

Observational Experience

The Problem

Observers visiting our hospital and clinics for educational experiences can potentially create a security risk, lead to breaches in patient confidentiality and cause issues of misrepresentation. Observers within the realm of medical education vary substantially in their training and background – for instance an observer may refer to a medical student visiting for a brief time from an outside institution interested in a particular service or a fully trained foreign physician interested in health systems in the United States. The clinical role of the observer is extremely limited in Massachusetts. We found that faculty in particular did not always appreciate that an observer can not have any clinical responsibilities or independent interactions with patients. Breaches in these restrictions could potentially lead to problems with the Board of Registration in medicine, malpractice, supervision, institutional liability and even the spread of infectious disease.

Aim/Goal

The overall goal was to improve the safety for patients and employees by credentialing, tracking and monitoring all observers in medical education within the BIDMC. Our goal was to 1) create a credentialing system that was practical for observers and hospital personnel 2) to follow counts of observers in the hospital each month.

The Team

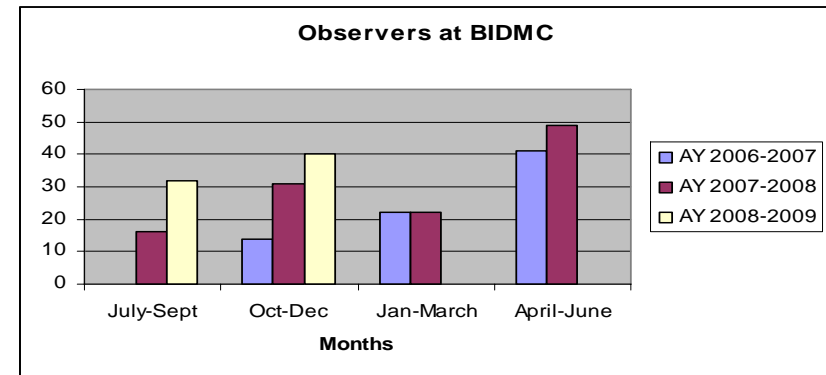
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The Intervention

First we overhauled the existing Observer policy; creating an Observer Application. The application includes: dates and service for the observer ship, a copy of CV, a letter of support from the individual's home institution, a letter from the BIDMC faculty member accepting the observe, up-to-date immunization and copy of Passport if foreign. The new policy/ application was approved by both the Graduate Medical Education Committee (GMEC) and Medical Education Committee (MEC). It was then posted on the BIDMC website for easy access. Following the approval of the new observer application, the GME office administration created a master list of all 'approved' observers including dates

and services. This list is available for relevant clinical sites and distributed as needed.

The Results/Progress to Date



Observers have visited many departments including: surgery (and the operating rooms), internal medicine, podiatry, orthopedics and various medicine fellowships.

Lessons Learned

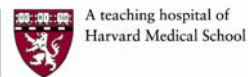
1. Policy changes need buy in from leadership, in our case the GMEC and MEC.
2. Education must be provided on how to implement new processes. We spent time educating coordinators and faculty on the policy.
3. Policies need to be easily available electronically and this can require follow up.

Next Steps/What Should Happen Next

The GME administration will continue to monitor the observer counts at BIDMC and follow more details on the types of observers broken down by background and service. Ultimately we would like to create a web based credentialing system that is available for all clinical sites to allow for rapid verification of visitor status.



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