Open Doors

Student Observer Program

Presented by Women in Neurosurgery
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Introduction

Women in Neurosurgery is pleased to introduce the “Open Doors” program to assist neurosurgeon mentors of visiting students with an interest in pursuing neurosurgery as a career. Studies suggest that career choice is occurring earlier in the academic development of students and that one of the key factors in career choice amongst adolescents is “self-efficacy.” (Bandera et al. 2001) Self-efficacy is defined as one’s belief or perceived ability to succeed in certain situations. Factors affecting self-efficacy include the experience of real success, modeling through viewing others’ success, social persuasion via encouragement of others, and physiological responses to stressors.

If we are to encourage young people to consider neurosurgery as a potential career path, exposing them to a neurosurgical operating room may help them see this as a viable career choice, by helping them achieve successful interactions in the operating room, giving them an opportunity to view others succeeding at a neurosurgical career path, providing them with encouragement from mentors and operating room personnel, and allowing them opportunities to tackle the nervousness and attendant physiological responses that come from first exposure to the surgical setting.

In an effort to help neurosurgeons expose young people to the exciting and rewarding field of neurosurgery, we have developed this program to facilitate operating room exposure in an era of increasing administrative requirements, which are, appropriately, aimed at protecting patient confidentiality and the integrity of the physician-patient relationship. However, education and exposure to the operating room is necessary to inspire and identify the next generation of neurosurgical providers. Streamlining of this process will help to provide equal access to the best and brightest of our young people in a variety of clinical settings, so that all are afforded the opportunity to learn about neurological surgery.
# Application

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# Observer Statement of Interest

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Observer Agreement

I, ________________________________, have applied to be an operating room observer in the “Open Doors” program. I agree to abide by the policies of the Institution (________________________________________________________). I certify that I have read, understood, and agree to abide by the enclosed policies related to confidentiality and protection of protected health information.

_________________________________________  Date
Observer Signature

_________________________________________  Date
Signature of Parent of Legal Guardian if Observer is a Minor

Checklist

☐ Complete Application Submitted to Mentor and Designated Institutional Official

_________________________________________  Date
Mentor Signature

_________________________________________  Date
Institutional Official Signature

☐ Brief OR Orientation Completed

_________________________________________  Date
Signature of OR Staff

☐ Confidentiality Forms Read and Initialed (Attach Copy)

☐ Identification Badge Obtained

☐ Documentation of valid visa or other documents provided if not US citizen
Policy

Purpose

The purpose of this program is to educate. The institution permits students with preparatory needs for healthcare careers to be Observers if all of the conditions and procedures described in this policy are met. Observer experience is uncompensated and passive in nature.

The purpose of the policy is to ensure that individuals who are not employed by or affiliated with the institution are permitted to observe appropriate activities at the institution only under circumstances that do not interfere with providing quality patient care, and in a manner consistent with the rules, regulations, bylaws, policies, procedures, and practices of the institutions and its medical staff.

The policy is also to ensure that the observation experience is conducted in a manner that does not compromise the formal training of other learners, including medical students, residents, or operating room staff.

Finally, the OR Observer policy has been established to ensure patient safety, privacy and confidentiality when observers are present in the surgical suite.

These opportunities are limited and are extended to the community on a goodwill basis and in compliance with applicable law, rule and regulation. The arrangements for Observers must be conducted directly with the Neurosurgery Department. The assigned department Mentor reserves the right to accept or reject candidates and is responsible for judging the appropriateness of candidates with regards to the scope and breadth of educational experience. The assigned Mentor will also be required to review with the Observer, the Institutional standards on confidentiality and patient rights.
Procedure

Observers must comply with the following conditions:

1. Requests will be granted only if the proper application materials have been submitted and approved by the mentor and governing body of this institution as pertains to student observers.
2. All observers must have a designated Mentor who is an employee or member of the medical staff of the institution who agrees to monitor the Observer and be responsible for ensuring that the Observer abides by all policies and procedures of the operating room.
3. Mentors must be full members of the medical staff.
4. No certification or academic credit for the observation experience shall be granted.
5. Agreement for the Observer Experience must be signed by the applicant, the Mentor, and the appropriate institutional operating room official.
6. Prior to beginning the experience, the Observer must
   a. Complete the Application
   b. Participate in brief OR orientation
   c. Read the Institutional Confidentiality and HIPAA policies
   d. Sign a Statement of Confidentiality
   e. Complete the Observer Agreement
   f. Obtain all required approvals
Responsibilities

At all times during periods of observation, the Observer shall:

1. Comply with all Institutional policies and procedures.
2. Wear the provided name badge in a clearly identifiable area.
3. Remain within the scope of approved activities.
4. Refrain from unsupervised interactions with patients or patient families.
5. Refrain from participating in or performing any direct patient care, or clinical or laboratory procedures.
6. Not be allowed to scrub in or participate in patient care. Observers must remain at least 2 feet from the sterile field and may not be left unattended. OR circulators will designate where the observer should stand to avoid conflict with patient care needs.
7. Remain in the company of the host during the time of the observation.
   a. Any necessary refreshment breaks during the observation period must be under the supervision of the host or an OR staff member.
   b. If an observer leaves the specific OR room during the surgery unescorted by the host or an OR staff member, they may not return to that procedure and must leave the surgical suite.
8. Check out with the control desk personnel upon leaving the OR suite.

At all times during periods of observation, the Mentor shall:

1. Oversee and take responsibility for the Observer's activities and ensure compliance with all Institutional policies and procedures.
2. Ensure that the Observer complies with all terms and conditions stated in this policy.
3. Ensure that patient care and patients' rights are not compromised because of the Observer's actions or presence.
4. Ensure that patients or their representatives have been informed that the person is an Observer and have given consent.
Evaluation of Program

- At the conclusion of the observation experience, the observer should sign out with the designated institutional official and return his or her name badge.

- The Observer will complete and sign the Evaluation form.

- If academic documentation of the experience is required, the mentor and/or designated Institutional official must approve the documentation prior to its submission.

- The Mentor will review and sign the Evaluation form and provide a copy to the designated Institutional official.
Evaluation Form

Observer Name: ____________________________________________

Dates of Observation: _______________________________________

Mentor Name: _____________________________________________

Rate the Overall Experience:

1 Poor
2 Fair
3 Neutral
4 Good
5 Excellent

I learned about neurosurgery.

This experience was valuable to me.

Patients were treated with respect and confidentiality.
References