

## Student Clinical Observer Agreement

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Current Education Class/Program

\_\_\_\_\_  
Specialty of Interest

Dates Available to Observe (Limit of two half-days): \_\_\_\_\_ and \_\_\_\_\_

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As a Student Clinical Observer, I understand the following policies and agree to abide by them:

1. I recognize that as an unlicensed person, I can only function as an observer.
2. I may participate in educational rounds, conferences and other Medical Education activities as directed by the responsible faculty.
3. I will maintain confidentiality and present myself in a professional manner.
4. I may have patient contact within the following limits:
  - I will not do any physical examination of a patient;
  - I may verbally interact with a patient only with his/her approval and in the presence of a Senior Resident or Attending Physician who will be responsible for ensuring appropriate, professional and accurate communications;
5. I will not write in the medical record, although I may be given "mock" documentation exercises to practice documentation and have my skills assessed outside of the official medical record. I understand that I must receive instruction on aseptic technique and that during surgery or any procedure, I may not be near the surgical field or table, but may observe the activity with other members of the team. I will follow the directions of the physician or supervising nurse.
6. I cannot attend Morbidity/Mortality or any other peer review conferences.

**As the applicant I have read, understand and agree to the above conditions of participation in the Clinical Observer Experience.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Confidentiality Agreement

As a Pre-Medical Student Clinical Observer, you will have access to records that contain health information pertaining to patients. Health information includes, but is not limited to, patient demographic information (name, address, phone number, etc.) history, diagnoses, treatment, medications, and billing documentation. This health information is required by law to be protected. Individuals (faculty, staff, students, and volunteers) who have access to this protected health information must be aware of their responsibilities and agree to abide by these policies and procedures protecting the confidentiality of this information.

I will maintain the confidentiality of protected health information. I acknowledge that during my time as an observer, I will have access to protected health information and acknowledge that any and all information related to the treatment of patients and the conduct of providing health care is strictly confidential and I will not disclose protected health information. I acknowledge that any access to and use of protected health information may be monitored and that improper access to, or improper disclosure of protected health information may result in disciplinary action. I acknowledge that my obligations for confidentiality of protected health information under this agreement will continue after my observation experience is over.

I have read and will comply with this agreement.

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

Printed Name: \_\_\_\_\_

**Required Information:**

<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Students must be instructed in OSHA safety measures and infection control precautions. For <b>NON-MSU</b> students, you must first create an MSU Community (Guest ID): <a href="http://community.idm.msu.edu">community.idm.msu.edu</a> . Click “create your account here” located below “Sign In”. For <b>ALL</b> students, please proceed to: <a href="http://ehs.msu.edu">ehs.msu.edu</a> . Go to “Quick Links”, Click “Online Training”, under Subject find “Bloodborne Pathogen Awareness” (Healthcare Students or Volunteers), click on “Training”. Enter “MSU ID and Password” to be redirected to “Training” website. <b>*Print off confirmation and return with this application.</b>
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student is required to hold personal health insurance. <b>List name of health coverage:</b> _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	no	Student must meet all immunization requirements defined by our school: <ul style="list-style-type: none"> <li>• Documentation of negative PPD (TB) within the last year.</li> <li>• Hepatitis B: A one-time series of three doses of vaccine</li> <li>• Tetanus/Diphtheria/Pertussis: One dose of TDAP at age 11.</li> <li>• Meningococcus: One dose of vaccine at age 11 or 12 and a booster at age 16. Doses should be at least 2 months apart.</li> <li>• Varicella: A one-time series of two doses of vaccine for anyone who's not had chickenpox disease or previous vaccination.</li> <li>• Measles/Mumps/Rubella: A series of two doses of MMR on or after the first birthday.</li> <li>• Influenza: Vaccination yearly in the fall.</li> </ul> <b>*Provide a copy of your immunization record with this application.</b>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	no	Student will comply with HIPAA training. Contact Michelle Knox to schedule at 364-5891 <b>Date of training:</b> _____
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Do you have acute or chronic health problems? Please explain:

**I verify that all of the information stated above is correct and accurate.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**This section completed by MSU-CHM**

<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student has read/signed the Pre-Medical Student Clinical Observer Agreement.
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student has read/signed the Confidentiality Agreement.
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student has returned OSHA confirmation and Immunization Record

**Return to: Michelle Knox, Lansing Assistant Dean’s Office,  
Sparrow Professional Building, 1200 E. Michigan Avenue, Suite 305,  
Lansing, MI 48912**