

Saint Luke's South Hospital Student Observer Requirements

Dear Student Observer:

Saint Luke's South Hospital provides opportunities for students to observe clinical departments on a case-by-case basis.

Prior to observation, you will need to complete some tests and forms so that we know you are familiar with privacy and safety policies, and are prepared to come and observe at the hospital. A list of Student Observer Requirements is attached, along with copies of any forms, and instructions on how to complete the training modules. These forms and tests can change from year to year, so if you need to do further observation visits in the future, you should contact us again to verify whether requirements have changed.

The following Student/Observer Requirements must be completed before your observation appointment and proof of completion should be brought with you to the appointment.

- Request for Observation Form completed
- Review the General Guidelines for Observers handout.
- Pledge of Confidentiality (PRIV-74) (You will need to sign and then the Unit Supervisor or Preceptor should review the pledge with you and sign it also.)
- Completed Privacy Training and Test (HIPAA) **(Training module and test is on-line at Quia.com, instructions are enclosed.)**
- Completed Information Security (IS) Training and Test **(Training module and test is on-line at Quia.com, instructions are enclosed.)**

Completed requirements should be given to the Unit Supervisor or the Preceptor are observing. They will forward them to:

Saint Luke's South Hospital
Attn: Michele Allen
Nursing Administration
12300 Metcalf Avenue
Overland Park, KS 66213
Tel. (913) 317-7575
Fax (913) 317-7909
mallen@saint-lukes.org

Observation Experience On-line Training and Assessment Instructions

Please refer to the chart below to locate which training and tests will be required of you. These training modules can be found on the World Wide Web at www.quia.com.

Step 1: At the Quia.com website, select “Quia Web” by clicking on the *Visit Quia Web* button.

Step 2: On the Student Login side, click on *Click to Enter*. Create a free student account by clicking on *Create my free account*.

Step 3: Create a User ID and Password. Saint Luke's South will not have access to your UserID or Password if you forget them, so choose something you will remember.

Step 4: Enter the class access code. This is the code listed by the class names below. You can add all of your classes at once or add them as you go.

Once you add a class, you can take the training and test whenever you want. You can return to the training module as often as you want, but if you leave in the middle of a test, you will be required to start the test again the next time you return to complete it, so complete each test in one session.

You need to score **at least 80%** on each test. Saint Luke's South does not accept test scores below 80%. Check your score at the end of each test. If you did not score 80% or better, you will need to retake the test until you do.

Students:

Print out your test results once you have achieved an acceptable score and provide it to your instructor **at least two (2) weeks** prior to your rotation.

Observers:

Print out your test results once you have achieved an acceptable score and bring it with you to your Observation appointment. Give it to the Unit Supervisor or the preceptor you shadow with.

Training/Testing Modules	Clinical Students	Observers	Class Access Code
HIPAA Privacy Training & Test	✓	✓	DTA996
Information Security Training & Test	✓	✓	AJBNRX749
Clinical Safety Training & Test	✓		BATRPD679

A **Student Observer** or **Observer** is defined as a learner who is at least 14 years of age*, who accompanies a health professional to observe their practice for no more than a total of 24 hours. These learners are always with an assigned SLS staff member and do not provide care to the patients nor do they assist the staff in any manner. Their purpose during this experience is to *observe only*. *Any individual under age 18 must also have signed parental consent.

Each learner who would like to observe at SLS should contact:

Michele Allen
Assistant to the Clinical Education Manager
12300 Metcalf Avenue
Overland Park, KS 66213
Tel. (913) 317-7904
mallen@saint-lukes.org

Michele Allen will provide the required forms and training needed prior to an observation appointment, and with the contact information you will need to schedule your appointment with the Unit Supervisor or their designated staff member.

Any forms or testing required for observation should be brought, **completed**, to the scheduled appointment and given to your clinical contact. The clinical contact should review the paperwork to ensure it has been completed properly. The student observer must sign in and out, and must wear a SLS "Observer" badge.

