

BRIGHAM HEALTH



**BRIGHAM AND
WOMEN'S HOSPITAL**

BWH Division of Oral Medicine and Dentistry Observership Policy

1. Statement of Policy/Purpose

Observerships in the Division of Oral Medicine and Dentistry at Brigham and Women's Hospital (BWH) will:

- Provide observers with appropriate educational experiences in a closely supervised safe environment,
- Protect the rights and dignity of the BWH patient,
- Maintain the confidentiality and security of protected health information (PHI), and other proprietary or confidential information.
- Observerships may be one (1) or two (2) weeks in length although should the Division not be able to support a 2 weeks observership when requested a one week option may still be feasible.
- Observerships with the BWH Division of Oral Medicine and Dentistry are not affiliated with any Harvard Medical School or Harvard School of Dental Medicine program(s).
- Participants will not receive medical education credits for observerships.
- Upon successful completion of an observership, observers will receive a letter from the Division of Oral Medicine and Dentistry confirming the observer's attendance.
- BWH professional staff will not be expected to write letters of recommendation for observers.
- Participation in the observership program does not have any bearing on any pending or future residency/fellowship applications.

2. Observership Application Process

- Application: Persons interested in an observership should submit a completed application. The application should include:
 - Observership Application including Statement of Interest
 - Observership Registration
 - Letter of support
 - Dental student – from dental school dean or faculty preceptor
 - Resident or fellow - from program director
 - Practicing provider - from department chairman/practice director
 - CV – Curriculum Vitae
 - Expectations for Observers (signed)
 - Observer Agreement (signed)

- Applications should be submitted to BWHOralMedicine@partners.org . The subject header should include “Observership Application” and the applicant’s name.
- Application due date: Observership requests should be submitted by October 1 for an observership in the following calendar year. In rare occasions the Division may be able to consider off cycle requests.
- The Division offers a limited number of observerships each year and may not be able to accommodate all observership requests.
- The Division of Oral Medicine and Dentistry reserves the right to terminate an observership at any time in the event of observer non-compliance with the terms of the Observership Policy or if the observer becomes an obstacle to trainee learning or patient well-being. If an administrative fee has been paid, payment will not be refunded.
- The Division of Oral Medicine and Dentistry Observership Policy is subject to change based on hospital wide policies and is not intended to be a comprehensive document.
- Eligibility
 - Be at least 18 years old at the time of application.
 - Be proficient in English (listening, speaking, reading and writing).
 - Receive satisfactory employment or school references/verifications.
 - International observers entering the country on either B1 or Visa Waiver/Business (WB) are welcome to seek observerships with the BWH Division of Oral Medicine and Dentistry. (The hospital cannot sponsor visas for non-employees, including observers; the Division will provide formal letters of invitation of approved observers upon request.)
- Administrative Fee
 - The Division charges an application processing fee of \$1000 for all observers except students in accredited dental schools and residents in oral medicine residency programs or residency programs with a strong focus on oral medicine. Full payment must be received by the Division a minimum of thirty (30) days prior to the start of the observership.
 - The application processing fee may be paid by Certified Check or Money Order made payable to “Brigham and Women’s Hospital Division of Oral Medicine and Dentistry.”
 - The application processing fee is non-refundable for observerships cancelled less than 10 business days in advance of the scheduled start of the observership.

3. Responsibilities of Observers

- Follow the instructions of the physician preceptor and do not spend time in the clinic, hospital or private practice unless scheduled and approved by the preceptor.
- Do not conduct physical examinations, treatments or diagnoses on any patient.
- Accept no compensation.
- Follow the rules and regulations of BWH at all times.
- Adhere to Health Insurance Portability and Accountability Act (HIPPA) regulations.

- Participate in any prerequisite training (e.g., HIPAA) at BWH.
- Pay for actual costs of administrative or prerequisite items (ECFMG certification, passport, immunizations, etc.).
- Participate in activities (clinical tutorials, ward rounds and clinic visits), and observe procedures and operations under the supervision of the preceptor(s).
- Research the general structure and organization of the U.S. health care system, as well as private sector and government payers.
- Review clinical articles, posters and publications per the discretion of the preceptor(s).
- Arrange your own transportation, meals and lodging.
- Record observership hours and confirm the schedule and responsibilities with the preceptor regularly.

4. Fees

	Application Fee	Due
Dental student in graduate dental school program.	Waived	
Resident or fellow in an oral medicine program or residency with heavy focus on oral medicine	Waived	
Dentists and other health care providers not in training	\$1,000	30 days before start of observership

Questions regarding observerships in the BWH Division of Oral Medicine and Dentistry should be directed to: BWHOralMedicine@partners.org

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**BWH Division of Oral Medicine and Dentistry
Observership Application (Page 1 of 1)**

Applicant name (print): _____

Email address: _____

Proposed length of observership: **One week** **Two weeks**

Proposed dates of observership:

(Please provide multiple dates. Observerships are subject to faculty availability.)

