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| **SUBJECT/TITLE:** | **Physician Observers at UIHC** |

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| **PURPOSE:**  **SCOPE:** | To delineate the requirements for physician observers at UIHC. This is a joint policy of the UIHC and CCOM.  Institutional |
| **DEFINITIONS:** | **Iowa Board of Medicine Adopted and Filed**: https://medicalboard.iowa.gov/observerships-unlicensed-physicians  An unlicensed physician observer may:   1. Participate in discussions regarding the care of individual patients, including offering suggestions about diagnosis or treatment, as long as the unlicensed physician observer does not direct the care; and 2. Elicit information from a patient as long as the unlicensed physician does not actually perform a physical examination or otherwise touch the patient. |

**POLICY:**

1. DURATION
2. Maximum of one month per fiscal year
3. Requests for clinical observation periods that exceed one month require a written explanation
4. ELIGIBLE OBSERVERS: MD or equivalents from other medical institutions who do not have UI CCOM appointments. Individuals should have faculty or staff physician status at another institution, including international institutions.
5. INELIGBLE OBSERVERS
   1. Medical students (refer to the Office of Student Affairs and Curriculum policies)
   2. Medical resident and fellows currently in non-UIHC programs (refer to the GME Office at UIHC)
   3. International physicians who are seeking US experience to apply for US residency programs
   4. Visiting professors who come to lecture or spend a few days in the Department are not required to complete this process.
6. REQUIREMENTS
7. Completed form – attached Application for Observing Physicians at UIHC
8. An ID badge - **all badges must be obtained from UIHC Human Resources and must clearly identify the observer as a VISITOR**
9. Signed confidentiality agreements - attached
10. Supervising physician shall accompany the observer and solicit consent from each patient after informing the patient of the observer’s background
11. Prior to introducing the observer to any patient, the supervising physician shall afford the patient the right to refuse the presence of the observer
12. The supervising physician shall ensure that the observer acts within the scope of an observer, including no direct physical patient contact
13. No CCOM appointment required
14. No Iowa license required
15. No credential checks or background checks required
16. Observer must pass an illness screening prior to entering into any patient area
17. Departments found to violate this policy will be precluded from applying for visiting observers for one year following the violation

Source: VPMA

Effective Date: 2/5/09

Version Number: 4

Date Revised: 6/13/13; 9/4/14

Date Reviewed: 2/8/11; 12/29/2021

**APPLICATION FORM FOR VISITING OR OBSERVING PHYSICIANS AT UIHC**

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| Name of Visitor/Observer: | |  | | | |
| Observer’s Home Institution and Address: | |  | | | |
| Specialty Area of Interest: | |  | | | |
| CCOM Faculty Sponsor’s Name: | |  | | | |
| Sponsoring Department: | |  | | | |
| HR Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Phone: \_ \_ \_/ \_ \_ \_ - \_ \_ \_ | | Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Observation start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Observation end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Prior UIHC observation? \_\_\_\_\_Yes \_\_\_\_\_No | If so, give start and end dates: From: \_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| If current observation is proposed for longer than one month, explain why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Description of activities during this observation period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Percent of effort of the observer in the following areas: Education: \_\_\_ % Research: \_\_\_% Clinical Observation: \_\_\_% | | | | | |

Confidentiality agreement signed/dated and on file: \_\_\_Yes \_\_\_ No

Funding Source:

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| Corp | Fund | Org | Dept | SubDept | ID | Grant Program | Inst cct | Org | DeptAcct | Fund | Cost |

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| I agree to abide by the observer rules set forth by UI Health Care, including avoidance of direct physical contact with patients: | | | |
|  |  |  |  |
| Signature of Observing Physician |  |  | Date |
|  | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature of Sponsoring Physician | Campus Address | Phone | Date |
|  | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature of Department Chair | Campus Address | Phone | Date |

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|  | APPROVAL STATUS—REASON | | | |
|  | |  |  | □ Yes □ Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Peter Snyder, MD  Associate Dean for Faculty Affairs, CCOM | |  | Date |
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|  | |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Theresa Brennan, MD  Chief Medical Officer, UIHC | |  | \_\_\_\_\_\_\_\_\_\_\_  Date | □ Yes □ Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Submit this form via e-mail to* [*CCOM-OFAD@uiowa.edu*](mailto:CCOM-OFAD@uiowa.edu)*.*

*The completed form must be received no later than 30 days prior to the observer’s proposed start date at UIHC.*

# *Declaration of Patient Information Confidentiality*

University of Iowa Hospitals and Clinics (UIHC) is legally required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of the health care information of all patients treated at our institution.

Your visit to UIHC may include contact with patients, viewing of computer-stored patient information, viewing information from patient medical records, and/or incidentally overhearing confidential conversations. Under no circumstances may this information be discussed with anyone.

State and federal law protect the confidentiality of patient information that you might obtain during the course of your visit to UIHC. **State and federal law prohibits you from making any disclosure of this information.**

I declare that I have read and understand the above aspects of patient confidentiality. Furthermore, I understand that violation of the confidentiality of patient information is reason for revocation of UIHC educational privileges, and is subject to civil and criminal penalties.

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

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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