

St. Michael's

Inspired Care. Inspiring Science.

Title:	Clinical Observer Policy - Physicians		
Program or Department:	Medical Staff	Document Type:	POLICY
Effective Date:	June 3, 2013	Author	Medical Advisory Committee (MAC) Executive
Last Revision:		Reviewing Body:	Medical Advisory Committee Executive, Medical Advisory Committee
Last Reviewed:	January 9, 2017	Approving Body	Medical Advisory Committee
Next Review Date:	January 9, 2018	Document Number:	01379
Emergency Code:	n/a	Keywords:	observerships, international, appointment, education, experience

Introduction

St. Michael's Hospital preferentially offers Clinical Observerships to individuals who **already have** a license to practice medicine in Canada or who currently hold an active clinical staff appointment at an established health care institution elsewhere in the world.

SMH discourages, but does not exclude offering observerships to International Medical Graduates who seek to include the experience in an application for admission to postgraduate medical training in Canada.

Policy Statement

Scope of Practice

- Clinical Observers may:
 - Attend educational events
 - Attend inpatient and outpatient ambulatory care clinics and have access to patient chart if the supervising physician is present and the patient's consent is obtained
 - Observe in the Operating Room
- Clinical Observers may NOT:
 - Have any patient contact
 - Take a patient's history
 - Have access to the Department of Medical Records
 - Attend Medical Staff Association Meetings
 - Have access to the Soarian clinical System

- Be given a hospital pager
- Interfere with the learning experience of University of Toronto medical trainees

Associated Procedure

Requirements and Process for Approval of Clinical Observer Status

1. St. Michael's Hospital Department Chiefs must approve the full application including length of time first before submitting it to Medical Staff Office.
2. A Staff physician must take full responsibility for the Clinical Observer at all times. The responsible physician must complete sections 1-6 of the Application for Clinical Observer Status. The only exception to this policy is for short-term (less than 24 hours) Clinical Observers on units with a defined policy to give permission to, identify and record the presence of such Clinical Observers.
3. The Application for Clinical Observers Status is available through the Medical Staff Office. Completed applications must be forwarded to the Medical Staff Office located in 1-027 Bond Wing, (416) 864-5205.
4. Individuals wishing to be granted Clinical Observer status must be approved before they may commence observing at St. Michael's Hospital. The staff physician is responsible for advising the Clinical Observer that the completed application form must be submitted prior to their arrival, and that they must report to room 1-027 Bond prior to commencing.
5. The following documentation must be attached to the application or Clinical Observer status will not be granted. Originals will be required on the first day of registration.
 - Copy of Medical Degree or License to practice (must be certified and translated)
 - Passport Identification
 - Updated copy of Curriculum Vitae
6. An individual may not be granted Clinical Observer status if it interferes in any way with the learning experience of University of Toronto trainees. This will be determined by the Department Chief.
7. An individual who has been granted Clinical Observer status must wear a St. Michael's Hospital ID badge at all times. The word "Clinical Observer" must be clearly stated on the front of the hospital ID badge.
8. A report of the number of Clinical Observers will be presented to MAC Executive on a quarterly basis.
9. St. Michael's Hospital Administration will not provide any official certificates for clinical observerships.
10. Any questions concerning Clinical Observers at St. Michael's Hospital may be directed to the Medical Staff Liaison Officer at (416) 864-5205.
11. St. Michael's Hospital has the right to refuse or terminate a Clinical Observership at any time.

Definitions

Clinical Observers: “A Clinical Observer is: i) Physician who is licensed to practice in Canada or who currently hold an active clinical staff appointment at an established health care institution elsewhere in the world and wishes to gain professional exposure and experience at St. Michael’s Hospital.” “Active clinical staff appointment shall include but is not limited having active privileges to provide clinical care as a physician at an established health care institution or employment at an established health care institution for the purpose of providing clinical care as a physician.” ii) an International Medical Graduate who is not currently enrolled in a postgraduate medical training program in Canada.

