RULES & REGULATIONS

Please Note: Travel, housing, food, stipends and/or allowances will not be provided for Clinical Observers.

1) Any physician, dentist or PhD wishing to be a Clinical Observer must be sponsored by an MSKCC professional staff member and be appropriately registered in the Office of Graduate Medical Education. Signatory approval from both the departmental service chief and department chairman is required, regardless of observership length.

2) The MSKCC sponsor or qualified professional staff must be present during all patient encounters by the Observer. Sponsors are reminded that Clinical Observers are forbidden to have any patient care responsibilities and/or clinical research involvement with patients. Clinical Observers may not be present in the Operating Room when family members are undergoing surgery.

3) A Clinical Observership is limited to a maximum period of three months. Exceptions to this limitation will be handled on a case-by-case basis. All requested extensions must be made in writing to the attention of the Physician-in-Chief. The Office of Graduate Medical Education will not honor Clinical Observership requests for greater than three months without signed approval by the Physician-in-Chief.

4) An Observer Application must be completed for each period of Clinical Observership. The completed application form must be accompanied by:
   - a current curriculum vitae (in English)
   - a letter of reference from the observer’s current employer

5) The upper portion of the Observer Application must be completed and signed by the applicant. The lower portion must be completed and signed by the MSKCC sponsor (including the exact dates of the Clinical Observership) with approval by the department's Service Chief and the Chairman.

6) A local address and phone number is required for the period of time the individual will be at Memorial Hospital.

7) All correspondence with the observer, including the observer application form and accompanying documents, must be coordinated through the office of the sponsoring physician at Memorial Hospital. All documents should be submitted to the Office of Graduate Medical Education at least two weeks in advance of the observership.

8) A fee of $125.00 per week will be charged to Clinical Observers applying to Memorial Hospital, (unless Exemption applies, see below). Checks should be made payable to Memorial Hospital for Cancer and Allied Diseases. For Clinical Observerships less than one week, the fee is $125.00. The sponsoring physician or clinical department can elect to pay the administrative fee on behalf of the observer. This can be accomplished through a personal check or interdepartmental fund transfer. For a fund transfer, a memo signed by an authorized representative must be sent to the attention of the Administrator for Graduate Medical Education indicating approval for a fund transfer and identifying the fund to be debited. This memo must accompany the completed Observer Application form.

9) Exemption from Fees: The Department Chairman must approve all fee exemptions. A completed Observer Administrative Fee Waiver form must be sent with the completed Observer Application form to the GME office. Without a completed waiver form, the GME office will require payment from an Observer. The following individuals requesting a Clinical Observership at Memorial are exempt:
   - Individuals enrolled in Memorial Hospital federally funded Clinical Observership programs;
   - Individuals applying for Residency or Fellowship programs at MSKCC who are visiting for interview purposes; (maximum period of one week)
• Individuals being recruited for appointment to the medical staff;
• Individuals presenting at departmental conferences/grand rounds; and
• Individuals of national/international prominence in the field of Medicine.

An Exemption from fees for any reason other than those stated above also requires signed approval from the Physician-in-Chief. The Office of Graduate Medical Education will not waive the weekly fee without a properly completed Observer Administrative Fee Waiver form.

8. On the first day of observership, Clinical Observers must register in the Office of Graduate Medical Education (Room M-2101A, Hours: Monday to Friday 8:30 AM to 5 PM. X6788) and present the following in order to obtain a Clinical Observer Identification Badge:

• Photo identification, e.g., passport, driver’s license or affiliation identification
• Passport must be presented for international Clinical Observers

Accommodation can be made for observers beginning earlier than 8:30 AM. The sponsor’s office should contact Marquett Kennely at X6788 for more information.

9. No certificate will be given to the Clinical Observer. However, upon request of the MSKCC sponsor, a form letter certifying the Clinical Observer's stay at MSKCC may be issued by the Departmental Coordinators or sponsoring staff.

10. The ID badge must be returned to GME at the conclusion of the Clinical Observership.

11. By accepting the status of Clinical Observer, the applicant agrees to abide by all the rules and regulations, policies and procedures of MSKCC governing visitors and patients. In particular, Clinical Observers:

• are forbidden to have any patient care responsibilities and/or clinical research involvement with patients;
• must wear the observer identification badge at all times at MSKCC during the approved period of the observership;
• must obtain patient permission prior to observing;
• confirm their understanding the Clinical Observership is a "hands-off" experience; and
• demonstrate respect for confidentiality of the patient's condition and medical record, including, but not limited to, by completing a privacy education session as required by Memorial Hospital’s Privacy office, in cooperation with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), on the first day of their Clinical Observership.
  – Observers at Memorial for less than one week complete a handbook education session
  – Observers at Memorial for one week or more complete a computer-based training module

12. If it is determined that a Clinical Observer has failed to abide by any of the aforementioned rules and regulations, then termination of the Clinical Observership will be immediate.

I agree to abide by all of the rules, regulations, policies and procedures of Memorial Hospital for Cancer and Allied Diseases:

Observer Signature and Date __________________________________________
Observer Name: ____________________________________________________