Shirley Ryan AbilityLab

Observership Program Application Checklist

I. **General Instructions:** Submit all application materials as listed below to the Observership Coordinator at the Shirley Ryan AbilityLab at least **three months** before the anticipated date of arrival. All required documents must be included in order to consider the application.

Required Documents Checklist	
Signed Application Form	☐
Signed Confidentiality Agreement for Patient Observation	☐

Immunization Record:
• Documentation of immunization status for measles, mumps, rubella.
• Varivax (varicella zoster vaccine) or documentation of immunity to chicken pox and Hepatitis B.
• Evidence of screening for tuberculosis:
  ○ Documentation of 2 TB skin tests within the past 12 months. The second TB test must be within 3 months to the start of the observership.
  ○ 1 TB blood test (Quantiferon) drawn within 3 months to the start of the observership
  ○ X-ray report for positive reactors current within five years and screening for TB symptoms
• Flu vaccination if visiting between October 1st – March 31st
• COVID-19 Proof of Vaccination, at least one of the following:
  ○ A letter of attestation from the medical provider who administered the vaccination(s) to the Observer
  ○ A copy of the Observer's completed vaccination card
  ○ Documentation of vaccination from the Observer's medical record
  ○ Documentation of the Observer's vaccination from a city, province or country vaccine registry
	☐

Health Insurance Documentation	☐
Non-refundable $100.00 Application Fee	☐

Additional Requirement for Non-US Citizens	
Proof of English Proficiency. Provide one of the following: • Letter from a medical faculty member in the United States who has personal knowledge of your English fluency. • English Test Scores such as the TOEFL or the Michigan Test. • Letter from an English teacher who has personal knowledge of your fluency in English.	☐

II. **Policies**

A. For any questions concerning the status of your application, please contact the Observership Program Coordinator.

B. Observerships last no more than two weeks.

C. No stipend support, compensation, insurance coverage, benefits, or housing will be provided by Shirley Ryan AbilityLab.

D. The Shirley Ryan AbilityLab Observation Program is performed on a voluntary basis and the Observer is not considered a Shirley Ryan AbilityLab employee.

E. The Observer will not receive any academic credit for the program. The program does not constitute medical education, graduate medical education, continuing medical education or training leading to licensure or board certification. The Observer is not a student, resident or clinical staff member of Shirley Ryan AbilityLab, and must not represent him/herself as such.

F. Shirley Ryan AbilityLab does not discriminate with regard to sex, race, color, age, creed, or national origin in judging an applicant's qualifications to become an Observer.

G. Approval of the Observership Program application is at the discretion of the Academy and we cannot guarantee preferred program dates.

H. Once accepted into the Observership Program, the Observer must:
   1. Wear appropriate identification at all times at any Shirley Ryan AbilityLab site.
   2. Abide by all policies, rules and bylaws of Shirley Ryan AbilityLab.
   3. Be supervised by a physician or clinical designee at all times when in the presence of patients.

4. Introduce him/herself to the patient as an Observer, and must request, in advance, the patient's permission to be present at the time of a clinical visit, procedure or other services.

I. Upon satisfactory completion of the Observership Program, Shirley Ryan AbilityLab will provide the Rehabilitation Observer with a Certificate of Acknowledgment.

J. Rehabilitation Observer Privileges:

Privileges Granted to Observers	**Privileges Denied to Observers**
Observers may: 1. Participate in grand rounds, seminars, courses or other didactic activities. 2. Participate in case conferences or chart rounds with proper patient consent. 3. Observe walking rounds with proper patient consent. 4. View and discuss patient interactions with supervising physician or clinician with proper patient consent. 5. Observe both inpatient and outpatient clinical activities with proper patient consent. 6. Utilize educational resources of the Henry B Betts Life Center.	*Observers may not:* 1. Administer treatment or render services to patients or patient's families (including a primary medical examination, history, physical or counseling). 2. Be involved in obtaining patient consent for any clinical or research procedures. 3. Participate in decisions concerning patient management; write orders or notes in patient charts; or give orders verbally or otherwise. 4. Participate as a member of a patient's clinical care team.

Shirley Ryan Abilitylab

Observership Application

Applicant Information

First Name: First Name Last Name: Last Name

Email: Email Telephone: Telephone

US Citizen: ☐ Yes ☐ No

Mailing Address

Street Address: Number and Street Address

City: City

State: State (If applicable)

Country: Country

Zip Code: Zip Code

Emergency Contact

Name: Name Relationship: Relationship

Email: Email Telephone: Telephone

Academic History

Institution Name	City, State, Country	Dates Attended From/To (month/day/year)	Major Field of Study	Degree	Date Awarded or Expected (month/day/year)

Certification/Licensure

Certification / Licensure Type	Date Granted (month/day/year)	Granting Agency

Employment and Training Experience

Dates From/To (month/day/year)	Type of Experience (i.e.: Teaching Intern, Military, Residency, Practice, Etc.)	Institution	City, State, Country

2 Professional References

Please provide contact information for two professionals who can attest to your ability.

