



Observation Learning Experience Student Application

Observation: the attentive watching of somebody or something, with no hands-on interaction.

Clinical Observation: an approved applicant observes a healthcare professional who provides care to patients in a clinical setting. Through the clinical observation experience, the observer will see what the day-to-day responsibilities of a given health career might involve.

USA Health provides students who are preparing to enter the medical field the opportunity to observe a member of our staff. Observing hospital settings allows students to learn how the hospital functions internally and integrates with the healthcare system as a whole.

USA Health is proud to open the following facilities for clinical observations: USA Health University Hospital, USA Children's & Women's Hospital, USA Physicians Group, and USA Mitchell Cancer Institute.

To apply for an observation learning experience, please complete the following steps:

- Complete the student application (pages 2-3)
- Provide documentation of required immunizations (pages 4-5)
- Sign the release of liability with required witness signatures (page 6)
- Sign the acknowledgments and confidentiality pledge (page 7)
- Review the emergency management code alerts and sign (pages 8-9)
- Email all documents to kmbenjamin@health.southalabama.edu (in one email)

Once your application and required documents have been received, a member of the Staff Development team will review your documents for accuracy and completeness. If additional items are needed, someone from the team will reach out to you using the contact information provided in your application.

Education/Orientation: Once your application has been approved, you will be required to complete online learning modules per USA Health's learning management system (HealthStream) before you are allowed to begin your observation experience. Access to HealthStream requires a J number. If you do not have one, one can be requested for you.



Personal Information

Date:
Name:
DOB:
J number: (If no J number, provide SSN)
Student type and school affiliation:
Address:
City, State, & Zip:
Phone:
Email:
Emergency Contact Name & Number:

Do you have family members that work for USA Health?

- Yes
- No

If yes, please list family member's name, facility, and department

Interests

Please indicate which facility you are interested in observing:

- University Hospital
- Children's & Women's Hospital
- Mitchell Cancer Institute
- Physicians Group
- Health Care Authority

Which department (s) are you interested in observing?



*The following departments are NOT available for observation at ANY location: surgery, labor & delivery, pharmacy, emergency room.

Pre-approval from a provider/department is required for observation. In addition, an attending physician/provider with full hospital privileges must accept responsibility for the observer’s supervision in clinical settings. For a list of providers, go to <https://www.usahealthsystem.com> and click on “Find a Provider” or go directly to <https://www.usahealthsystem.com/find-a-doctor>.

Observation placement is dependent on availability of staff and successful completion of the application, required documents, and required educational models. While we cannot guarantee placement, we will do our best to accommodate.

Do you already have approval/acceptance from a provider/department?

- Yes
- No

If yes, please provide their name, department, specialty, and their signature below.

Name	Department/Specialty	Signature	Date
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If no, a member of our team will attempt to reach out to help facilitate this process. In some instances, this may involve directing the student to the appropriate department in order to request an observation experience.

Please Note: This application does **NOT** apply to the following:

1. Students in health-related academic programs that have a contractual relationship with USA Health.
2. Medical/PA/NP/MSW students actively enrolled in a graduate or health care professional program.
3. Medical students enrolled in allopathic or osteopathic medical schools.
4. Administrative interns brought in through Administration and Volunteer Services.
5. Group observations/visits.
6. Individuals who are not in a college pre-health program (or who do not qualify for the high-school volunteer program).

This application would apply to high-school volunteers and students in pre-health professions.



Required Immunizations

For the safety and well-being of our patients, staff and visitors, each person entering a USA Health facility in an official capacity must be vaccinated and provide proof of vaccination.

Required immunizations include: MMR, TB, Flu, Tdap, Varicella, and COVID-19. It is highly recommended that you complete a hepatitis B vaccination series. We also require proof of tuberculosis testing. If you need more information on receiving these vaccinations, please contact your primary care provider.

Please attach all immunization documentation to this application. The information below outlines the required vaccinations and the acceptable documentation.

MMR (Measles, Mumps and Rubella)

Must have one of the following:

- Record of two (2) immunizations given after the age of fifteen (15) months and at least thirty (30) days a part; *OR*
- Record of measles and rubella titer showing immunity.

TB (Tuberculosis)

Must have one of the following:

- Record of negative QuantiFERON-TB Gold (QFT) within the previous twelve months or one (1) negative PPD test within the previous twelve months; *OR*
- Chest X-Ray, if the applicant has previously tested positive on a prior PPD. In this instance, the applicant will provide the chest x-ray documentation.

Influenza (Flu)

Current flu vaccination is required if dates of rotation are between October 1 and March 31. If you are observing for only one day within this time period, you are still required to get a flu shot. The flu shot must have been received at least two (2) weeks prior to your observation.

Tdap (Tetanus-Diphtheria- Pertussis)

One (1) is required and must be within the past ten (10) years.

Varicella (Chicken Pox)

Must have one of the following:

- Two (2) doses of the Varicella vaccine; *OR*
- Documentation and declaration of history from Physician; *OR*
- Record of Varicella titer showing immunity.

Continues on the next page



COVID-19

You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible. Vaccine recommendations are based on your age, the vaccine you first received, and time since last dose.

Please visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> for the latest information about staying up-to-date with COVID-19 vaccination and boosters.

Hepatitis B

- Three (3) doses of the Hepatitis B vaccination are strongly recommended
- If you have had the Hepatitis B vaccine in the past, please provide documentation for all three (3) doses or a positive HBV (hepatitis B virus) titer.



Release of Liability

ACTIVITY _____
LOCATION _____
DATE _____
TIME _____

To be completed by all participants. If the participant is under 19 years of age, both participant and guardian must complete this release. Participants and guardians must sign in the presence of two (2) witnesses.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I, _____ understand that **I will be voluntarily participating in the above-named activity**. In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama/USA Health its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama/USA Health, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servants, and employees assume and accept no liability for wages of any kind, personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of ,
20_____.

PRINTED NAME OF PARTICIPANT/
GUARDIAN

SIGNATURE OF PARTICIPANT/GUARDIAN

PRINTED NAME OF WITNESS (1)

SIGNATURE OF WITNESS (1)

PRINTED NAME OF WITNESS (2)

SIGNATURE OF WITNESS (2)



Acknowledgements & Confidentiality Pledge

The information I provided for this application is accurate and correct to the best of my knowledge. I have never committed or been convicted of a felony. I approve USA Health to check references.

USA Health is not obligated to provide a placement, nor am I obligated to accept the placement offered. Opportunities for clinical observation are provided without regard to religion, creed, race, national origin, age or sex.

I recognize the necessity of maintaining the confidentiality of all data and documents collected and processed by USA Health. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right to privacy of persons and institutions cooperating with this facility. I further understand that this facility has both ethical and legal responsibilities to safeguard confidential information. Therefore, I will not divulge any confidential information I may encounter during my work at this facility. Further, I will not make any copy of or transport off the premises any confidential information. I am aware that in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research records and data occurs. I agree to accept any liability which may accrue to this facility for any breaches of confidentiality which occur through my direct action.

I agree and acknowledge that I have read and understand the policies and guidelines presented in clinical observation orientation.

Applicant's (or guardian) signature _____ Date _____
(If applicant is under 19 years of age, parent/legal guardian must also sign)

To be completed by USA Health Staff Development Only
Application received date: _____
Application approved by: _____ Date _____
Scheduled observation provider/department: _____
Scheduled observation location, date, and time(s): _____



Emergency Management: Code Alerts

During your observation experience, Codes Alerts may be announced in the facility. Those who need to call a code will dial **511** inside the hospitals, or **911** in clinic settings.

Security may be reached at [251-415-1135 \(CW\)](tel:251-415-1135) or [251-471-7195 \(UH\)](tel:251-471-7195).

Please review the emergency management codes and retain a copy for your reference.

Code	Description
Code 1 Adult Code 1 Pediatric	Medical emergency (hospital settings)
External Disaster	Community event
Weather Event	
Active Shooter	If you are in the affected area, run, hide, or as a last resort, fight. If you are not in the affected area, secure your door, and shelter in place.
Amber Alert	Actual or possible child or infant abduction. All exits will be closed. Be suspicious of people holding infants or large bags.
Code 5	Security Emergency (Fights) Security alert for potential physical harm. Remain calm.
Code Red	Fire RACE is the acronym to help you remember how to respond to a fire. R- Relocate

USA HEALTH

	<p>A- Announce C- Confine E- Extinguish or Evacuate</p> <p>PASS represents the steps to use a fire extinguisher.</p> <p>P- Pull the pin A- Aim at the bottom of the fire S- Squeeze the trigger S- Use sweeping motion</p>
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I acknowledge that I have been provided with a list of the emergency management codes.

Signature

Date