



MedStar Washington Hospital Center

Medstar Washington Hospital Center
Department of Oral and Maxillofacial Surgery
110 Irving Street, NW
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Oral & Maxillofacial Surgery Externship Application

Thank you for your interest in our externship program. In order to provide you with a hands-on experience, we require the following information to become an extern.

- Completed externship application
- Proof of malpractice insurance coverage
- Dean's letter stating the student is in good academic standing
- Current Curriculum vitae
- Record of current immunizations
- Proof of Tuberculosis testing
- Affiliation agreement between MWHC and your institution

The affiliation agreement is required for an externship, however if your institution does not have an agreement, you still can be approved for an observer-ship. Please contact us if you have questions or need information regarding the affiliation agreement. Since we have many externs from various institutions, one already maybe in place.

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dental School (name, location): _____


Graduation Yr: _____ NDBE Part 1 Score: _____

Dental School GPA / Class Rank (if applicable): _____

Requested Date for externships

1st choice: _____ to _____

2nd choice: _____ to _____

| | | |
|---|--|---------------------------------------|
|  MedStar Health MedStar Washington Hospital Center | CLINICAL OBSERVERS IN NON-INSTITUTIONAL APPROVED EDUCATION PROGRAMS | |
| | MEDSTAR WASHINGTON HOSPITAL CENTER (MWHC) ORGANIZATION WIDE POLICY | |
| MWHC Original Date: 08/02/2016 | | MWHC Approval Date: 02/15/2025 |
| Document Owner: | Jeffrey Dubin (VP Med Affairs & CMO MWHC) | |
| Reviewed: | SVP, Medical Affairs & CMO MWHC Legal Counsel Medical Director, Perioperative Services Perioperative Leadership | |
| Approved: | Clinical Quality Improvement and Safety Committee Medical Executive Committee | |

I. POLICY

MWHC permits approved individuals to observe patient care activities in furtherance of education and training. However, clinical observation is permitted only with proper supervision and sponsorship. Observation must not compromise or interfere with patient care or interfere with Undergraduate/Graduate Medical Education or compromise quality and/or safety standards.

II. PURPOSE

The purpose of this policy is to establish requirements for authorizing clinical observations at MWHC by the Office of Medical Affairs so the observer may continue or pursue medical education.

III. SCOPE

This policy applies to MWHC and its associates and privileged providers, who are not involved in MWHC research or volunteer activities.

This policy does not apply to:

- Clinical rotators (House Staff, Medical Students, Podiatry Students, Dental Students, or Nursing/PA/NP students) for which an educational affiliation agreement with a sponsoring program can be obtained. Please contact the **Rotators email (rotators@medstar.net)** for **questions and direction related to learners enrolled in institutional educational programs.**
- Applicants to a MSH GME residency or fellowship training program who are actively engaged in the interview and recruitment process and who have been invited by the GME Program Director to observe the clinical culture, flow, and operations as part of the recruitment process. Please contact the **Rotators email (rotators@medstar.net)** for **questions and direction related to resident & fellow observations.**
- Media and public relations representatives (Contact Marketing and Public Affairs)
- Vendors (Contact Materials Management and refer to Vendor Management Policy, SP 499.04)
- Visitors

MWHC Clinical Observers in Non-Institutional Approved Education Programs

IV. DEFINITIONS

- A. Clinical Observer: Any individual who will be watching patient care activities (Patient present) for the sole purpose of observing patient care. Note: This individual (Clinical Observer) does not participate in direct patient care activities, does not document in any patient records, must be properly supervised at all times, and must not be left unattended at any time in a patient care area.
- B. Host: The individual who acts as a sponsor to the Clinical Observer and is responsible for the Clinical Observer's conduct. The Host must agree to allow the observer to watch a particular activity or procedure. The Host must be a physician or APP with current medical staff privileges at MWHC. The Host must accompany the Clinical Observer at all times in clinical areas. **Only MWHC attending physicians or Advanced Practice Professional (APPs) may host a Clinical Observer.**
- C. Patient Care Areas: Including, but not limited to patient rooms, exam rooms, operating room, labs, and any other area where someone may observe a patient receiving medical, medical consultation or health care.

V. PROCEDURE

General

- A. Observation periods may not exceed ninety (90) consecutive calendar days. Only one observation period is allowed per academic year (July – June).
- B. Clinical Observers must be 16 years of age or older.
- C. All Clinical Observers must report to the Office of Medical Affairs and check-in.
- D. Upon approval and signature by the authorized officials, the Clinical Observer will be provided with a MWHC Identification Badge (ID) from the Office of Public Safety. The ID will display the Clinical observer's picture, name, and "OBSERVER UNTIL", followed by the end date of the approved observation.
- E. Clinical Observers must be supervised by the Host Faculty Supervisor of record.
- F. The Clinical Observer must abide by and comply with all relevant MWHC policies, procedures, rules, regulations, guidelines and requirements (i.e., infection control, privacy/confidentiality, etc.). The Host is responsible to ensure that the observer is aware of relevant policies.

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- G. Physicians and APPs willing to serve as Host for a Clinical Observer must ensure that all required information provided is accurate and truthful to the best of their ability.
 - H. **All required documentation must be submitted to the Office of Medical Affairs at least two weeks in advance of the scheduled observation (with appropriate signatures). (See Attachments)**
- NOTE: Please submit all required forms or inquiries to the MWHC Clinical Observer email: MWHCClinicalObservers@medstar.net**
- I. Hosts who supervise other learners (House Staff, Medical Students, Podiatry Students, Dental Students, etc.) must obtain the approval of the respective Program Director or their designee.
 - J. Clinical Observers with apparent illnesses and/or communicable diseases will not be allowed in patient care areas.

Observer Responsibilities

- A. Must remain in designated areas (including public and non-patient care areas) of MWHC that are particular to the clinical observers approved observation.
- B. Must display their MWHC issued identification badge (ID) above the waist at all times while on premises. At the completion of the clinical observation, the ID must be returned to the Medical Affairs office.
- C. Shall not solicit for any reason.
- D. Clinical Observers may not have any physical contact with patients, conduct a physical exam, take a history, or handle patient equipment. In addition, they are not to consult, make recommendations or any decisions regarding patient care.
- E. Clinical Observers have no privileges for direct patient care or healthcare task.
- F. Clinical Observers may not scrub in or assist with any procedure or patient care activity. [MWHC Observer Orientation Perioperative Services FINAL](#)
- G. Clinical Observers are not to document in the hospital medical record or research record. In addition, Clinical Observers may not remove, copy, or take Protected Health Information or information with patient identifiers (patient name, DOB, MRN, DOS, notes, etc.) from the facility.
- H. The Clinical Observation may be terminated at any time with/without cause or prior notice.

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Host Responsibilities

- A. In furtherance of quality patient care and safety and to meet external regulatory compliance requirements, required documentation must be provided by the Host for all Clinical Observer applications (with the appropriate signatures). All required documentation is listed under forms on page one (1). **Documentation with appropriate signatures must be submitted to the Medical Affairs Office at least two weeks in advance of the scheduled observation.**
- B. The Host must review the individualized goals presented by the Clinical Observer. The Host's signature signifies agreement to the goals presented by the Clinical Observer. The Host will ensure the learning experience of the Clinical Observer to be inclusive of the goals by which the Clinical Observer may continue to pursue medical education.
- C. The Host must inform each patient, or the legally authorized representative of the patient, that the Clinical Observer is not a part of the regular healthcare team and is present solely as an observer.
*Note that patients in the Emergency Department or the Trauma Unit may not be in a condition to fully understand or be informed about the presence of an observer and a legally authorized representative may not be immediately available. In such cases, the clinical observer shall be permitted to observe, and host shall make attempt to inform patient or legally authorized representative as patient condition allows or such legally authorized representative becomes available
- D. The Host must educate all observers that they should not visit the hospital if they are ill (e.g., upper respiratory, gastrointestinal illness, etc.).
- E. The Host must make certain that there is no physical contact between the patient and the Clinical Observer and the Host or must accompany the observer while in patient care areas.
- F. The Host must ensure the clinical observer is not permitted access to PHI or the medical record.

Terminating an Observation

- A. MWHC reserves the right to terminate a clinical observation at any time, for any reason, and without prior notice. A termination can result from the following:
 - 1. The Clinical Observer fails to abide by all relevant MWHC policies, procedures, rules, regulations, guidelines and requirements.

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2. In MWHC's sole discretion, it determines that the Clinical Observer is an immediate threat to the health or well-being of the hospital's patients, visitors, physicians, associates, etc.
3. In MWHC's sole discretion, it determines that limitations are necessary to ensure appropriate traffic and infection control; or
4. The Host is unable to provide the requisite supervision of the Clinical Observer.

Enforcement

- A. A violation of any MWHC policy or procedure will result in the termination of the clinical observation and may result in the revocation of future Host privileges.
- B. All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy and to adhere to it. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination.

VI. LINKS

MedStar Health Academic Affairs Policy on Clinical Observers available by emailing MSH Academic Affairs at Academics@MedStar.net (also attached to document in PolicyTech at top right attachment bell).

[MWHC Observer Orientation Perioperative Services FINAL](#)

VII. ATTACHMENTS

- A. Clinical Observer Authorization Form
- B. Clinical Observation Information Sheet
- C. Confidentiality Agreement For Clinical Observers
- D. Clinical Observer Health Requirements
- E. Clinical Observer Educational Goals
- F. MedStar Health Memorandum regarding Expectations of Physicians and APPs Hosting Clinical Observers
- G. MWHC Perioperative Services Observer Orientation (printable from attachment bell at top right of document in PolicyTech)

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**(Attachment A)
CLINICAL OBSERVER AUTHORIZATION FORM**

Name of Observer: _____
Last Name First Name Middle Initial

Name of Host Physician or APP: _____

Department/Division: _____

Observation Period Begins: _____ Ends: _____

(Not to exceed 90 consecutive calendar days)

Hours of Observation: _____
(e.g., Mon., Wed., Fri., 9:00 a.m. to 4:00 p.m.)

I agree to adhere to all MedStar Washington Hospital Center policies and procedures while functioning as an observer. I understand and agree that I am observing for educational purposes only, and that I cannot participate in any direct or indirect patient care activities. All patient information will be treated as confidential and may not be released without appropriate authorization. References to patient information may not be included in any report. I understand and agree that I am required to display an Observer badge for the duration of the observation. I will not solicit or enter areas which are not directly related to my clinical observation.

Observer Signature: _____ Date: _____

Parental Consent for Minor Observers (under age 18 years):

As parent or guardian to _____, a minor age _____, I consent to said minor observing at MedStar Washington Hospital Center. I do hereby release MedStar Washington Hospital Center and its agents from all liability in connection with this observation.

Parent/Guardian name (printed): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Supervising (Host) Physician or APP Agreement:

I am an attending physician or APP with current medical staff privileges at MedStar Washington Hospital Center. I understand and agree that I am responsible for the immediate supervision of this observer at all times he/she is in clinical/patient care areas.

- I DO NOT supervise other learners (e.g. medical students, residents, fellows).
- I DO supervise other learners and will obtain approval of the Program Director.

I have enclosed the following attachments:

- A. Clinical Observer Authorization Form
- B. Clinical Observer Information Sheet
- C. Clinical Observer Resume or CV
- D. Confidentiality Agreement for Clinical Observer
- E. Clinical Observer Health Requirements
- F. Clinical Observer Educational Goals

I understand and agree that I am responsible for the immediate supervision of this observer at all times he/she is in clinical/patient care areas.

Supervising (Host) Physician's Signature: _____ Date: _____

APPROVALS:

Program Director (if applicable): _____ Date: _____

Medical Affairs (CMO): _____ Date: _____

(Attachment B)
CLINICAL OBSERVATION INFORMATION SHEET

IDENTIFYING INFORMATION

| | | | |
|-------------------|------------|---------|----------|
| Last Name | First Name | Initial | |
| Address | City | State | Zip Code |
| Telephone | Fax | | |
| Residence Address | City | State | Zip Code |
| Telephone | *E-mail | | |

Date of Birth (Month/Date/Year) ____/____/____

(Attachment C)

CONFIDENTIALITY AGREEMENT FOR CLINICAL OBSERVERS

This Confidentiality Agreement (hereinafter "Agreement") is entered into by and between _____ (Name of Clinical Observer) (hereinafter referred to as "Observer"), and MedStar Washington Hospital Center (hereinafter referred to as "MWHC"), collectively referred to as "the Parties."

The Observer in observing may have access to confidential patient information maintained in electronic and/or paper form by MWHC as part of his/her visit. Patient health information is protected by Federal and State laws and must not be disclosed without the specific consent of the individual patient. The Observer understands that certain unauthorized disclosures of patient information are punishable by fines and penalties imposed by Federal and State law(s).

No copies of any medical records or computer-generated reports/information that are obtained or come to the attention of the Observer shall be duplicated or disclosed to third parties by the Observer. In addition, the Observer agrees to use appropriate safeguards to prevent the use or disclosure of confidential patient information.

The Observer agrees to return any confidential patient information that may be in his/her possession at the time of separation of his/her visit with MWHC.

The Observer further agrees to indemnify and hold harmless MWHC for any liability, expense, or loss, including damages, exemplary damages, and reasonable attorney's fees which may be sustained by MWHC as a result of any unauthorized disclosure of confidential patient information to any third party by the Observer.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Clinical Observer (Print Name) _____

Clinical Observer (Signature) _____ Date: _____

If the Observer is Under 18 years old:

Parent/Guardian Name (Print)

Parent/Guardian Signature Date

**(Attachment D)
CLINICAL OBSERVER HEALTH REQUIREMENTS**



Clinical Observers at MedStar Washington Hospital Center are required to provide documentation of the following health requirements prior to observing. Documentation must be in English or translated into English.

| HEALTH REQUIREMENTS | |
|--|---|
| <ul style="list-style-type: none"> ○ TB SKIN TEST | <ul style="list-style-type: none"> • Negative IGRA (T-Spot, QuantiFERON Gold) or PPD Skin Test completed within the past 12 months. • Previously positive TB test requires CXR to be completed the following date of a positive test. (CXR within one year of assignment start date is acceptable). |
| <ul style="list-style-type: none"> ○ SEASONAL INFLUENZA VACCINATION | <ul style="list-style-type: none"> • Annual Seasonal Influenza vaccination is required. Influenza season is generally October – April of each academic year. |
| <ul style="list-style-type: none"> ○ MMR (Measles, Mumps and Rubella) Vaccine | <ul style="list-style-type: none"> • 2 MMR's vaccinations OR Titer result |
| <ul style="list-style-type: none"> ○ VARICELLA (Chicken Pox) | <ul style="list-style-type: none"> • 2 Varicella vaccinations OR Titer results |
| <p>OR</p> <ul style="list-style-type: none"> ○ I am a current MedStar Health Associate or Provider and have completed all applicable health requirements through a MedStar Health Occupational Health Department. | |

MWHC Host

Clinical Observer

Print Name

Print Name

Date

Date

(Attachment E)

CLINICAL OBSERVER EDUCATIONAL GOALS

Clinical Observer Name: _____

Dates of Observation: _____ to _____

Area(s) of Observation:

Educational Goal #1:

Educational Goal #2:

Educational Goal #3:

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(Attachment F) MSH CLINICAL OBSERVERS' MEMORANDUM



MedStar Health

January 9, 2025

To: MedStar Health Physicians & APPs Hosting Clinical Observers
From: MedStar Health Academic Affairs
Subject: **Expectations of Physicians & APPs Hosting Clinical Observers**

Thank you for your interest in hosting a clinical observer. Linked to the opportunity are important responsibilities for the Attending Physician or Advanced Practice Provider (APP) who agrees to serve as the faculty supervisor for any clinical observer experience.

Clinical observers include any individuals who would like to observe or shadow patient care or other clinical activities at any site or location within MedStar Health, as specified in the MedStar Health Academic Affairs Policy on Clinical Observers.

To be eligible, all potential observers need appropriate onboarding to comply with hospital or entity-specific policies and procedures where the proposed observation experience will occur. The completion of full onboarding following entity-specific policies is required prior to commencing any form of observation within MedStar Health.

Importantly, participation in direct patient care activities in any form, beyond an individual's presence in observing the physician performing their patient care duties, is beyond the scope of observation. For example, observers must not participate in or perform elements of the physical exam, must not participate in procedures, and must not assist with bedside or other health care tasks related to patient care in any form.

Additional guidelines include:

- Approved clinical observer participants are only authorized to observe their designated MedStar Health faculty supervisor of record.
- Participants are not authorized to provide any direct care activities to patients in any form.
- Participants are not authorized to document in the medical record.
- Participants should not be left unsupervised at any time in a patient care area.

Attending Physicians or APPs who agree to serve as a faculty supervisor for a clinical observer are responsible and accountable for ensuring appropriate oversight of the clinical observer at all times.

Any deviations from clinical observer guidelines will be the responsibility of the faculty supervisor of record and may result in revocation of faculty host privileges, or other actions consistent with hospital, medical staff, and health system policies and procedures.

We are grateful for your partnership in ensuring a high quality, safe, and rewarding experience for clinical observers, associates, and our patients.