## I. Statement of Purpose

This policy establishes the method of processing requests for a non-employee to observe or shadow a Kaleida Health Medical/Dental Staff member within any area of Kaleida Health.

Anyone wishing to shadow needs to contact and make arrangements with a member of the Medical/Dental Staff on their own. The Medical Staff office does not provide this service.

**\*\*Keypoint:** Medical and dental students may shadow at any time. It is the sponsoring physician's responsibility to verify the student's status with her/his college or university.\*

Shadow requests are limited to a maximum of two (2) individuals at any given time and will be reviewed on a case by case basis. \*PLEASE NOTE: Policies on the number of persons allowed in the OR and patient rooms differ by department and take precedent over the number allowed on the shadowing policy.

Kaleida Health reserves the right to withdraw permission for an individual to observe/shadow a Medical/Dental staff member at any time.

## II. Audience

- A. Medical/Dental Staff members wishing to be observed or shadowed
- B. *Staff member* means, any <u>credentialed</u> medical/dental staff, whether or not they are paid by Kaleida Health.
- C. This policy does not apply to nursing students, non-credentialed employees (examples: surgical techs, physical therapist, RNs, etc.) or medical students/residents who are observing/shadowing as part of their formal education experience in a written collaboration agreement with Kaleida Health.

III. Instructions – (Outline necessary steps for consistent completion of process/ procedure)

- A. Requests for observing/shadowing experiences will be processed as follows:
  - 1. The Medical Staff Office will process all requests to observe/shadow members of the medical and dental staff.

**\*\*Keypoint:** Members of the medical staff and dental staff include nurse practitioners and physician assistants.

- a. These requests will require the approval of the VP of Physician Services and Medical Staff Office.
- b. The Medical Staff Office can be contacted at 859-5501.
- 2. All required documentation pertaining to the request must be submitted at least five (5) business days prior to the shadow date.
- B. Individuals requesting permission to observe/shadow a Kaleida Health Medical Staff member must meet the following criteria:
  - 1. Must be at least 17 years old.
  - 2. Medical and dental students may shadow at any time. It is the sponsoring physician's responsibility to verify the student's status with her/his college or university.
  - 3. Must be sponsored in writing (fax or e-mail is acceptable) by a member of the Medical and Dental Staff and the written request must include the following:

- a. Name of provider(s) being shadowed
- b. Name of person shadowing
- c. Kaleida facility or facilities where shadowing will take place
- d. Start and end dates of the shadow
- e. Purpose of the shadow
- C. Medical Staff members being observed/shadowed are responsible to:
  - 1. Obtain a signed *Confidentiality Statement* and *Health Statement* from the person observing/shadowing prior to the start of the experience. The forms must then be forwarded to the Medical Staff Office.
  - 2. If the individual observing/shadowing will be in the presence of a patient, obtain the permission of the patient for the person observing/shadowing to be present.
  - 3. Ensure that the person observing/shadowing is wearing a temporary Observer name badge obtained from the desk in the main lobby. (See SC.4 *Kaleida Health Access*.)
  - 4. Ensure that the person observing/shadowing has read and understands the *Safety Information Sheet*.
- D. Violations of this policy
  - 1. Individuals who are under the care of Kaleida Health have the right to confidentiality of all information regarding their care. Failure to comply with this policy presents a violation of those rights.
  - 2. Anyone who knows or has reason to believe that another person has violated this policy must report the matter promptly to his/her supervisor or the Kaleida Health Compliance Officer (see IAC.19 *Code of Conduct and Business Ethics*).
  - 3. Failure to comply with this policy will be considered disruptive behavior and result in:
    - a. Immediate removal from Kaleida Health premises of the individual who is observing/shadowing;
    - b. Disciplinary action for the medical staff member (see HR.7 *Corrective Action*, and MED.9 *Medical Staff Professional Conduct*); and
    - c. Suspension of the privilege of being observed/ shadowed for six (6) months.

## IV. Approved by

Medical Staff Office	3/17, 11/18
Credentials Committee	12/18
Medical Executive Committee	4/19/17, 12/18
Board of Directors	6/17, 2/19

# V. References

The following are available in the Medical Staff Office at 1028 Main Street – 3<sup>rd</sup> floor, Buffalo, New York and the Administrative Office of the Chief Medical Officer at each of the hospital sites: Confidentiality Statement Health Statement Safety Information Sheet

45 CFR §164.502 and 164.504; 42 CFR §482.13 Title 10 NYCRR §405.7 and 415.3 NYS

 $\frac{HR.7}{IAC.19} - Corrective Action$   $\frac{IAC.19}{IAC.9} - Code of Conduct and Business Ethics$   $\frac{MED.9}{IAC.9} - Medical Staff Professional Conduct$   $\frac{SC.4}{IAC.9} - Kaleida Health Access$ 

### **Version History:**

Effective Date:	<b>Reviewed/ Revised</b>
7/1/19	Reviewed no changes
3/25/19	Revised

Kaleida Health developed these Policies, Standards of Practice, and Process Maps in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team, hospital administration and staff in making clinical and non-clinical decisions about our patients' care and the environment and services we provide for our patients. These documents should not be construed as dictating exclusive courses of treatment and/or procedures. No one should view these documents and their bibliographic references as a final authority on patient care. Variations of these documents in practice may be warranted based on individual patient characteristics and unique clinical and non-clinical circumstances. Upon printing, this document will be valid for 7/24/2019 only. Please contact Taylor Healthcare regarding any associated forms.