Cabell Huntington Hospital

Visiting Observership Program
Handbook & Application
For
Licensed Practitioners
About Cabell Huntington Hospital

Cabell Huntington Hospital is a not-for-profit, regional referral center with 303 staffed beds. Located in Huntington, West Virginia, Cabell Huntington cares for patients from more than 29 counties throughout West Virginia, eastern Kentucky and southern Ohio. Opened in 1956, it is also a teaching hospital and is affiliated with Marshall University Schools of Medicine and Nursing.

All of us at Cabell Huntington Hospital share a common value - providing excellent care that promotes lifelong good health. Your medical care includes very personal attention to the details that help make all patients and their families feel at home.

Mission, Vision, Values

Our Mission
- To meet the lifetime healthcare needs of those we serve
- To provide the highest level of service, quality and efficiency
- To advance healthcare through education

Our Vision
- To be the hospital of choice for the communities we serve

Our Circle of Values
- Integrity: Acting honestly and responsibly in everything we do
- Caring: Anticipating and meeting the needs of others in a compassionate manner
- Respect: Honoring and holding in high esteem those with whom we work and serve
- Excellence: Achieving the highest standards of performance
- Commitment: Taking individual responsibility for fulfilling our mission
- Loyalty: Being devoted to our customers and our organization
What is the Observer Program?

Cabell Huntington is leading the way in community health care, and with that comes the responsibility of training others to continue the tradition of excellence. The hospital works with the teaching and research programs at Marshall University School of Medicine and other medical and technical schools. Through these partnerships, the hospital staff works with some of the most highly qualified medical specialists in the area, sharing insight into the latest concepts in medical education and patient care. An observer program promotes learning through a shadowing experience enabling participants to watch surgeries, attend rounds, conferences, etc. and benefit from our example of best practices.

Program Eligibility and Requirements

- Licensed Practitioner including but not limited to: MD, DO, DPM, DDS, DMD
- Must have a sponsoring licensed practitioner with active, provisional active or courtesy privileges at the Cabell Huntington Hospital Facility where the observation will occur
- Applicant agrees that they will participate in observation only role. The applicant will not participate in direct or indirect patient care
- Research will not be part of the observership opportunity

Requirements

- Review program handbook
- Complete application- Attachment 1
- Complete consent to participate- Attachment 2
- Fax or email Sponsoring Practitioner Form for completion. Sponsoring practitioner will email or fax to Medical Affairs when complete- Attachment 3
- Complete confidentiality agreement- Last page of handbook
- Provide a copy of original government-issued picture ID (i.e. drivers license, Passport, Military ID, etc.)
- Active license to practice (verified by Medical Affairs Department)
Guidelines for Practitioner Observership

Observers may shadow practitioners on rounds, observe procedures and enter the operating room. They may also participate in educational programming and conferences taking place at Cabell Huntington Hospital and outlying facilities.

Observership does not include:

- Direct or indirect patient care. No patient care orders may be given
- Access to medical records or entry into the patient’s medical record
- No research conducted on-site or utilizing information gathered while participating in the observership

Identification Badges

Visitor badges will be issued by the Medical Affairs Department. The badge will include the dates of participation. The badge is to be worn above the waist and visible at all times while participating in the observership program. Please wear your personal practitioner identification badge in addition to the issued visitor badge.
Corporate Compliance & Standards of Conduct

This is your copy of the Standards of Conduct, which was adopted in connection with our overall compliance program. It was prepared to give everyone an understanding of what is expected of all of us in the work environment. It represents our commitment to providing quality care and conducting our business with integrity and in compliance with all applicable laws and regulations.

Everyone is expected to follow these standards and use them to guide their conduct when working for our organization. The standards do not cover every situation, but they do provide broad guidelines, which are reinforced in greater detail by other policies and procedures.

Cabell Huntington Hospital maintains an open communication policy. In other words, if you have a question or concern, you should raise it with your immediate supervisor, Human Resources or any other member of management, the Corporate Compliance Contact Person or the Corporate Compliance Officer. If these avenues do not resolve your problem or concern or if you wish to remain anonymous, Cabell Huntington has an employee hotline at 1-800-826-6762.

If you are aware of violations of the Standards of Conduct, policies or procedures, law or regulations, you have an obligation to report them. Cabell Huntington Hospital prohibits any form of retaliation or retribution against anyone for reporting problems in good faith through the regular channels of communication or to the Hotline. Callers are assured anonymity or confidentiality to the limit of the law.

I pledge the full commitment of Cabell Huntington on behalf of the principles set forth in the Standards of Conduct and fully support our compliance program. Our continued success depends upon maintaining our commitment to compliance with all applicable rules, regulations, and standards governing appropriate delivery of quality healthcare services.

Sincerely,

Kevin Fowler
President and Chief Executive Officer
Cabell Huntington’s first responsibility is to our patients, their families and the communities we serve. In carrying out this responsibility, we commit to the following goals:

- We will anticipate and respond to patient needs.
- We will encourage open and honest communication with the patient recognizing his or her right to informed consent and the right to refuse treatment.
- We will provide appropriate medical screening and stabilizing treatment to all individuals who present to the emergency department or other outpatient areas potentially in need of emergency medical treatment, and we will ensure that all admissions, transfers, and discharges are medically appropriate. Admission, transfer, and discharge decisions will not be based on the patient’s ability or inability to pay.
- Patients are to be referred to another facility only when their specific diseases or conditions cannot be treated at the hospital, when the hospital does not have the capacity to treat them, or when the patients or patient’s representatives request such a referral.
- We will employ only properly licensed and credentialed providers with proper expertise and experience to care for our patients.
- We will not discriminate against any patient for any reason including race, color, creed, national origin, religion, gender, disability, age, or ability to pay.
- We will ensure that the services we provide are supported by documentation.

Compliance with Laws and Regulations
Cabell Huntington will conduct its business and patient care operations in accordance with all applicable laws, regulations, and professional standards in order to maintain the integrity of our organization.

- Confidential patient information will be available only to those providing direct care, or others authorized by law or policy to review patient information. We will maintain complete and accurate patient medical records and keep all such information confidential and secure according to applicable laws and policies.
- We will not provide kickbacks, bribes, rebates or anything else of value in order to influence the referrals of patients or services payable by a government healthcare program.
- We will ensure that all agreements with individuals or organizations that may be a possible referral source are in writing and approved by appropriate management or legal counsel.
- Marketing practices shall be conducted with truth, accuracy, and responsibility to patients and the community.
- We will accurately and clearly represent the true nature of all transactions in financial reports, accounting records, research records, expense records, time sheets and other documents.
- We will not permit making unauthorized copies of computer software or using personal software on computer equipment, except when allowed by the terms of the licensure and approved by Information Systems Management.
- We will not contribute hospital funds, products or services or other resources to any political cause, organization, candidate or party or engage in lobbying activities on behalf of the hospital without the advance approval of the President and CEO.

Billing and Coding
Cabell Huntington will maintain a commitment to fair and accurate billing that is in accordance with all federal and state laws and regulations.
• We will bill only for services that are determined by the ordering physician to be medically necessary, actually provided and documented in the patient’s medical records or other hospital records.
• We will make every reasonable effort to assign billing codes that accurately reflect the services and products that were provided. We will regularly review our records for credit balances and promptly refund any overpayments.

Protection of Property
Cabell Huntington is committed to protecting its property, and the property entrusted to us, against, loss, theft, or misuse. Property includes physical assets, funds and proprietary information.
• We will correctly use and care for all property and equipment entrusted to us.
• We will respect and safeguard the property of employees, patients, and their visitors.
• We will not communicate or transfer any information or documents to any unauthorized persons.
• We will store all records in a secure location for a period of time required by law.

Conflicts of Interest
Cabell Huntington Employees and those acting on behalf of the organization are expected to refrain from and avoid conflicts or even the appearance of conflicts between their private interests and those of Cabell Huntington.
• We will not knowingly pursue any activity that might conflict, or appear to conflict, with the interests of the organization. We will exercise good faith and fair dealing in all transactions that involve our responsibilities to the organization.
• We will not misuse our position for personal gain.
• We will disclose any potential conflicts of interest to management or administration.
• As a general rule, business courtesies such as entertainment, meals, transportation or lodging should not be provided to and received from customers, referral sources or purchasers of hospital services. To avoid the appearance of impropriety, we will not accept or provide any gifts with a value in excess of $100 without the approval of the President and CEO. No gift will ever be made in order to influence the referral of patients or services.

Health and Safety
Cabell Huntington is committed to providing our patients, employees, staff members, visitors, and community with a safe environment in which to heal, work, visit and live.
• We will take all reasonable precautions and follow all safety rules and regulations to maintain a safe environment for our patients, employees, and visitors.
• We will take appropriate measures to reduce the risk of violence. Unauthorized weapons of any kind are strictly prohibited at Cabell Huntington.
• The unlawful manufacture, distribution, dispensing, use, purchase, sale, possession or consumption of alcohol or drugs, or reporting to work in an intoxicated condition, is strictly prohibited. Any violation is grounds for disciplinary action, including termination. The restriction on drugs does not apply to employees taking over-the-counter and physician prescribed medication according to direction.
• We will follow all rules and regulations regarding the disposal of infectious and hazardous waste material.
• We will promptly report any existing or potential condition hazardous to human health or the environment, or accidents involving injury to a patient, employee, staff member or visitor to the appropriate supervisor and/or the appropriate oversight entity.
Human Resources
Cabell Huntington is committed to protecting, supporting and developing all employees to their full potential.
  • We will take appropriate measures to insure a work environment for all employees free from harassment and intimidation. Harassment is defined as physical or verbal conduct that offends or is hostile toward an employee.
  • We will not discriminate against any employee on the basis of race, color, creed, national origin, religion, gender, disability, or age.
  • We will encourage each employee to continually evaluate existing methods of delivering services in order to discover more effective ways of allocating the resources for patient care and the support services.
  • We will always show respect and consideration for one another, regardless of status or position.

Compliance Personnel
Cabell Huntington has appointed a Corporate Compliance Contact Person and a Corporate Compliance Officer, who are responsible for the daily oversight of the compliance program.
Your Responsibility

Everyone is expected to follow the Standards of Conduct: Cabell Huntington Hospital policies and procedures, as well as applicable laws and regulations. Anyone with knowledge of a violation of the Standards of Conduct, Cabell Huntington policies and procedures, applicable laws or regulation must report this information. Failure report a known violation may subject an employee to disciplinary action even if they were not involved.

Reporting Process

Cabell Huntington Hospital recognizes that there are times when concerns cannot be properly addressed through the normal chain-of-command. If you have any questions or wish to report a problem, you should talk to your supervisor or other member of the management team. You may also speak with human resources personnel. If your problem cannot be resolved through normal communication channels, or for another reason, you do not wish to use these channels, you should report the matter to the Corporate Compliance Contact Person, the Corporate Compliance Officer, or the Employee Hotline staffed by National Hotline Services. (1-800-826-6762). Calls to the hotline will not be traced or recorded. All callers to the hotline may remain anonymous. If callers choose to identify themselves, their confidentiality will be protected to the extent permitted by law.

No action of retaliation will be taken against anyone for calling the hotline to make a report, complaint or inquiry in good faith. However, calls to the hotline do not protect callers from appropriate disciplinary action regarding their own performance or conduct, including malicious calls intended to harm Cabell Huntington or other employees.

If you feel uncomfortable reporting via the hotline, you may directly contact either the Corporate Compliance Contact Person, Deanna Parsons, RN, at 304-526-2315 or the Corporate Compliance Officer, Paul English Smith, at 304-526-2052.

If you wish to report a complaint to The Joint Commission or the WV Office of Health Facility Licensure and Certification, you may do so without fear of retaliatory action. Complaints may be reported via any of the following methods

**Online:** https://www.jointcommission.org/report_a_complaint.aspx

**E-Mail:** complaint@jointcommission.org

**Fax:** 630-792-5636

**Mail:**
- Office of Quality Monitoring
- The Joint Commission
- One Renaissance Boulevard
- Oakbrook Terrace, Illinois 60181

**WV Office of Health Facility Licensure and Certification**
- 408 Leon Sullivan Way Charleston, WV 25301 Phone 304-558-0050 or 1-800-442-2888
Key Information for all Providers

Parking
Parking is available at the front entrance of the hospital, parking garage, and the back lot behind the hospital.

Dress Code
While observing at Cabell Huntington Hospital, you are expected to wear appropriate attire, visitor badge, and if available photo ID at all times.

- **NO JEANS** are to be worn to work under any circumstances.
- No form of body jewelry (face, ear, tongue or nose) except earrings may be worn.
- Observers may not wear scrubs during the observership unless they are provided by Cabell Huntington Hospital.

No Smoking
To protect your health and the health of our patients, visitors, and employees, the use of tobacco products on the campus of Cabell Huntington Hospital and Marshall University Medical Center is not permitted. Thank you for keeping our campus tobacco-free.
Operating Room Guidelines

Observers will:

- remain outside of the sterile field
- avoid direct contact with blood and bodily fluids
- not have contact with surgical equipment or instruments

Please review the OR Attire Policy and memos at the end of the handbook if you are observing in the Operating Room

Environment of Care and Safety

Emergency Codes
All employees and non-employee caregivers who work at Cabell Huntington Hospital are REQUIRED to be familiar with all emergency codes and know what to do, so spend a few minutes reviewing this chart:

Cabell Huntington Hospital Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red</strong></td>
<td>Fire</td>
</tr>
<tr>
<td><strong>Blue</strong></td>
<td>Medical Emergency</td>
</tr>
<tr>
<td><strong>Green</strong></td>
<td>Contagious Patient</td>
</tr>
<tr>
<td><strong>Grey</strong></td>
<td>Security Alert</td>
</tr>
<tr>
<td><strong>Amber</strong></td>
<td>Infant/Child Abduction</td>
</tr>
<tr>
<td><strong>Orange</strong></td>
<td>External Hazardous Materials Incident</td>
</tr>
<tr>
<td><strong>Silver</strong></td>
<td>Hostage Situation</td>
</tr>
<tr>
<td><strong>Yellow</strong></td>
<td>Bomb Threat</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>Utility Failure - Water, Electric, Medical Gas</td>
</tr>
<tr>
<td><strong>Triage Stand-By</strong></td>
<td>Stand by Disaster Plan</td>
</tr>
<tr>
<td><strong>Triage Response</strong></td>
<td>Disaster Plan Activation</td>
</tr>
<tr>
<td><strong>Weather - Wind</strong></td>
<td>Tornado/High Winds</td>
</tr>
<tr>
<td><strong>Weather - Snow</strong></td>
<td>Winter/Ice Storm</td>
</tr>
<tr>
<td><strong>Walker</strong></td>
<td>Patient Elopement</td>
</tr>
<tr>
<td><strong>Master Lock</strong></td>
<td>Hospital is being Locked Down due to a critical incident</td>
</tr>
</tbody>
</table>

Code Red: Your Responsibility
Fire emergencies are called by zone. Learn what zone you are working in by checking the posted signs in each area and using the hospital rooms as a reference. Patients, visitors and unauthorized personnel must not use the elevators during a fire emergency. Stairwells must be used during a fire emergency.

Fire drills are conducted routinely to assure the safety of all patients, visitors and staff. You should know the mnemonics RACE for what to do during a fire and PASS for operating the fire extinguisher:
Risk Management

Abuse and Neglect
Any person who is caring for patients or who are around patients must be alert for signs of abuse or neglect. If you suspect any form is abuse or neglect notify the patients nurse immediately.

Domestic Violence
Indicators include untreated old injuries, history of “accident prone”, and discrepancy between the injury and the history. Healthcare workers are not mandated to make referrals.

Child Abuse and Neglect
All healthcare workers are mandated to report instances to the Clinical Resource Management Department at CHH or 1-800-352-6513.

Adult Abuse and Neglect
Healthcare workers who suspect or observe abuse or neglect shall immediately call the Clinical Resource Management Department at CHH or 1-800-352-6513.

Workplace Violence
All workplace violence shall be reported to security at 526-2223. Security will contact external law enforcement as deemed necessary.

Incident Reporting
It is the policy of Cabell Huntington Hospital to document all events involving patients, visitors, medical staff, volunteers, residents/ students, property loss/damage, or other variances from routine hospital operations and to complete an investigation when warranted. All patient events require reporting either by the Datix online event reporting system or the Confidential Event Report Form (CHH-108), when the Datix system is not available.

Working in Patient Care Areas at Cabell Huntington Hospital

HIPAA
HIPAA Privacy Standards have been in effect since 2003. The purpose of the HIPAA Privacy Standards is to protect the privacy of what is known as “protected health information” while permitting protected health information to be used in ways that benefit the patient. Protected health information includes demographic information.

Health Information is any information, whether oral or recorded in any form or medium, that:

(i) Is created or received by a healthcare provider, etc; and

(ii) Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
Caregivers may share protected health information with a patient’s relatives and friends IF the patient, if present, either agrees or, by inference, does not object.

If the patient is not present, the provider, using professional judgment, determines that the disclosure is in the patient’s best interest and discloses only the PHI that is directly relevant to the relative’s/friend’s involvement with the patient’s health care (picking up prescriptions, medical supplies, X-rays, etc.). Disclosure is also appropriate if there is written authorization from the patient.