Appendix

Please see following pages for these documents

**Application for Clinical Observer Status
Privacy and Confidentiality Agreement**

Application for Clinical Observer Status

1. Name of Clinical Observer

2. Start Date: End Date:

3. Reason for requesting Clinical Observer status

4. St. Michael's Hospital Department/Division where the Clinical Observer will be associated:

5. To be completed by St. Michael's Hospital Staff Physician taking responsibility for the Clinical Observer:

I, _____ agree to take full responsibility for the Clinical Observer named above and am aware of the Clinical Observer's scope of practice as outlined on this form. Clinical Observers may NOT have any patient contact.

Signature:

Date:

6. To be completed by St. Michael's Hospital Department Chief:

I, _____ agree that the Clinical Observer named above may be granted Clinical Observer status at St. Michael's Hospital for the time period specified on this form, and under the supervision of the physician named in #5.

Signature:

Date:

7. To be completed by Clinical Observer:

Address in Toronto:

Application for Clinical Observer Status

Telephone number in Toronto:

Email address:

Address in Home Country:

Country where MD license was obtained:

Name of Medical School where MD license obtained:

I, _____ agree that I may **NOT**:

- Have any patient contact
- Take a patients history
- Have access to the Department of Medical Records
- Attend Medical Staff Association Meetings
- Have access to the Soarian Clinical System
- Be given a hospital pager
- Interfere with the learning experience of University of Toronto medical trainees

And I may:

- Attend educational events
- Attend inpatient and outpatient ambulatory care clinics and access to patient chart if the supervising physician is present and the patient's consent is obtained
- Observe in the Operating Room

Signature:

Date:

8. To be completed by St. Michael's Hospital Medical Staff Office:

- Copy of Medical Degree or License number provided
- CV
- Passport

Application for Clinical Observer Status

- Entered into SMH Barcode for ID badge

Signature:

Date:

St. Michael's

Inspired Care.
Inspiring Science.

Privacy and Confidentiality Agreement

I acknowledge and understand that:

- St. Michael's Hospital (the "**Hospital**") has in place policies and procedures respecting privacy, confidentiality and security (the "**Policies and Procedures**"),
- the Policies and Procedures are available to me upon request where I have any questions relating to my obligations hereunder,
- all personal health information [i.e., *information identifying an individual and relating to the provision of health care to that individual*] and/or confidential information [i.e., *information relating to the business of the Hospital*] that I have access to or learn through my employment, relationship or affiliation with The Hospital is to be treated as strictly private and confidential.
- as a condition of my employment, relationship or affiliation with The Hospital, I must comply with the Hospital's Policies and Procedures, and
- if I fail to comply with these obligations, the Hospital may terminate my employment, relationship or affiliation with the Hospital and that I may be subject to legal action taken against me by the Hospital and others, and/or to report to the appropriate college or regulatory body

I agree that I will access, use or disclose any personal health information and/or confidential information that I learn of or possess because of my employment, relationship or affiliation with The Hospital, only if it is necessary for me to do so in order to perform my duties as assigned by the Hospital. I also understand that under no circumstances may personal health information and/or confidential information be communicated either within or outside of The Hospital except to such other persons as are authorized by The Hospital to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with the policies and procedures.

I agree to keep any computer access codes assigned to me (for example, passwords) confidential and secure. I also agree to safeguard physical access devices (for example, keys, badges) and the privacy and confidentiality of any information being accessed.

I agree that I will not lend my access codes or devices to anyone and will not attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. I am aware that work done using such codes may be audited. If I have reason to believe that my access codes or devices have been compromised or stolen, I agree to immediately contact the Hospital's Help Desk (ext. 5751).

I also understand and accept that my obligations on confidentiality extend beyond my term of employment and or affiliation with the hospital.

Name (Please Print)

SMH Barcode Number

Signature

Date

Revision	Effective Date	Next Review	Author or Reviewer

This document is the property of St. Michael's Hospital. This material has been prepared solely for internal use. St. Michael's does not accept responsibility for the use of this material by any person or organization not associated with St. Michael's. No part of this document may be reproduced in any form for publication without permission from St. Michael's Hospital. Valid only on date printed: