibility:**

	Obtain Associate Dean signature on Observer agreement
	Assign UVA ID and Outlook ID
	Assign Computer Based Learning Modules
	Clearance to Observe (by email to trainee, PC, PD, Sponsor)

**Close in parking is not available for visitors. Please contact Parking & Transportation at (434) 924-7231 to explore satellite parking options.**

### Observation Agreement

**Form Completion** - Sponsor review, complete and sign this agreement with the observer. Sponsor is required to retain this form for five (5) years and submit copy to Director, Special Projects, Hospital and Clinic Operations.

Full Name of Observer	<b>DOB:</b>
Social Security Number	
Email address	
Phone Number	
Full Name of Sponsor	
Sponsor Role/Title	
Date(s) of Observation	
Location(s) of Observation	
Signature of Manager in area of Observation	
Full Name of Manager	

#### Sponsor Responsibilities

In consideration of being given the opportunity to sponsor an observer at the University of Virginia Medical Center, I agree to instruct and ensure that the observer performs the following:

1. The observer shall review the attached written information regarding the Medical Center’s policies for **Patient Privacy** and **Standard Precautions**. I shall answer any questions the observer may have about this information.
2. **I understand that the observer is permitted to observe patient care with patient consent.** I agree that the observer shall not touch any patient or anything in the patient’s environment, or provide to the patient any kind of clinical care or miscellaneous support.
3. The observer shall be instructed to wear his/her identification badge at all times during the observation experience at the Medical Center facilities
4. The observer shall be instructed to follow required hand -hygiene practices while at the Medical Center facilities. The observer shall not be permitted to observe when he/she is sick, has a fever, or has been exposed to a contagious disease.

Sponsor Signature	
Date	

#### Observer Responsibilities

1. I agree to follow the directives of my sponsor (or his/her designee) as outlined above. I understand that I must remain with my sponsor (or his/her designee) while in patient care areas – I am not permitted to move freely around the hospital.
2. I agree to abide by the Medical Center’s dress code, and to dress. Specifically, I agree not to wear jeans, shorts, sweat clothes or T-shirts.
3. I agree to follow directions of my sponsor in the event of a fire alarm in an area where I am observing. I am aware that a **Fire Alarm** is announced by a series of four gongs followed by **“Call to Station,”** and the location of the alarm.
4. With my signature below, I agree to comply with the attached UVA Medical Center rules regarding **Patient Privacy**, and shall not divulge any medical, financial, or other personal information about a patient or his/her family.
5. I understand that failure to comply with the rules and policies above shall result in termination of the observation.

Observer Signature	
Date	
Dr. Susan Kirk Associate Dean for GME	
Date	
Print Name	

## Patient Privacy Rules for Observers

When a patient comes to the University of Virginia Medical Center, the Medical Center assumes an obligation to keep in confidence all that pertains to that patient. Information regarding the patient's **admission, diagnosis and treatment, as well as personal and financial affairs, must be confidentially maintained** as required by state and federal law.

**Access to patient information is on a need to know basis only.** Observers are allowed to view patient care at the Medical Center for purposes of the observer's training and education. Observers may not read patients' medical records. If you see or hear information about a patient as part of your observation, you must keep it confidential. You may not remove, duplicate or use patient information for any purpose, or disclose it to others.

**Use discretion.** . During your observation, do not discuss patients in corridors, elevators, the cafeteria, or in any public area. Seek privacy as much as possible. If you have questions or concerns about a patient, ask your sponsor.

**Patient information in all possible forms is confidential,** whether verbal, written, overheard, on the computer screen, or told to you by the patient.

## Infection Control Training for Observers

Infection Control Training is designed to help you understand how you can help protect yourself from a bloodborne pathogen exposure while observing at the Medical Center. Bloodborne pathogens are passed from person to person by blood, body fluids, or other potentially infectious materials. Bloodborne pathogens include viruses like hepatitis B, hepatitis C, and HIV, the virus that causes AIDS. Healthcare workers can become infected with these viruses if they are exposed to a patient's blood or body fluids in a way that can transmit disease, such as a needlestick. As an observer, you will not be allowed to perform tasks that will bring you in contact with blood or body fluids so you are at extremely low risk for having an exposure to a bloodborne pathogen.

### **What is an exposure?**

Although observers are not allowed to perform tasks that bring them in contact with blood or body fluids, accidental exposures can occur. If you are exposed to blood or body fluids in any of the following ways you may be at risk for getting a bloodborne pathogen:

1. Stick with a sharp object that has blood or body fluids on it (needles, scalpel, broken glass);
2. Getting blood or body fluids on non-intact skin (cuts, abrasions, hangnails, rash);
3. Getting blood or body fluids into your eyes, nose or mouth; or
4. Getting blood over a large area of intact skin.
5. Getting a stick with an unidentified object

As an observer you should not be at risk for these kinds of exposures. However, if you do accidentally have one of the above exposures or get blood or body fluids on your clothes, immediately ask for assistance from the nursing staff. Remove any contaminated clothing without contaminating the rest of your body. Such clothing must be laundered or disinfected before it can be taken home. Wash any exposed area of your body immediately with soap and running water followed by rubbing alcohol. If your eyes, nose or mouth are splashed with blood or body fluids, flush them with large amounts of running water. **Report your exposure immediately to the Nursing Supervisor. The Nursing Supervisor can be reached by having the unit staff or hospital operator page PIC #1523.**

### **Standard Precautions**

Standard Precautions are used to **prevent** health care workers, hospital staff and volunteers from coming in contact with blood or body fluids. Because no one can tell who may have a bloodborne pathogen, using Standard Precautions means you must consider all patients' blood, body fluids, mucous membranes and tissue to be infected. Following these precautions will help keep you safe while you observe.

- Do not eat, drink, apply cosmetics, lip balm or handle contact lenses in patient care areas.
- Do not perform CPR or participate in a Code 12 at the Medical Center.
- Do not handle sharp instruments or glass containers that may be contaminated with blood, body fluids, or human tissue.
- Do not handle contaminated materials containers (CMC's) that are in use. You may put together new CMC's.

- Do not handle patient specimens or put food or drink in refrigerators, freezers, or cabinets used to store patient specimens.
- Do not touch surfaces or objects that may be contaminated with blood or body fluids.
- Do not observe or get close to a procedure in which splash or spray of blood or body fluids may occur.
- Do not clean up blood or body fluid spills.
- Do not handle linen that is visibly soiled with blood or body fluids.



**Employee Health Requirement VERIFICATION for non UVA Trainees:**

- *Trainees credentialed to provide patient care at UVA*
- *Trainees observing patient care for more than 10 days*

The following GME trainee has requested privileges for a visiting or observational rotation at the UVA Medical Center. The following information must be completed by the Employee Health Department at the trainee's home institution and approved by Employee Health at UVA before the trainee can begin their rotation experience.

Name of Trainee: \_\_\_\_\_

Home Institution: \_\_\_\_\_

UVA Program: \_\_\_\_\_

YES / NO	This employee's TB screening (PPD/Q-Gold/CSR/TB risk assessment) has been completed and is valid through: _____ (date)
YES / NO	This employee has completed two MMR vaccines or has serological evidence of protection.
YES / NO	This employee's TDAP or TD is valid through: _____ (date)
YES / NO	This employee has completed the Varicella vaccine or has reported a history of having the disease or has a positive titer on file.
YES / NO	This employee has completed the Hepatitis B series or has a signed declination on file.
YES / NO	This employee has a positive Hepatitis B antibody, or, if negative, has a negative Hepatitis B antigen on file.
YES / NO	This employee successfully completed and passed a six panel drug screen which is on file at _____ (Clinic Name)
YES / NO	This employee has been fitted with the following respiratory mask _____ (model/number) and their OSHA medical screening questionnaire is valid through: _____ (date)
YES / NO	If trainee is rotating during a period of active influenza, what was their last date of vaccination: _____ (date) **In the event of an outbreak of any vaccine preventable disease, Hospital epidemiology will determine restrictions to be placed on individuals that lack evidence of immunity.**

**I certify that the above information is accurate:**

\_\_\_\_\_  
(Employee Health representative signature) (Date)

\_\_\_\_\_  
(Printed name) (Title) (Phone)

**WHEN COMPLETE, PLEASE FAX OR EMAIL THIS FORM TO:  
LINDA WHITE, CREDENTIALING COORDINATOR, AT (434) 244-9438 LKW5P@virginia.edu**