



## MSM Clinical Education Health Career Observation Program Agreement

The Methodist Sports Medicine (MSM) Research & Education Foundation is happy to offer clinical observation experiences to future healthcare professionals. These experiences are offered to help learners decide their career paths, supplement current educational activities, or shadow healthcare professionals in their field of choice.

Please understand that our practice has a high volume of students year-round. We may not be able to honor all requests. Only complete applications will be considered including detailed learning objectives.

### QUALIFICATIONS:

Learner must be:

- Interested in pursuing a healthcare career
- 15 years of age prior to being permitted to observe in a non-patient area
- 16 years of age and at least a junior in high school prior to being permitted in an inpatient care area
- 18 years of age to observe in an operating room limited to 10 experiences per year. (Please note that additional forms are required for surgical observations).
- Have a photo ID ready to present the day of observation

### CONFIDENTIALITY:

*Confidentiality* means “keeping information private.” In a hospital or healthcare setting, all patient information is considered confidential. Any information about patients that is spoken, on paper, or on computer is to be kept private. You cannot tell your family, friends, or anyone else (who is not taking care of the patient) about this information.

Examples of confidential information include:

- Name
- Address
- Age
- Social Security Number
- Whether someone is in the hospital
- Diagnosis or reason why a person is in the hospital
- Treatments and medications
- Test results
- Imaging
- Past health conditions
- MSM and affiliate’s business related information
- MSM and affiliate’s employee personal and employment information

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## DRESS CODE:

- Dress code for the day is business casual or business professional. Examples of business casual or professional clothing include black/khaki pants, sweaters, polo shirts and button down shirts with collars (and a tie). Sleeveless blouses/dress shirts and skirts that are split at or below the knee are acceptable options.
- You **MAY NOT** wear jeans, sweatshirts, sweatpants, tank tops, spaghetti straps, open back blouses, open-toe footwear, tight/yoga pants, skirts above the knees, or any clothing that is inappropriate in a professional work environment.
- You **MAY** bring tennis/running shoes to wear on surgery days when you are not in the clinic.



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## Attestations

I have read and understand the meaning of confidentiality and the information that I must keep private while a student observer at the clinical sites of Methodist Sports Medicine as well as the surgery centers and hospitals. I understand that I am obliged to protect and maintain the confidentiality of this information at all times.

1. I understand that my visit will potentially expose me to communicable and infectious disease, injury from needles and other sharp articles, slips and falls and other unforeseen incidents. I understand that if I am injured or exposed to communicable disease, or suspected of being injured or exposed to communicable disease, I will be offered treatment according to MSM policy for such exposures and injuries. I will be held responsible for the medical expenses related to all treatment that is provided to me in such instances.
2. I am immune to normal childhood diseases including:
  - a. Rubella (German measles)
  - b. Rubeola (red measles)
  - c. Varicella (chicken pox) either by:
    - i. Natural means (diagnosed, documented, and signed by licensed healthcare provider), immunity by laboratory results (positive titre)
    - ii. Vaccination (signed by licensed nurse or healthcare provider).
  - d. Influenza vaccine (for current flu season September-March)
  - e. PPD – TB test within 1 year
  - f. Hepatitis B

**These immunities are documented and will be presented on date of observation. Please contact the observation manager if you have a religious exemption for immunizations.**

3. I am free of significant eye, skin, respiratory, gastrointestinal, or other communicable infections. This includes fever, cough, cold, cold sores, hepatitis A, lice, scabies, diarrhea or recent exposure to communicable infections such as chicken pox (varicella), pertussis (whooping cough), or tuberculosis (TB). I am free of any skin rashes, including any reaction to recent chicken pox vaccination.
4. I will comply with hand hygiene procedures by using soap and water/hand sanitizers before and after entering any patient room or treatment area, eating, and after using the restroom.
5. I understand that if I become sick (including but not limited to fever, cough, diarrhea, vomiting, cold or flu), I will remove myself from the assignment, seek medical care as appropriate and will not return with any communicable disease.
6. I will not use or disclose Protected Health Information (PHI), as described in the Health Insurance Portability & Accountability Act (“HIPAA”). I will hold all patient information in strict confidence. I understand patient information, whether verbal, electronic, or hardcopy, is not to leave MSM premises, and I am not to discuss patient information with anyone other than the person I am shadowing. I understand that patient information includes not only patient names and other identifying information, but also any information related to a patient's condition, treatment, presence

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at the hospital, or any other information I hear, observe, or learn about any patient or patient's family members during my visit.

7. I understand that MSM will not provide transportation or meals while participating in the observation program.
8. I understand the dress code requirements as listed above. Observers may be sent home immediately if their dress is not appropriate for the setting.
9. On the day of observation, I must bring:
  - a. A photo ID
  - b. Proof of immunizations listed in #2.

**Release of Liability**

I hereby release this facility, its employees, its agents and its medical staff and agree to hold them harmless from any and all actions and claims, not caused by their negligence, arising out of their good faith performance under this consent document.

**Term of this Agreement**

This agreement shall be effective when executed on behalf of both of the parties hereto and shall continue in full force and effect indefinitely.

**Governing Law**

This agreement shall be construed and enforced in accordance with, and governed by, the laws of the state of Indiana without reference to the choice of laws principles thereof.

I have read this form carefully before signing it and have been given the opportunity to ask questions relating to my visit.

**Name of Clinical Education Observer (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**NOTE: If you are under the age of 18, a parent or guardian must sign the following statement of consent:**

I give consent for my daughter/son to participate in the MSM Research & Education Observation Program. I authorize MSM physicians to administer medical treatment in case of emergency. I will encourage my daughter/son to be prompt and dependable in her/his service at MSM. I understand that all MSM observers are required to have a TB test and some areas may require additional screening.

**Parent/Guardian (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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