Requirements:

Prior to the beginning of his/her observation experience, each observer must complete and sign:

- Observer Written Request Form (stating where they want to observe, why and what their expected outcomes are.)
- Parental Consent signature, if under age 18.
- Authorization and Release for Observation.
- Pledge of Confidentiality
- Privacy (HIPAA) Training and Test (self-corrected).
- Information Security Training and Test (self-corrected).

These forms must be completed and given to the Manager/Supervisor or Area Coordinator (clinical contact) before the student will be allowed to observe. The clinical contact will forward all the completed paperwork to the Clinical Education Manager after the experience is completed, along with the Student-Observer badge.

Conduct:

St. Luke's South Hospital strives to maintain a positive and productive work environment. Each student is expected to act respectfully and courteously at all times to other students, staff, visitors, and patients. Misconduct, abuse, or abusive language will not be tolerated.

The following conduct is prohibited while on St. Luke's South property:

- 1) Possessing, consuming distributing, delivering, dispensing, exchanging, selling or using alcoholic beverages.
- 2) Possessing, consuming, manufacturing, distributing, delivering, dispensing, exchanging, selling or illegally using drugs or any drug-related paraphernalia.
- 3) Having present in the body or being under the influence of alcoholic beverages or being impaired by the illegal use of drugs.

Saint Luke's South Hospital retains the right to have students removed if the Hospital staff determines that such action is in the best interest of the Hospital or and its patients.

Confidentiality:

All patients and hospital information is confidential. Observers are not allowed access to medical records, and any medical or personal information obtained while observing at SLS is confidential and should not be shared with anyone.

Insurance:

All students and observers are required to be covered by their own insurance.

Meals:

A discount will be given to students who are wearing their student badges.

Smoking:

St. Luke's South Hospital is a non-smoking facility.

Dress/Appearance:

A Saint Luke's South Hospital Observer/Student badge must be worn at all times. All observers must sign in and out with the staff they are working with. The sign-in/out is part of the authorization form that the student signs and brings with them on their first day.

Street clothes that are casual, but clean and professional in appearance may be worn unless otherwise specified by the clinical contact. Safe, comfortable, clean shoes with hose/socks should be worn. Hair should be clean. Fingernails should be kept short and neatly trimmed. Conservative nail polish is acceptable. Chewing gum is NOT acceptable.

- Excessive use of colognes/perfumes is not permitted. In general, perfumes and colognes should be avoided, or worn only very lightly as some may have allergic reactions to the scents. **For the comfort of our patients, any use of colognes/perfumes by individuals providing direct patient care is prohibited.**
- Dark glasses are not permitted for indoor use unless prescribed by a physician.
- Only conservative jewelry is permitted. Jewelry that protrudes or hangs on a chain, including multiple bracelets, is prohibited particularly if it poses a safety issue to the employee or patient.

- Visible body piercings are limited to the ears, with a reasonable number of earrings permitted per ear (at the discretion of the Hospital).
- In general, tattoos should be covered. Any visible tattoos cannot be vulgar, profane or intimidating to patients and their families.

Observer/Students will consistently dress in appropriate attire to include:

- Dress/polo shirts are worn inside trousers or skirts.
- Clothing is properly fitted and modest (not revealing).
- Undergarments are to be worn and should not be visible through clothing, or worn on the outside of clothing.
- For safety reasons, sock/stockings are to be worn at all times.
- Clothes are clean, unwrinkled, and in good condition.
- Shirts with discrete logos are permitted.
- Denim shirts, jumpers, vests and skirts, as long as they are clean, in good condition and not faded or frayed.

Attire that is NOT permitted:

- Sweat shirts.
- T-shirts as an outer garment.
- Buttons, insignias, or symbols other than above.
- Leggings and stretch pants.
- Halter tops or any other short tops that show bare backs or midriffs.
- Pants, including scrub pants that reveal bare backs or midriffs
- Jeans, unless approved by Administration on designated days.

