

## Observership Program Application Checklist

- I. **General Instructions:** Submit all application materials as listed below to the Observership Coordinator at the Shirley Ryan AbilityLab at least **three months** before the anticipated date of arrival. All required documents must be included in order to consider the application.

<b>Required Documents Checklist</b>	
Signed Application Form	<input type="checkbox"/>
Signed Confidentiality Agreement for Patient Observation	<input type="checkbox"/>
Immunization Record: <ul style="list-style-type: none"> <li>• Documentation of immunization status for measles, mumps, rubella.</li> <li>• Varivax (varicella zoster vaccine) or documentation of immunity to chicken pox and Hepatitis B.</li> <li>• Evidence of screening for tuberculosis:               <ul style="list-style-type: none"> <li>○ Documentation of 2 TB skin tests within the past 12 months. The second TB test must be within 3 months to the start of the observership.</li> <li>○ 1 TB blood test (Quantiferon) drawn within 3 months to the start of the observership</li> <li>○ X-ray report for positive reactors current within five years and screening for TB symptoms</li> </ul> </li> <li>• Flu vaccination if visiting between October 1<sup>st</sup> – March 31<sup>st</sup></li> <li>• COVID-19 Proof of Vaccination, at least one of the following:               <ul style="list-style-type: none"> <li>○ A letter of attestation from the medical provider who administered the vaccination(s) to the Observer</li> <li>○ A copy of the Observer’s completed vaccination card</li> <li>○ Documentation of vaccination from the Observer’s medical record</li> <li>○ Documentation of the Observer’s vaccination from a city, province or country vaccine registry</li> </ul> </li> </ul>	<input type="checkbox"/>
Health Insurance Documentation	<input type="checkbox"/>
Non-refundable \$100.00 Application Fee	<input type="checkbox"/>

## **Additional Requirement for Non-US Citizens**

Proof of English Proficiency. Provide one of the following:

- Letter from a medical faculty member in the United States who has personal knowledge of your English fluency.
- English Test Scores such as the TOEFL or the Michigan Test.
- Letter from an English teacher who has personal knowledge of your fluency in English.

## **II. Policies**

- A. For any questions concerning the status of your application, please contact the Observership Program Coordinator.
- B. Observerships last no more than two weeks.
- C. No stipend support, compensation, insurance coverage, benefits, or housing will be provided by Shirley Ryan AbilityLab.
- D. The Shirley Ryan AbilityLab Observation Program is performed on a voluntary basis and the Observer is not considered a Shirley Ryan AbilityLab employee.
- E. The Observer will not receive any academic credit for the program. The program does not constitute medical education, graduate medical education, continuing medical education or training leading to licensure or board certification. The Observer is not a student, resident or clinical staff member of Shirley Ryan AbilityLab, and must not represent him/herself as such.
- F. Shirley Ryan AbilityLab does not discriminate with regard to sex, race, color, age, creed, or national origin in judging an applicant's qualifications to become an Observer.
- G. Approval of the Observership Program application is at the discretion of the Academy and we cannot guarantee preferred program dates.
- H. Once accepted into the Observership Program, the Observer must:
  - 1. Wear appropriate identification at all times at any Shirley Ryan AbilityLab site.
  - 2. Abide by all policies, rules and bylaws of Shirley Ryan AbilityLab.
  - 3. Be supervised by a physician or clinical designee at all times when in the presence of patients.

4. Introduce him/herself to the patient as an Observer, and must request, in advance, the patient's permission to be present at the time of a clinical visit, procedure or other services.
- I. Upon satisfactory completion of the Observership Program, Shirley Ryan AbilityLab will provide the Rehabilitation Observer with a Certificate of Acknowledgment.
  - J. Rehabilitation Observer Privileges:

<b>Privileges Granted to Observers</b>	<b>Privileges Denied to Observers</b>
<p><i>Observers may:</i></p> <ol style="list-style-type: none"> <li>1. Participate in grand rounds, seminars, courses or other didactic activities.</li> <li>2. Participate in case conferences or chart rounds with proper patient consent.</li> <li>3. Observe walking rounds with proper patient consent.</li> <li>4. View and discuss patient interactions with supervising physician or clinician with proper patient consent.</li> <li>5. Observe both inpatient and outpatient clinical activities with proper patient consent.</li> <li>6. Utilize educational resources of the Henry B Betts Life Center.</li> </ol>	<p><i>Observers may not:</i></p> <ol style="list-style-type: none"> <li>1. Administer treatment or render services to patients or patient's families (including a primary medical examination, history, physical or counseling).</li> <li>2. Be involved in obtaining patient consent for any clinical or research procedures.</li> <li>3. Participate in decisions concerning patient management; write orders or notes in patient charts; or give orders verbally or otherwise.</li> <li>4. Participate as a member of a patient's clinical care team.</li> </ol>