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 2 weeks or 80 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.
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.

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**Applicant Information**

Name: ____________________________ Date of birth: ____________________________

Home Address: ____________________________

Email Address: ____________________________ Phone: ____________________________

School/Institution: ____________________________ Current Grade: ____________________________

Date/s of Observation: ____________________________

Emergency Contact: ____________________________ Phone: ____________________________

Relationship: ____________________________

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**Sponsoring Clinician Information**

Sponsor’s Name: ____________________________

Department: ____________________________

Email Address: ____________________________

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**Signature**

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

Signature: ____________________________

Date: ____________________________