

Appendix A: Student Observer of Clinical Care Application

General Information

Becoming a Student Observer of clinical care at The Johns Hopkins Hospital (JHH) is an opportunity for individuals who are interested in a career in health care to shadow a medical staff or workforce member (sponsor) and learn more about the field. Student observerships are for educational purposes only. Applicants are required to obtain a sponsor, complete an online application, provide proof of influenza immunization, and adhere to hospital policies regarding confidentiality, professional conduct, and safety.

Once your completed online application is received, the sponsor you wish to shadow will review your submission. They will either approve or decline your request for an observership. You will receive their decision in an email along with other instructions.

Student Observer Qualifications:

1. Sixteen (16) years of age. Observers under the age of 18 years must provide a signed parental consent form.
2. An active high school or college student, or recent graduate. Medical students must register with the JHU Registrar's Office.
3. Able to provide proof of having received the annual influenza (flu) vaccination. Only applicable during the flu season, October-March.

Guidelines:

1. Time spent observing medical staff shall not exceed 100 hours total over the course of one academic school year. If student observer exceeds this time limit, they shall contact the volunteer office in Carnegie 173 and abide by their guidelines.
2. Student Observers shall at all times be under the direct supervision of their sponsor or a designee appointed by them.
3. Student Observers shall have no physical contact with patients.
4. Upon arrival to JHH, the Student Observer shall check in at a security desk to receive a visitor's ID bracelet. A visitor's bracelet must be worn at all times while on campus.
5. Student Observers have the responsibility to act professionally, dress appropriately, and abide by the policies of JHH.
6. A student observership does not qualify as medical training or volunteering. Academic credit will not be granted.

Expectations of Behavior

As a Student Observer of clinical care at The Johns Hopkins Hospital, you are expected to behave in a responsible manner. The following are general expectations of behavior. The primary purpose for these guidelines is to protect the hospital community and ensure that you have a rewarding experience as a Student Observer. Please carefully read and sign below asserting that you will follow these standards while engaged in clinical observation. If you fail to adhere to these expectations of behavior, your observership may be terminated at the discretion of your sponsoring clinician/designee.

1. You are expected to do exactly what your sponsor asks you to do.
2. You have the responsibility to act professionally. This includes arriving on time to each appointment and being courteous to everyone you meet.

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3. You have the responsibility to maintain the confidentiality of any and all patient information you see or hear including “protected health information.” Do not talk about the patient or their information at any time.
4. Photography and video recording of any kind are not allowed while on Johns Hopkins property.
5. You shall have no physical contact with patients.
6. You have the responsibility to be groomed and dressed appropriately. Attire shall be clean, moderate in style, and appropriate for the work area.
7. You must wear a Visitor’s ID wrist band at all times.
8. Smoking is not permitted at any time.
9. Possession of weapons, fireworks, or illegal drugs is not permitted at any time. If such items are found, the matter will be reported to local law enforcement.
10. Any other behavior, which is not outlined specifically above yet compromises the integrity and high standard of excellence of The Johns Hopkins Hospital, will not be tolerated.

Applicant Information

Name: _____ Date of birth: _____
Home Address: _____
Email Address: _____ Phone: _____
School/Institution: _____ Current Grade: _____
Date/s of Observation: _____
Emergency Contact: _____ Phone: _____
Relationship: _____

Sponsoring Clinician Information

Sponsor’s Name: Xuan (Ann) Zhou, Pharm.D
Department: JHH Department of Pharmacy
Email Address: xzhou38@jhmi.edu

Signature

I attest that everything in this application is true and I agree to comply with the above expectations of behavior.

Signature: _____

Date: _____

CONFIDENTIALITY PLEDGE FOR VISITORS

I certify that I am visiting Johns Hopkins for training, observational and/or educational purposes from: _____ to _____ or on _____.

I understand that while I am visiting in this capacity, I may be exposed to "protected health information," information about a person's health or treatment that identifies the person, and other information deemed to be confidential by other laws (collectively referred to as "Confidential Information"). I also understand that while I am visiting in this capacity I may be treated as a temporary member of Johns Hopkins' "workforce" for purposes of the federal HIPAA privacy regulations only.

I pledge and agree to use and disclose any Confidential Information only for the training, observational and/or educational purposes of my visit and otherwise to keep the information confidential. The taking of photos, videos and audio recordings is not allowed without additional permissions/authorizations.

I will not post or discuss Confidential Information, including pictures and/or videos, on my personal social media sites (e.g. Facebook, Twitter, etc.).

I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices, with respect to Confidential Information, in accordance with Johns Hopkins policies only.

I understand that I may direct to the Johns Hopkins Privacy Office any questions I have about my obligations under this Confidentiality Pledge or under any of the Johns Hopkins' policies and procedures and applicable laws and regulations related to confidentiality. The contact information is: Johns Hopkins Privacy Office, Telephone: 410-614-9900, e-mail: HIPAA@jhmi.edu.

Name of Visitor

Signature of Visitor

Date

Address of Visitor

Telephone of Visitor

I, as sponsor of the above-named Visitor, have reviewed this pledge with the visitor and certify that the visitor is here for training, observational and/or educational purposes.

Xuan (Ann) Zhou

Name of Party at Johns Hopkins Responsible for Visitor



Responsible Party Signature

Date

Retain original signed copy of this Pledge in the department or entity sponsoring the training, educational event or observation. Copy to visitor.