Packets MUST be received 15 business days prior to the requested observation start date.

POLICY: The presence of scholar-observers in patient care areas is permitted provided certain conditions are met. Scholar-observers are allowed in patient care areas, including the Operating Room, after having identified themselves and received permission from the appropriate physician director. It is the responsibility of the physician director to ensure that the presence of scholar-observers in patient care areas is in compliance with UF privacy policies.

Scholar-observer: student or practitioner who desires to observe for educational purposes.

Note: The purpose of the program is to provide an opportunity on a limited basis to qualifying individuals who need to participate in order to gain medical knowledge that cannot be obtained in any other manner. The program is not designed, for example, to allow someone to audition for a residency program, nor as a mechanism to affect immigration/visa status, etc.

PROCEDURE:

1. The proposal for a Scholar-Observer must be submitted for approval and signed by the Sponsoring Physician (see #2 below) and Chair in the clinical department responsible for sponsorship.

2. There must be a designated Attending Physician, employed full-time by the University of Florida, who accepts the responsibility of supervision and education of the scholar-observer for the duration of the visit.

3. The proposal must contain specific objectives for the scholar-observer, as well as a delineation of proposed activities. The proposal must stipulate the time period of activity.

4. Under no circumstances may the scholar-observer participate in patient care, procedures, or make medical record entries. Observers must be supervised during the course of their approved activities when exposed to written or verbal protected health information (PHI). If an Observer is in contact with a patient (either in person or remotely viewing patient care), an attending physician must obtain the patient’s permission for the observer’s presence and document the agreement or objection of the patient in the patient’s medical record.

5. The scholar-observer and his/her designated sponsor must participate in a brief orientation to pertinent policies/procedures that apply to all trainees on the UFHSC-J campus. Please refer to the selected policies contained in the Housestaff Manual. The designated Attending Physician (see #2 above) is responsible for ensuring that the orientation in conducted.

6. Proper identification is required. Prior to beginning any formal activities at the UFHSC-J, the scholar-observer must obtain an ID badge and wear it at all times while on campus. The ID badge must be returned to the Office of Educational Affairs at the end of the observation period.
7. The scholar-observer must register with the Parking Service if he/she desires a parking pass. Appropriate short-term cards may be issued. The designated responsible physician must assure the parking card is turned in upon completion of the rotation.

8. There will be no credit provided to the scholar-observer, nor are formal records of attendance maintained, in that the standard courtesy appointment will not be executed. The responsible physician may exercise their prerogative to provide a letter of verification of attendance, but the University of Florida cannot be stated as a sponsoring agency unless prior arrangements have been made for a particular program.

9. The scholar-observer absolves the University of Florida and Shands Jacksonville of any/all liability as it pertains to the scholar-observer activities. The scholar-observer will indemnify and hold harmless Shands Jacksonville and the University of Florida against any damages resulting from any activity of the scholar-observer while at Shands Jacksonville.

10. Scholar-observers must maintain confidentiality of patient information in accordance with hospital and University policy (see required forms below).

11. During each rotation, all activities will be under the direct and exclusive supervision and control of physician faculty members of UFCOM-J. UFCOM-J and/or Shands Jacksonville shall have the right to remove a scholar-observer from the premises in the event such person does not satisfactorily adhere to the above policies.

12. The time period for the Scholar-Observer activity shall be limited to:
   a. a period of twenty-one (21) consecutive calendar days; or
   b. twenty-one (21) total observation days, that may extend beyond twenty-one (21) calendar days.

   A single extension may be approved at the discretion of Associate Dean for Student Affairs for: up to an additional twenty-one (21) consecutive days; or an additional twenty-one (21) total observation days, that may extend beyond twenty-one (21) calendar days.

13. If an Observer requires an extended observation period beyond the maximum time periods set forth above (forty-two (42) consecutive days or forty-two (42) total observation days), the Observer must apply to register as a Volunteer through application to the Shands Volunteer Services Department.

14. Foreign observers who need to address an issue involving an immigration visa in order to perform an observation will be referred to the UF College of Medicine-Gainesville Office of the Dean, Administrative Affairs—Immigration and Licensure Office for processing (Eastside Complex Office Building, 3rd Floor, 2124 NE Waldo Road, Gainesville, FL 32609 Phone: (352) 273-5074). It is the sole responsibility of the observer to ensure that their visa allows them to perform the proposed observation activities.
Scholar Observer Completes:

Name of Scholar Observer: ___________________________________________ Date ________

PRINTED NAME and SIGNATURE

Phone (cell preferred): _________________________ Email: ____________________________

Emergency Contact Name & Number: ___________________________________________ SSN: ________

Last 4 only

Requested Dates of Attendance: ________________________________________________

Sponsoring Physician Completes:

Department of _______________________________ /UFCOM-J

Sponsoring Physician: ___________________________________________ Date ________

PRINTED NAME and SIGNATURE

Assignment Location: ________________________________________________________

Department Chair: ___________________________________________ Date ________

PRINTED NAME and SIGNATURE

To be completed by the Office of Educational Affairs:

__________________________________________ Date ________

Frank J Genuardi, M.D., M.P.H.
Associate Dean for Student Affairs, UFCOM-J

__________________________________________ Date ________

David Vukich, M.D.
Senior Vice President for Medical Affairs, Shands Jacksonville

The University of Florida Request to Observe Patient Care Packet must be completed, which includes HIPAA and other requirements (see page 1 of this packet).

Routing: The required signatures must be obtained prior to the scheduled observation period. Please forward completed copies to Dr. Frank Genuardi, Office of Educational Affairs.
Observer's College/Institution: ____________________________________________

Observer's Title: _______________________________________________________

Proposal:

Specific Objectives: