

Observership Policy

I. PURPOSE:

All observerships in the UPMC Department of Plastic Surgery must:

- Operate with concern for patient and physician safety
- Define and deliver unambiguous expectations for the observership
- Operate in a collegial atmosphere that encourages life-long communication with UPMC
- Follow UPMC policies regarding conduct

II. POLICY:

- I. This policy pertains to physician observers who are graduates of either U.S. or international medical schools. It is the policy of UPMC Department of Plastic Surgery that all visiting physicians who are completing a medical observership at the hospital **cannot** have hands on contact with patients and will be under the supervision of an attending physician at all times. UPMC Department of Plastic Surgery will have no financial responsibility for salary, fringe benefits, travel, housing, or other expenses incurred during the time of observation. Observers have no protective policies of UPMC, University of Pittsburgh School of Medicine (UPSOM), or PSD nor any benefits from same. Observership programs are subject to all requirements and policies of UPMC Department of Plastic Surgery and other UPMC controlled healthcare providers.

III. PROCEDURE:

All UPMC Department of Plastic Surgery Medical Staff requesting approval for observers must send a request letter in writing sixty (60) days prior to on-campus experience to the attention of: Lindsey Fera, HR manager, at lff16@pitt.edu

Request letter must consist of the following:

- Observer name and credentials
- Dates the observer will be at UPMC Department of Plastic Surgery
- Copy of physician's CV must be attached to letter

Once request has been received and approved, the HR Department will generate the necessary paperwork to the appropriate administrator within the division to distribute to the observing physician.

- Completion of **Attachment A** – Electronic Submission of Clearances (Acts 33, 34 & 73) Prior to beginning observation, the observer must send copies to the **Medical Affairs Department** of the following clearances: **Act 33 (Pennsylvania Child Abuse History Clearance), Act 34 (Pennsylvania State Police Request for Criminal Record), and Act 73 (FBI Background Check)** *All clearances must be obtained within 30 days of observership start date **Not presenting original clearances to the Medical Affairs department will result in a delay and/or decline of on-campus experience***
- Completion of **Attachment B**– Requirements/Vaccination Attestation (Submit to Medical Affairs Department) – either copy of 2 step Mantoux (PPD) test (must be within the past 12 months) or copy of Quantiferon Gold Blood Test or Tspot (*must be within the past 12 months*) or Chest X-ray and completed TB Surveillance form if PPD test is positive.
- Completion of **Attachment C** – Medical Information Confidentiality Statement
- Completion of **Attachment D** – Observer Agreement
- Completed Observer Information Application and \$100.00 Fee (**Attachment E**) for **Children's Hospital observers only**
- Completion of Act 31 (certificate of completion must be submitted prior to observation (**Attachment F**) for **Children's Hospital observers only**
- Once approved, the hosting department will be responsible for obtaining badge access through IMS.
- All other documentation generated concerning the observer shall be sent to Lindsey Fera.

Acceptance of Observership and Observer Responsibilities

- Acceptance for Observership is based solely on Department policy and capacity of the given rotation. Selection can be restrictive as deemed necessary for preserving education in the UPMC Graduate Medical Education programs, including refusal of any observers. UPMC Medical Education includes many levels of medical education programs in addition to medical students from the University of Pittsburgh School of Medicine. All these learners have priority over observers in access to faculty teaching efforts and clinical/patient resources.

At all times, an Observer must:

- Introduce him/herself to the patient as an observer and request the patient's permission to be present at the time of the clinical visit, procedure, or other patient services. If the patient declines to allow the observer's presence, he/she must leave the area.
- Not have any direct patient contact. Contact is defined as physically touching, performing a medical history and/or examination, counseling (patient or patient's family/friends), assisting in surgery or any other procedure, or otherwise interacting with patients, either individually or in the presence of others.
- Not be allowed to make patient chart entries (electronic or hard copy). He/she may not make copies of patient charts (paper or electronic).
- Accept termination at UPMC's sole discretion without due process or appeal if the hospital mandates this.
- Never misrepresent the experience he/she completed here.

International Medical Graduates

There are nuances associated with bringing an international observer to UPMC. If the observer is not a US citizen or Permanent Resident it is likely that he/she will require a visa to come to the US for the Observership. It is the Observer's responsibility to secure an appropriate visa for the Observership. If the Observership is for three months or less, it is possible that a B-1 visitor visa may be required. The observer will require a letter of invitation from the Department Chair or other faculty member. The letter should include a formal invitation to observe in that Department, the time period of the Observership, and the purpose. (e.g., that the individual will be observing a particular kind of surgery). The letter of invitation should also state that the observer will not receive any compensation or other financial support of any kind from UPMC during this Observership, will not at any time be allowed to touch patients or otherwise provide patient care of any sort, and will be always supervised by a faculty physician.

If the observer is a foreign national and is already in the US, it may be illegal for the individual to participate in an Observership. For instance, if the observer comes to UPMC for several months following completion of employment or training at another institution, it is possible that his Observership with UPMC may give rise to a legal requirement that UPMC compensate the individual. Similarly, if the individual comes to the U.S. to sit for an examination and subsequently wishes to engage in an Observership it may be prohibited by the limitations of their visa classification.

It may not be possible for UPMC to allow a foreign national to engage in an Observership immediately preceding their employment. All participants must also be in compliance with all other visa and immigration statutes.

Policy Adoption:

REFERENCES: (as applicable for procedures)

FORMS RELEVANT TO THIS POLICY

Form #	Name of Form
Attachment A	Electronic Submission of Clearances (Acts 33, 34, & 73)
Attachment B	Requirements/Vaccination Attestation
Attachment C	Medical Information Confidentiality Statement
Attachment D	Observer Agreement
Attachment E	Invoice – Application Fee (Children’s Hospital only)
Attachment F	Act 31 Training (Children’s Hospital only)

Attachments

[Attachment A – Electronic Submission of Clearances – Acts 33-34-73.docx](#)

[Attachment B – Vaccination Attestation.doc](#)

[Attachment C – Medical Information Confidentiality Statement.docx](#)

[Attachment D – UPMC Observer Agreement.docx](#)

[Attachment E – Observer Information Application.docx](#)

[Attachment E – Observer-Invoice.doc \(Children’s Hospital only\)](#)

[Attachment F – Act 31 Certificate Example.pdf](#)

[Attachment F – Act 31 Child Abuse Recognition and Reporting Training.docx](#)

Electronic Submission of Clearances (with rapid results)

(Attachment A)

1. Act 33 Electronic Submission

Pennsylvania Child Abuse Clearance Application Instructions:

There is no cost of this clearance when choosing **Volunteering** as the purpose of the request.

Go to <https://www.compass.state.pa.us/cwis/public/home>

Follow the instructions outlined on the website to complete the application

- a. As the purpose – Choose Volunteer

2. Act 34 – Pennsylvania State Police Criminal Record Check Instructions

Online Request

The Pennsylvania State Police have established a web-based computer application called “Pennsylvania Access to Criminal History,” (PATCH).

There is no cost when choosing volunteering.

Go to <https://epatch.state.pa.us/>

3. Act 73 – Federal Bureau of Investigation (FBI) Criminal Background Check Instructions

ONLINE APPLICATION REGISTRATION

The cost of this clearance is **\$26.20** and must be paid via cash, credit card, certified check (payable to MorphoTrust), or money order, during the scheduled fingerprint appointment. Carefully review the following information:

- It is important to note that the Act 73 FBI Clearance application process is a fingerprint-based background check that is a **multiple-step process**. You must **first** complete the pre-enrollment process and **then** complete the fingerprint process
 - You must complete the pre-enrollment process **prior** to going to the fingerprint site. Walk in service to get fingerprinted, without pre-enrollment, **will not** be provided at any fingerprinting location. Pre-enrollment must be completed through the online application process outlined below.
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ONLINE APPLICATION REGISTRATION

STEP 1 - ONLINE APPLICATION

Application registration must be completed at <https://uenroll.identogo.com/>. This website is mobile friendly and can be accessed on a smart device. When completing the application registration, follow the below steps:

1. Enter the Service Code **1KG756** on the main page of the website.
2. Select **Schedule or Manage Appointment**.
3. Enter the required personal information throughout the next few screens. Essential Info, Citizenship, Personal Questions, Personal Info, Address, and Documents.
4. Select the most convenient location, date, and time to schedule an appointment. ***While scheduling, keep in mind that the average time to receive the clearances after the appointment is 14 days and you must receive the clearance before you will be permitted to observe.***
5. Review your appointment details and click **Done** to complete the registration.
6. You will receive confirmation of the scheduled appointment via the preferred method of contact you selected.

Important Notes

- All information provided must match the form of I.D. you will present at your fingerprint appointment.
- You may select to be a walk-in, but it is highly recommended to schedule a specific appointment.
- If you selected email, the email confirmation will be titled IdentoGo Service Confirmation – PA DHS-Employee >=14 Years Contact w/Children. We recommend saving this email for your records as it can be used in the next step.

STEP 2 – COMPLETE FINGERPRINTS

1. Attend your pre-scheduled appointment and/or go to the location selected as a walk-in.
2. During your appointment, you will be asked to confirm the information provided during the pre-enrollment process, provide your form of I.D., provide your Social Security Number, and have your picture taken. ***You will not be processed if you cannot produce the acceptable photo ID you selected to bring during the pre-enrollment process.***
3. After the identity of the applicant has been established, all ten fingers are scanned to complete the process.
4. The applicant's scanned fingerprints will be electronically transmitted to the FBI as required by federal statute.

STEP 3 – RECEIVING YOUR ACT 73 RESULTS

Once your fingerprints have been taken, results are processed within 2-10 business days. ***Individuals with no record will have the opportunity to receive their results electronically and avoid the additional 7-10 business days it takes to receive the hard copy by mail. Applicants with criminal history returns***

will only be eligible to receive results by mail. Applicants with criminal history returns will only be eligible to receive results by mail.

While all applicants will still receive their results by US mail, it is best to take advantage of securing your results electronically to avoid a potential delay to your start date if results are not received in time.

Accessing Results via Email

- During the registration process, applicants will be asked for an email address and will be asked to create a security question and a security answer. **It is very important that once the user creates the security question and answer that they retain this information.** Three unsuccessful logins will prevent the applicant from retrieving their results electronically.
- As soon as your results are processed, you will receive an email. Users are advised to click on the link within the email and enter the security question and answer previously created. **Unfortunately, if you lock yourself out of the security questions, the result will be transmitted by US Mail.**

When the applicant does access the results, it is important that they be able to download it, save it and print it for future needs. Results should be accessed via laptop or computer as the link may not be mobile/tablet friendly. **There will be no second access to this electronic result**

Attachment B – (Requirements)

Vaccination Attestation Requirements

Immunizations are required in accordance with the Centers for Disease Control (CDC) guidelines, and as required by various business units of UPMC.

Observers are required to provide supporting documentation from their Physician of the following:

- Hepatitis B vaccine or signed refusal
- Tdap Vaccination (***Diphtheria, Tetanus, Pertussis***)
- Measles/Mumps/Rubella vaccine (***MMR***)
This vaccination is commonly given to children to help protect them from these childhood diseases, but many adults can be susceptible to these illnesses if they have not been adequately vaccinated. The MMR vaccination is a live vaccine that provides protection from these three illnesses.
- Varicella (***chickenpox***) vaccine
- Mantoux (***PPD***) test
- Influenza Vaccination

NOTE: Other vaccinations, such as Vaccinia (Smallpox) and Hepatitis A may be needed/required by various UPMC business units. You will be notified if any additional vaccines are needed.

ATTACHMENT B
VACCINATION ATTESTATION - OBSERVERSHIP

All documentation must be provided in ENGLISH, three (3) weeks prior to arrival in the United States

Immunizations are required in accordance with the Centers for Disease Control (CDC) guidelines. Observers are required to provide supporting documentation for the following:

1. ☐ I attest that I have received the influenza vaccination (Documentation attached)
****If arrival date is October to April must show documentation of current year influenza vaccination.****
2. ☐ I attest that I have received a Tdap vaccination within the past 10 years (*Attach documentation to this form*)
3. Date of Hepatitis B vaccination:
NOTE: YOU MUST SIGN THE HEPATITIS B VACCINE DECLINATION WAIVER BELOW IF YOU HAVE NOT BEEN VACCINATED AND DO NOT WISH TO BE VACCINATED AT THIS TIME.
4. Date of most recent Mantoux (PPD) test:

Please check one of the following:

- ☐ Copy of 2 step Mantoux (PPD) Test (***2 separate PPD placed & read***)
(Must be within the past 12 months)
 - ☐ Copy of Quantiferon Gold Blood Test or Tspot
(Must be within the past 12 months)
 - ☐ If a history of a positive PPD or blood test include copy of Chest X-ray and surveillance form
5. Have you had either of the following diseases or immunizations?
Note: Proof of vaccination is required. Documentation of titers is required if you have not had the disease
- Rubella ☐ Yes ☐ No Date:
- Rubeola ☐ Yes ☐ No Date:
- Measles/Mumps/Rubella vaccine (MMR) ☐ Yes ☐ No Date:
6. History of Varicella (chicken pox):
Please check one of the following:
- ☐ I have had chicken pox in the past.
 - ☐ I have not had chicken pox in the past. (***Must provide antibody or vaccination documentation***)
 - ☐ I am not sure if I have ever had chicken pox.
 - ☐ I have had a varicella-zoster antibody screen test. (***Documentation of titers is required***)
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HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have declined the Hepatitis B vaccination at this time. I understand that declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Reason for Refusal

Printed Name of Observer:

Date

Observer's Signature

Medical Information Confidentiality Statement

Attachment C

I, _____, have read and fully understand my medical information is confidential and will be maintained for the protection and benefit of myself, University of Pittsburgh Medical Center (UPMC) patients and UPMC Department of Plastic Surgery patients. My submitted information is the property of UPMC Department of Plastic Surgery and, as such must be protected from unauthorized disclosure.

UPMC Department of Plastic Surgery has the responsibility of ensuring that only authorized individuals, agencies, and/or institutions are provided access to medical information.

Signature

Date

Attachment D

UPMC DEPARTMENT OF PLASTIC SURGERY

OBSERVER AGREEMENT

You have been permitted to observe patient care and/or procedures in the Division/Department of _____ at UPMC Department of Plastic Surgery (DoPS). As an observer you acknowledge and warrant that you will not at any time provide care to or touch any patient at DoPS. Your presence on the DoPS premises is for observation **only**. The period of your observation is from _____ to _____ (dates and/or time).

1. As an observer you are neither an agent, employee nor contractor of DoPS and you agree that you shall not represent yourself to anyone as an agent, employee, or contractor of DoPS. While on DoPS premises you shall comply with all the rules, regulations and directives of DoPS and its staff.
 2. DoPS is not responsible for your wages, food, lodging or any other expenses incurred by you or on your behalf by any entity or group during this observation period. You **must** present proof of completing the Criminal Background Check (Act 34), Child Abuse Clearance (Act 33), and FBI Fingerprinting (Act 73) prior to beginning your observation period.
 3. Once approved, the hosting department will be responsible for obtaining badge access through IMS. You will wear this badge **at all times** while you are on DoPS premises, and you will return the identification badge to the hosting department upon the conclusion of your observation period.
 4. As part of your visit to DoPS, you will become aware of certain information, which is non-public, confidential, or proprietary in nature, (referred to as "Confidential Information"). In accordance with applicable state and federal law, as well as DoPS policy, you are prohibited from disclosing or revealing Confidential Information to any person, except as specifically authorized in writing by DoPS or the patient/parent/legal guardian (as to patient information).
 5. Confidential Information will include, without limitation, individually identifiable health information, including demographic information of any patient or patient's family, whether verbal, visual or written, all information concerning activities or operations of DoPS or any individual department, practice, physician, hospital, laboratory or other health care professional which is part of or affiliated with DoPS and, with respect to each, including, but not limited to, research data and confidential information disclosed to DoPS by third parties, and educational materials and data.
 6. You should not access patient records (either electronic or paper files) except those which may be permitted by your preceptor. Under applicable provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), your preceptor must only provide you with the information which is minimally necessary for the purpose of your site visit, or as required by any applicable written agreements between you/your company and DoPS. No original or copies of
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any document containing Confidential Information may be obtained by you or provided to you by anyone.

7. In order to participate as an observer at DoPS, you and your preceptor **must** sign and return a duplicate copy of this Confidentiality Agreement to **DoPS HR Office (Attention: Lindsey Fera)**. If you will be observing specific procedures or functions which will include the disclosure of protected health information, and such observation is not part of the treatment, payment for such treatment or other services for DoPS hospital operational purposes, you must obtain written authorization from the patient/parent/legal guardian.
8. Your signature shall constitute you and your company's agreement with respect to the provisions set forth herein.
9. Any violation of this Agreement will result in an immediate report to UPMC's Corporate Compliance and Privacy Officer and disciplinary action up to and including permanent removal from DoPS premises. Further, criminal, or civil actions may be filed against you as permitted by applicable state and Federal laws. Your signature further acknowledges that, due to the nature of DoPS business and the value of the Confidential Information to DoPS, any breach by you of any of the provisions herein will inflict serious harm on DoPS and its patients such that money damages may be inadequate relief. Accordingly, you agree that DoPS shall be entitled to injunctive relief to prevent or prohibit any threatening or continuing breach of any of the terms and provisions herein and, in addition thereto, DoPS shall be entitled to any and all other remedies available by law or in equity.
10. You and/or your company by your signature agree(s) to hold harmless and indemnify DoPS for any damages which may be incurred by your breach of this Agreement, including but not limited to your unauthorized viewing, use, or disclosure of Confidential Information or direct patient contact.

ACCEPTED AND AGREED

TO: Signature: _____

Name: _____

Title: _____

Company: _____

Date: _____

PRECEPTOR:

Signature: _____

Name: _____

Department/Division: _____

Date: _____

Observer Information Application – Attachment E

Last Name:	First Name:	Middle Name:
Home/Street Address:		
City:	State:	Postal Code:
Telephone Number:	Department observed:	Observing Physician:
Email:		Date of Birth:
Observation Start Date:		Observation End Date:
Goals and Objectives for Observership:		
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact Email:
Local address in Pittsburgh:		
City:	State:	Postal Code:

UPMC Children's Hospital of Pittsburgh

One Children's Hospital Drive
4401 Penn Avenue 6th Fl AOB Suite 6200
Pittsburgh, PA 15224

Attachment E

OBSERVER APPLICATION FEE

Please return the bottom portion of this invoice along with the observer application by mail to: **UPMC Children's Hospital of Pittsburgh, Attention: Medical Staff Services, AOB-Suite 6200, 4401 Penn Avenue, Pittsburgh, PA 15224**, fax to **412.692.7000** or e-mail to **cvochp@upmc.edu** If you have any questions, please call the Medical Affairs Department at 412-692-8545.

NAME:

AMOUNT DUE: \$100.00

PAYMENT METHODS

1. CHECK PAYABLE TO: UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

Attention: Medical Staff Services
4401 Penn Avenue
AOB 6th Fl Ste 6200
Pittsburgh, PA 15224

2. PAY BY CREDIT CARD: Via online portal or scanning the QR code below.

www.upmc.com/payCHPMedAffairs



Certificate of Completion

Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements

Meets the Recognizing Child Abuse and Mandated Reporting components of
ACT 126 of 2013 training requirements

3 continuing education hours

Presenter:

University of Pittsburgh School of Social Work,
PA Child Welfare Resource Center
403 East Winding Hill Road, Mechanicsburg, PA 17055

Presented to:

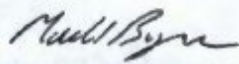
on the date:



Provider Number:
CACE000004

CE Course Number:
PCW000001


**Tracy Soska, Director of
Continuing Education
School of Social Work**


**Michael Byers,
Director PA Child Welfare
Resource Center**

Attachment F

Act 31 – Child Abuse Recognition and Reporting Training

Access link below:

<https://www.pa.gov/agencies/dos/resources/professional-licensing-resources/act-31.html>

Below is a list of required documentation. If you do not agree with the DoPS Observer Agreement **DO NOT** proceed.

Please read and complete all the items in the following pages in order to best understand the responsibilities, and our expectations, for our Observerships.

In order for your request to be granted, the following documents must be submitted:

- ☐ Completed Observer Information Application and **\$100.00** Application Fee (***Attachment E***), Children's Hospital only
- ☐ Copy of US Visa, if applicable
- ☐ Electronic Submission of Clearances (Acts 33, 34, & 73) (***Attachment A***)
- ☐ Updated CV
- ☐ Copy of Passport
- ☐ Requirements/Vaccination Attestation – appropriate to institution (***Attachment B***)
- ☐ 2 step PPD (Tuberculosis) (2 separate PPD placed & read) must be within the past 12 months
- ☐ Act 31 Certificate of completion
- ☐ Proof of Health Insurance
- ☐ Observership Attestation Letter
- ☐ Medical Information Confidentiality Statement (***Attachment C***)
- ☐ DoPS Observer Agreement (***Attachment D***) – **Duplicate copy must be sent to DoPS HR Office (Attention: Lindsey Fera) as outlined in #7**

The required documentation listed above must be forwarded to me within sixty (60) days of your start date to expedite the review. Please be aware that additional departmental fees may be required.

Please feel free to contact me with any questions or concerns regarding the application process.

Sincerely,

UPMC Department of Plastic Surgery



University of Pittsburgh

School of Medicine
Department of Plastic Surgery

6B Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
412-648-9670
Fax: 412-648-1987

May 5, 2025

Dear (VPMA),

I am requesting your permission to extend an invitation to Dr. <Physician Name> to come as an observer in our <Name of Division> from <Dates of Observership>. They are welcome to attend rounds and various departmental lectures. We will not be financially responsible for them during their stay. Since they are coming as an observer and will have no direct patient care involvement, malpractice insurance is not an issue. They will be responsible for all living expenses including housing while in the U.S.

Attached please find a copy of (his/her) CV.

Sincerely,

TB TESTING DOCUMENTATION FORM

If you have a history of positive PPD results or if you are unable to complete TB testing for any reason, please complete the appropriate section below.

☐ **HISTORY OF POSITIVE PPD RESULTS**

Date of Positive Results:

Details, including follow-up and treatment:

☐ **UNABLE TO COMPLETE TB TESTING**

Reason (include details as necessary):

CURRENT STATUS (must be completed)

Have you experienced any signs or symptoms of active TB, including persistent low-grade fevers, night sweats, chronic cough lasting greater than 3 weeks, hemoptysis, fatigue, weakness, weight loss, and/or loss of appetite?

☐ Yes* ☐ No

Signature: _____

Printed Name: _____ Date: _____

*In the event that any of the above symptoms are present, the results of a current chest X-ray to rule out active TB must be submitted with this form.