

PHYSICIAN OBSERVERSHIP GUIDELINE

1. INTRODUCTION

Cleveland Clinic Florida (CCF) is accredited by the Joint Commission and the Accreditation Council for Continuing Medical Education (ACCME) which sponsors CME at our institution.

While abiding by these standards, certain rules apply for observer acceptance and program participation at CCF. These policies have been developed to establish standards and provide uniformity between clinical departments that participate in the Physician Observership Program.

2. DEFINITION

Observer is the term used for physicians who wish to further their clinical knowledge in a particular specialty.

Observerships typically last 4-8 weeks in an allotted specialty. During this time, you will be observing clinical practice in a healthcare setting, without patient contact.

3. GOAL

The goal of each observership is to strengthen the visiting physician's clinical knowledge in the designated specialty.

We hope to provide a strong clinical overview and detailed insight into the Cleveland Clinic Healthcare System.

4. ELIGIBILITY REQUIREMENTS

This program is granted to physicians worldwide. In the application process, the following eligibility documents must be submitted in their English translation to the Cleveland Clinic Florida Research and Education Department:

- Overseas observers must provide proof of a valid B-1,B-2, J-1, H-1b, H-4, or O-1 visa before acceptance into the program.
- A copy of one of the following visa documents:
 - I-94 (granted upon admission to the USA and for the entire duration of the observership)
 - Green Card
 - Passport
- Copy of Medical School Diploma
- Curriculum Vitae
- Letter of Recommendation
- Evidence of health insurance to cover accidents, illness, etc. while performing the observership. (Proof of insurance can be presented at the orientation meeting)
- Health screening with documentation of immunization status (PPD within the last year; MMR, varicella, and hepatitis B antibody must be valid within 10 years.

5. APPLICATION PROCESS

Applicants must fill out the *Observership Application Form*:

<http://my.clevelandclinic.org/Documents/Florida/Education/physician-observership-guidelines-2012.pdf>

To print and complete the form, you will need the Adobe Acrobat plug-in. If the plug-in is not on your computer, click the button below to download it.

[Download Acrobat](#)

On the application, indicate your preferred period of observership and dates. Two separate observerships are permitted in different specialties. The observership will last 4 to 8 weeks. There is a \$500.00 application processing fee, which is non-refundable. Due to the high number of applications that we receive, the application fee will hold the Observership. There is also a \$100 weekly tuition fee that will be due prior to the observership. The observership fees can be paid by check or money order, payable to **Cleveland Clinic Florida Research and Education**. These are the only payment methods accepted.

The observer will be notified in writing of either acceptance or denial of the application.

This guideline document must be signed and sent with your application and supporting documents at least 3 months before your observation begins. All documents must be mailed to the following address:

Cleveland Clinic Florida
Research and Education Department
2950 Cleveland Clinic Blvd, Weston, FL 33331 – USA
E-mail: FLAobservers@ccf.org

6. RULES FOR OBSERVERSHIP

- To begin the observership, we will send a confirmation letter to the observer before the start date. This letter will specify the time, date, and place for the initial orientation meeting.
- The observer must sign the *CCF Acknowledgement of Confidentiality* agreement. Observers are required to watch a video on HIPAA regulations, which is available at <http://my.clevelandclinic.org/florida/education/observerships.aspx>. Follow the instructions on the link and return the completed document with the application.
- A temporary identification (ID) badge will be issued and must be worn at all times while on CCF premises. A \$20.00 deposit is required. This deposit will be reimbursed when the observer returns his/her badge at the end of the observership.
- Observer must abide by all policies, rules, regulations, and bylaws of CCF.
- Observers must wear a white lab coat while on the premises of CCF. You will be responsible for bringing your own white lab coat.
- Observers are expected to dress in a professional manner. T-shirts, jeans, cutoffs, open-toe shoes, and other casual articles of clothing are not permitted. We recommend that you wear comfortable shoes.
- A CCF medical staff member must accompany the observer at all times while in the presence of patients.
- Observer must introduce themselves to patients as an “observer” and must request the patient’s permission to be present at the time of the clinical visit, procedure, or other patient services. If the patient declines to allow the

observer's presence, he/she must leave the area.

- The observer is not allowed any other direct patient contact. Contact is defined as physically touching, talking with, performing a medical history and/or examination, counseling (patient or patient's family/friends), assisting in surgery or any other procedure, or otherwise interacting with patients, either individually or in the presence of others.

- The observer cannot make patient chart entries (electronic or hard copy). He/she may not make copies of patient charts (paper or electronic).

- CCF will not provide stipend support, compensation, insurance coverage, and benefits.

- Observers are not medical staff members at CCF and must not represent themselves as such. The title is properly characterized as an "observer."

- Observers are approved to participate in the following activities:

- * Attend rounds with CCF staff faculty
- * View and discuss patient interactions with the staff faculty, if the patient has agreed
- * View and discuss videotapes of patient evaluations, if the patient has agreed
- * Use software and hard copy educational resources (teaching software, books, and journals) from the CCF Medical Library
- * Access the Internet from computers in the library
- * Participate in grand rounds, seminars, and other educational activities
- * Participate in case conferences or chart rounds (observers engaged in this activity may be asked to sign a document acknowledging confidentiality responsibilities)

- The duration of the observership will be for a period of 4-8 weeks per individual.

- Upon completion of the observership, the Observership Coordinator will provide an Observership Certificate. Please do not ask an attending physician for a letter of recommendation. Attending physicians will not provide letters of recommendation for observers.

7. PARKING

Parking is provided at no charge. Observers must register their cars (make, model, year, and license plate number) with Cleveland Clinic Florida Security/Facilities by completing a form on the first day of orientation. When parking at Cleveland Clinic Florida, you must display your temporary parking permit on your car's dashboard. Observers must park in the overflow parking lot (please refer to the parking map that you will receive on the first day of orientation).

8. WORKING HOURS

Clinic (outpatient) services are usually provided from 8:00 a.m. to 5:00 p.m., Monday through Friday. Hospital services vary in each department. Your department coordinator will assign your working hours.

9. MEALS

The observer is responsible for her/his meals

<u>Weston</u>	<u>Week days</u>	<u>Time</u>
Cleveland Clinic Cafe, 1st Floor, Hospital	Monday-Friday	07:00am - 10:00am - Hot breakfast 11:30am - 03:00pm - Lunch 04:00pm - 07:30pm - Dinner

10. HOUSING

Housing is not provided for observers. You will be responsible for your own accommodations. At your request, the program coordinator will provide you with a list of accommodations in the area.

11. CANCELATION POLICY

Once your rotation has been confirmed by e-mail, you are expected to complete your delegated observership. If cancellation is unavoidable, please submit your notification in writing at least 30 days before your observership is scheduled to begin. Please be aware that your \$500 application fee is non-refundable.

**I AGREE AND UNDERSTAND THAT I WILL PERFORM AS AN OBSERVER ONLY
I ACCEPT RESPONSIBILITIES AS OUTLINED IN THIS DOCUMENT AND
I WILL COMPLY WITH ALL REQUIREMENTS**

Printed Name

Signature

____/____/____
Date

2950 Cleveland Clinic Blvd, Weston, FL 33331 - USA