Access to Information
Under the HIPAA Privacy Standards, there are seven ways in which protected health information (PHI) can be used or disclosed:
- Pursuant to the patient’s written authorization
- For treatment purposes
- For payment purposes
- For healthcare operations
- For required disclosures
- For permitted disclosures where the patient can object
- For other permitted disclosures

You can share PHI with other caregivers IF:
- The use or disclosure relates to treatment.
- The use or disclosure relates to payment or healthcare operations, and the “minimum necessary standard” is followed.
- The patient has given written authorization

You may NOT share PHI with other caregivers if the use or disclosure relates to gossip.

Right of Access
You may be able to access PHI on hospital computers for patients other than those assigned to you. However, it is your responsibility to limit your access to only those patients and only that information needed to perform your job duties and responsibilities.

Incidental Disclosure
You may wonder if you can get in trouble if you tell a physician protected health information about his/her patient and someone overhears it. This isn’t likely as long as reasonable precautions are taken to minimize the chance of incidental disclosures to others who may be nearby. This could include:
- Healthcare staff members that orally coordinate services at nursing stations.
- Nurses or other healthcare professionals that discuss a patient’s condition over the phone with the patient, a provider or a family member.

In circumstances like these, reasonable precautions could include using lowered voices or talking in a more private area when sharing protected health information. In an emergency situation, in a loud emergency room, or where a patient is hearing impaired, such precautions may not be practical. Providers are free to engage in communications as required for quick, effective and high-quality health care.

HIPAA Complaints
If a HIPAA Complaint if made directly to the hospital
• Internal investigation
• Documentation of all complaints received
• Documentation of disposition of complaint

Reporting a HIPAA Violation
If you feel you have witnessed or experienced a HIPAA violation, you can contact the hospital’s Privacy Officer at privacyofficer@chhi.org or at 304-526-2011 or 304-399-2997.

Infection Control

Observers may not participate if they are experiencing any of the following:

Flu or flu like symptoms or symptoms of any other contagious illness, respiratory or gastrointestinal infection

Draining lesions

Hand Hygiene Practices

Cabell Huntington Hospital follows the World Health Organization’s 5 Moments of Hand Hygiene policies. This means you should clean your hands:

1. Before touching a patient.
2. Before a clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching a patient’s surroundings

Hand washing sinks and alcohol hand disinfectant are available throughout the hospital and in all patient care rooms.

Exposure to Blood or Bodily Fluids

Your Responsibilities for Initial Care and Treatment

• Immediately wash the exposed area
• Notify Sponsoring Practitioner
• Complete the required paperwork as directed by the Sponsoring Practitioner or supervisor of the area
• Report to the Emergency Department (ED).
• Inform the ED registration clerk/triage nurse of the blood/body fluid exposure.
• Read/listen to information provided by the ED physician about post-exposure prophylaxis medications and sign consent/non-consent form
You must follow up with Occupational Health after any exposure to blood and body fluids. Call 304-526-2068 or 304-526-2493 to notify them and schedule an appointment. Sponsoring practitioner and Occupational Health will assist you through your follow-up process.

Other Required Information

Radiation Safety
You may come in contact with the Radiology Department while you are at Cabell Huntington Hospital. Please review the Radiation Safety Guidelines below.

Time, Distance, Shielding
• Think of radiation as water coming out of a sprinkler. The longer you stand in the spray, the wetter you get. The longer you stay within in the radiation field, the more radiation you get.

• If you stand close to the sprinkler, you get wetter than if you stand on the fringes of the spray. The closer you stand to the radiation source, the more radiation you receive.

• If you carry and umbrella when you stand in the sprinkler spray, you are protected from the water. When you are standing near radiation, if you wear a lead apron you will be protected from the radiation.

Sponsoring Practitioner Responsibilities
All observers will function under the direct supervision of their sponsoring practitioner. Sponsoring practitioners must ensure that observers are limited to an observation only role. No hands on patient contact or care is permitted.

When engaging a patient in any department, sponsoring practitioners must identify the observer to the patient and request his or her consent prior to allowing the observer to be present. If the patient declines to allow the observer's presence, the observer shall refrain from shadowing in that particular case.

Observers may not directly access any patient medical records. Read-only access and review of patient information should be done with the sponsoring practitioner, and only when necessary. Sponsoring practitioners will not provide observers with computer log in or access codes.

Sponsoring practitioners supervise the participant within the guidelines of this handbook

Sponsoring practitioners assume responsibility for the behavior of the participant while at Cabell Huntington Hospital and its outlying facilities

Sponsoring practitioners will ensure the participant is under the direct supervision of only those clinicians listed on the application. Please make arrangements to meet your observer upon his/her arrival to CHH. Please accompany the observer to the Medical Affairs Department for check in and to receive their visitor badge.
Enforcement and Sanctions

Violations of the expectations and policies outlined in the program handbook and application by the participant may result in automatic removal from the program and will exclude them from re-entering at a later date.
Attachment 1
Visiting Licensed Practitioner Observer Program Application

Applicant Name (print): ________________________________________________________________

Date of Birth:__________________________

Phone #:__________________________ Email Address:____________________________________

Current Address:________________________ City:________________________ State:_____________
Zip:________________________

License #:________________________ State:________________________ Expiration:_____________

Emergency Contact Name:________________________ Phone#:________________________

Supplemental Health Information:

- I attest that I am immune to measles, mumps, rubella and varicella as determined by vaccination or titer. Initial:__________

- I attest that I have received a negative PPD result within the last 12 months, or, if positive, am asymptomatic and have a negative chest x-ray documenting a non-communicable state
  Initial:__________

- I attest that I have received the influenza vaccination. Flu vaccination is required for any observer participating from October 1 to March 30 each year
  Initial:__________

- I attest that I have been fully vaccinated for Covid-19
  Initial:__________

- I attest that I acknowledge that I have a continuing obligation to screen on a daily basis and to self-quarantine if any of my answers to the screening questions is "YES" and to inform my clinical supervisor. I further acknowledge that this is for my health and safety as well as the health and safety of my patients and co-workers.
  o Do you have any of these symptoms: fever, new cough, new shortness of breath, new body aches, new sore throat?
  o Are you currently in quarantine or have a test pending for COVID-19?
  o Have you had any close contact outside of clinicals with: A COVID-19 positive person or a person in quarantine or awaiting test results?
    Initial:__________

Please return all documents listed below to the Medical Affairs Credentialing Office two to eight weeks prior to the start of the observership. Observership may not begin prior to clearance and notification from the Medical Affairs Credentialing Office. Notification will be provided to the Sponsoring Practitioner.
Attachment 2

Consent to Participate

I give full and knowledgeable consent to fully participate in the Observer program. I understand that there are inherent risks involved with this program that the hospital cannot totally eliminate (including but not limited to exposure to infection, injury, unpleasant sights, sounds, odors, etc) and by signing this do hereby agree to understanding those risks. Furthermore, by signing this I do hereby release Cabell Huntington Hospital, and any and all other agencies, personnel, or others involved from any and all liability including, but not limited to injury or illness that may occur during or after this activity.

I certify that I have read and understood all materials in the program handbook and application and agree to abide by all policies and procedures established within. I understand acceptance to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by the program. I understand the Observer program is a voluntary experience that does not constitute employment, medical education or any training leading to academic credit, licensure, or board certification.

Applicant Name (print):____________________________

Applicant Signature:______________________________

Date:____/____/____

Contacts:

Maureen Effingham, Credentialing Coordinator: 304-526-2065, Maureen.effingham@chhi.org

Mary Thomas, Credentialing Coordinator: 304-399-6512, Mary.thomas@chhi.org

Please make arrangements to meet your sponsoring practitioner upon arrival to CHH to begin your observership. Your sponsoring practitioner will accompany you to the Medical Affairs Department to check in and receive your visitor identification badge.

Thank you for choosing to observe at Cabell Huntington Hospital!!
Attachment 3

Sponsoring Practitioner Please Complete

Fax or email completed form to Medical Affairs 304-526-4883

Attention:

Maureen Effingham- Maureen.effingham@chhi.org
Mary Thomas- mary.thomas@chhi.org

Name of visiting licensed practitioner: ____________________________________________________________

Identify location where observership will occur: ________________________

Requesting access to observer in an operating room? Yes____ No____

Observational period (mm/dd/yy) from_______________ to_____________

Sponsoring Practitioner Name (print):____________________________________________________________

Department/Specialty:______________________________________________________________

Sponsoring Practitioner Signature:________________________________ Date:____________

Mobile#: __________________________ Email: __________________________________________

If shadowing multiple practitioners, please list them below:

Name:_________________________ Signature:____________________ Date:____________

Name:_________________________ Signature:____________________ Date:____________