Policy

Eastman Dental Center provides short-term observational experiences (shadowing) for individuals age 16 years and older. There must be appropriate safeguards in place with respect to individuals participating in these experiences to ensure patient safety and confidentiality.

Definition

Observational experiences are opportunities where an individual accompanies an employee or dental staff member during the employee or staff member’s workday. These observational experiences do not allow the individual to perform patient care of any kind or be left unattended. Examples of those observational experiences may include:

1. Potential employees
2. High school, college or post-graduate students evaluating a career path
3. Others exploring career opportunities
4. Research collaborators

This policy does NOT apply to:

1. Clinical experiences requiring direct patient contact as part of a formal degree program which must be coordinated through the appropriate division and requires a formal affiliation agreement with the Eastman Institute for Oral Health.
2. Vendor representatives, who must follow the URMC policy regarding Vendor Representatives.
3. Visiting physicians coming to train or be trained who must be processed through the Medical Staff Office.
4. Minors under the age of 16 are not permitted to participate in observational experiences at the Center.

Description

A. Prior to the observational experience, the sponsoring individual (mentor) is required to get divisional approval from their division director or designee and is responsible for determining that all necessary requirements have been met and for identifying an appropriate dentist or staff member who will be responsible for overseeing the individual. The required documentation includes:

1. Proof of identity (picture identification, i.e. driver’s license, ID card for non-drivers passport, visa,)
2. A brief description of the scope of the observational experience (provided by mentor)
3. Individual’s association if applicable (i.e. employer, agency, or school)
4. Signed letter of agreement for short term observational experiences (see attachment A).
   For individuals age 16-21, both the minor and a parent or guardian must sign the agreement.
5. Record of immunizations, TST (Tuberculin Skin Test – formerly known as PPD) and recent travel to certain areas based on Center for Disease Control travel alerts (Attachment B). After review and approval by the Office of Quality Improvement and Compliance, the completed documentation must be maintained within the Center for one full calendar year after the departure of the observer.

B. At all times during the observational experience the person must wear a Center–issued identification badge which is to be returned to the Office of Quality Improvement and Compliance (Room 214–second floor of the Center).

C. In general an observational experience will be based on the availability of opportunities, be no more than 8 hours in a day and will not exceed a total of 40 hours in 5 visits. Exceptions may be approved by the Office of Quality Improvement and Compliance Medical Director or designee. Observational experience may take place Monday-Friday between the hours of 9 am to 4:30 pm.

D. At all times during the observational experience, the person must be accompanied by an Eastman Dental Center employee or dental staff member who will be responsible for their oversight.

E. The dress code for the observation program is business casual. The observer is not allowed to take any photographs during their observation. Cellphone are not to be used in the clinical area. Individuals are not allowed to eat, drink (including bottled water), apply make-up (including lip balm) or change contact lenses when in the clinical and laboratory areas.

F. While the individuals covered by this policy are not permitted to participate in clinical care, they may have the opportunity to observe or interact with patients, or have access to confidential patient information. Prior to any such observation, interaction or access to confidential information or any other release of confidential patient information to the participant, the patient or authorized representative must consent to the participant’s presence.

Attachment A  Letter of Agreement
Attachment B  Attachment B Proof of Immunization – health review
Attachment C  Orientation materials