Statement of Interest: Please attach your Statement of Interest and write about why you want to come and what you would like to get out of the experience. Include learning objectives. Your statement should be typed and approximately 500 words.

Required attachments:

- Signed Observership Application
- Statement of Interest
- Observership Registration Form
- Applicant's CV (Curriculum Vitae)
- A letter of recommendation authored by a faculty member of your current training program. (If you are not currently in training, please substitute with a recommendation from your current chief of service or clinical supervisor.)
- Signed Expectations for Observers
- Signed Observer Agreement

Submission date: October 1 for Observership in the following calendar year.

Submit information to BWHOralMedicine@partners.org . In the header subject line, please include: Observership Application, Applicant's Name.

We will notify you by November 30 about observership availability and dates.

Please sign below to indicate that you have read and understand the **BWH Division of Oral Medicine and Dentistry Observership Policy**.

Applicant Signature

Date

BRIGHAM HEALTH



**BRIGHAM AND
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Observership Registration Form

Last Name		Emergency Contact	
First Name		Name	
Email Address		Relationship	
Date of Birth		Home Phone	
Permanent Country of Residence		Cell Phone	
Language		Work Phone	
Will B1 or Waiver be required?			
Current Home Address		Current Work/School Address	
Street		Employer/School Name	
City		Street	
State		City	
Zip Code		State	
Country		Zip Code	
Home Phone		Country	
Cell Phone		Work Phone	



**Brigham and Women's Hospital
Division of Oral Medicine and Dentistry
EXPECTATIONS FOR OBSERVERS (Page 1 of 2)**

- As guests of the BWH, observers are not to have any physical contact with patients. While an observer may be present during case discussions, s/he may not directly participate in case advisement.
- Observers are not practicing physicians at the BWH, and therefore malpractice insurance is not required.
- Observers must be clearly identified to all patients and staff, and permission must be obtained from each patient (or proxy) for observer to be present during any encounter/procedure. Should a patient request an observer to leave at any point during an encounter, the observer must leave at once.
- An observer may not behave or speak in any manner that would lead a patient to believe that s/he is a practicing physician on staff at the BWH.
- Observers are responsible for their personal transportation, accommodations, meals, medical insurance, required immunizations and any other personal expenses incurred while at the BWH.
- Observers are considered non-employees; no salary or other remuneration or compensatory reimbursements or benefits are available from the BWH to the observer.
- The BWH will not provide any letters of reference, recommendation or commendation on behalf of observers.
- Participation in the observership program does not have any bearing on any pending or future internship / fellowship / employment applications
- Observerships are limited to a maximum of two weeks (10 working days)
- Observers must comply with all BWH standards, rules and regulations, as well as all applicable federal, state and local laws pertaining to government health care programs.
- An observership may be terminated (with written notice) by the BWH or guest at any time

Brigham and Women's Hospital
Division of Oral Medicine and Dentistry
EXPECTATIONS FOR OBSERVERS (Page 2 of 2)

Observers May:

- Attend BWH conferences, lectures, seminars and committee meetings
- Observe both inpatient and outpatient clinical activities with prior approval from assigned BWH sponsor

Observers May Not:

- Administer treatment or render services to patients
- Be involved in obtaining patient consent for any encounter or procedure (clinical or research)
- Participate in patient care management, including writing orders or notes in patient records and / or giving verbal orders related to patient care.
- Have access to BWH / PHS computers & systems. This includes:
 - Network logon and/or password
 - Direct access to any clinical applications that contain PHI (protected health information)
 - BWH / PHS email address
 - Listing in BWH / PHS telephone directory
- Access any clinical or research IS applications under any other users' name or ID
- Publish any works that imply a formal affiliation with the BWH
- Obligate the BWH financially
- Suggest or imply that s/he is acting with the authority of the BWH

I understand and agree to abide by the expectations outlined above

Observer signature

Printed name

Date

DOS: 10.1.2013



**BRIGHAM & WOMEN’S HOSPITAL, INC.
Observer Agreement**

The Brigham & Women’s Hospital (“BWH”) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality and security of its health information. Outside persons requesting access to patient care interactions at BWH must agree to certain obligations with respect to information disclosed to them while at BWH, including but not limited to patient health information disclosed in the course of patient care.

Understanding the above, by signing this document, I agree to the following:

- 1. I agree not to access any information other than that which I am specifically permitted to access.
- 2. I will not disclose to any third parties any patient or other proprietary information I learn during the course of patient care to which I will have access, or which I otherwise learn at BWH, and will not discuss such information with anyone except in connection with discussions that I may have with BWH individuals involved in the care.
- 3. To the extent I am permitted to access written information, I will return all such information at the conclusion of the observership and will not make any copies or otherwise remove the information from the premises.
- 4. I will comply with all applicable policies of BWH, including infection control, safety, confidentiality and security policies.
- 5. I further understand that BWH may in its sole discretion deny or revoke permission granted to me to access health information.

_____ Date: _____
Applicant Signature

Print Name of Applicant

Applicant’s email address

Name of Company/Hospital/ Institution

Department Contact Phone with which affiliated