Parking: Parking areas are provided so that each observer/student can park in a controlled environment. Security is provided so that reasonable safety for all personnel and vehicles can be maintained. **Observers can park in general hospital Visitor parking.**

Anyone parking in a Fire Lane or a Handicapped space without appropriate display of an authorized permit is subject to ticketing by the Overland Park police.

Observation Request

Date: _____

Observer Name: _____

Phone Number: _____ Age: _____

Proposed Experience (what would you like to observe, what dept, etc.):

Proposed length of time (hours needed): _____

Proposed date(s) _____

Saint Luke's South contact (if applicable): _____

Purpose of observation: _____

Objectives/Expectations of observation:

Student Observer Signature _____

Parent/Guardian Signature _____

(Required if Student Observer is under 18 years old.)

Contact Phone #: _____

Contact Email: _____

This form must be completed, returned and approved by the education coordinator prior to any observation experience at SLS. Please call (913) 317-7575 with questions.

Saint Luke's Health System Protected Health Information *Pledge of Confidentiality*

I, the undersigned, have read and understand the Saint Luke's Health System's policy on confidentiality of protected health information as described in this Confidentiality Pledge.

In consideration of my association with Saint Luke's Health System, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, during my association with Saint Luke's Health System, or after my association ends, access or use protected health information, or reveal or disclose to any persons within or outside the Saint Luke's Health System, any protected health information, except as permitted or required by law.

I understand that my obligations outlined above will continue after my association with Saint Luke's Health System ends.

I further understand that my obligations concerning the protection of the confidentiality of protected health information relate to all protected health information acquired through my association with Saint Luke's Health System.

I also understand that unauthorized use or disclosure of such information could result in the imposition of fines pursuant to applicable state, or federal regulations and a report to my professional regulatory body.

I have been informed of Saint Luke's Health System's Personal Health Information Confidentiality Pledge requirements and the consequences of a breach.

Signature of Individual Making Pledge

Date Signed

Name of Individual Making Pledge (Print)

Department / Organization

Emergency Contact: Name and phone number

I have discussed the Protected Health Information Confidential Pledge and the consequences of a breach with the above name.

Signature of Individual Administering Pledge

Date Signed



SAINT LUKE'S HEALTH SYSTEM

saintlukeshealthsystem.org

AUTHORIZATION AND RELEASE FOR OBSERVATION

Observer's Name: _____

Emergency Contact Person: _____

Emergency Contact Tel: _____

OBSERVER'S RESPONSIBILITIES:

I wish to observe/shadow in the following area of Saint Luke's South Hospital _____
_____. If I will have contact with pregnant women or children, I have documented evidence of immunity to measles (rubeola), mumps and rubella, and varicella (vaccination or antibody titer/screen). Further, I will not engage in any activity that would put me at risk of coming into contact with hazardous materials, with blood and /or body fluids.

I agree to comply with all instructions of the Saint Luke South employees. I understand that during my observation I may have access to confidential information about clients, patients, their families and clinical facilities. I understand I must maintain the confidentiality of all verbal, written or electronic information. I also agree to indemnify Saint Luke's South for any claims or damages arising from my breach of this confidentiality provision.

I hereby release Saint Luke's South and it's officers, process owners and agents and any other persons performing services at Saint Luke's South, from responsibility for any injury or ill effects, physical as well as emotional, which may result from my presence at Saint Luke's South.

Date **Signature of Observer/Shadow Participant**

- Proof of completed HIPAA test is attached
- Proof of completed IS (Information Security) test is attached

Date: _____ Time In: _____ Time Out: _____

Date: _____ Time In: _____ Time Out: _____

Date: _____ Time In: _____ Time Out: _____

Signature of Area Coordinator Date: _____

Unit Supervisor/Area Coordinator: Please return completed forms to Education Department.