Reference 1:

First Name: First Name Relationship: Relationship

Last Name: Last Name Title: Title

Email: Email Telephone: Telephone

How long have they known you?: # Years Address: Address

Reference 2:

First Name: First Name Relationship: Relationship

Last Name: Last Name Title: Title

Email: Email Telephone: Telephone

How long have they known you?: # Years Address: Address

Statement of Intent

In the area below please identify your goals, objectives, expectations and areas of interest as a Rehabilitation Observer. Attach additional sheets as necessary.

[Type your statement here]

Proposed Dates for your Observership

Application must be received at least 3 months before your proposed dates. We will make every attempt to accommodate your preferences but cannot guarantee these dates as it based on our clinicians' availability and schedules as well. Please remember, observerships are no longer than 2 weeks in length.

First Choice: Anticipated Date of Arrival and Departure

Second Choice: Anticipated Date of Arrival and Departure

Third Choice: Anticipated Date of Arrival and Departure

Acknowledgements

Please read the following statements carefully before signing your application.

I understand that all application material submitted to the Shirley Ryan AbilityLab becomes the property of Shirley Ryan AbilityLab and is not returnable.

I understand that the information submitted herein will be relied upon by the Shirley Ryan AbilityLab to determine my status for eligibility as Observer. I authorize Shirley Ryan AbilityLab to verify the information I have provided. I understand that any omission of requested data may jeopardize my consideration for the Rehabilitation Observer program. I agree to notify the proper Shirley Ryan AbilityLab employees to any changes in the information provided. I understand that the scope and privileges of the program are listed in the Observership Program Application Checklist document, Section II, and no modifications are allowed in the program.

COVID Symptoms and/or Diagnosis: I understand that Observers are required to self-screen for symptoms prior to being on-site at any SRAlab facility. I understand that if I am exhibiting COVID symptoms, I am prohibited from entering any SRAlab facility until I receive negative test results. I understand that if I am diagnosed as having COVID, even in the absence of a positive test result, I am prohibited from entering any SRAlab facility until I am either medically cleared by a licensed healthcare provider or satisfy the requirements of CDC's Return to Work Healthcare Guidance. I acknowledge that SRAlab retains the right to request and receive proof of negative test results, medical clearance by a licensed healthcare provider, or satisfaction of the requirements of CDC's Return to Work Healthcare Guidance at any time, including prior to allowing my return to any SRAlab facility. I understand I am required to be in receipt of such proof and attests that it will be able to provide such proof upon request. I agree that an inability to provide such proof upon request will result in being barred from physically entering any SRAlab facility until such time as the proof is provided. I agree that ongoing failure to comply with a request by SRAlab for such proof will result in termination of the Agreement for cause.

I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application or termination of my Observership.

Signature: Date:

Release of Information

I release from liability and from any restrictions as to confidentiality or privacy of all hospitals, schools, physicians, clinicians, employers, individuals, agencies or organizations that provide information about me at the request of the Shirley Ryan AbilityLab or its agents.

Signature: Date:

Shirley Ryan Abilitylab

CONFIDENTIALITY AGREEMENT FOR PATIENT OBSERVATION

I, _____, understand that while at the Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab ("SRAlab"), I may be exposed to highly confidential patient and business information. This may include observing patient care, having access to patient medical charts, patient-related databases, patient-care plans, strategic business plans, referral development plans, marketing materials, financial information or other internal data, as well as information communicated by SRAlab or its representatives, verbally, in writing on computer disk or by any other manner, and all reproductions, copies, notes, analyses, compilations, studies, interpretations or other documents, including any documents prepared by me or others, which contain, are based upon, or otherwise reflect such information (the "Confidential Information").

I hereby acknowledge that the Confidential Information is proprietary and confidential and that SRAlab would not provide me with access to the Confidential Information except in reliance on my agreement with and execution of this Confidentiality Agreement. I hereby agree to maintain the Confidential Information in strict confidence and not to disclose them to any other person or entity. I further agree to indemnify SRAlab for my breach of this Confidentiality Agreement.

I acknowledge that the Confidential Information is and shall remain the property of SRAlab at all times. I will promptly return to SRAlab all of the Confidential Information in my possession or in the possession of my agents, representatives, (including attorneys and faculty advisors) and will destroy all copies of any, analysis, compilations, studies or other documents prepared by me or for my use containing or reflecting any Confidential Information, unless otherwise authorized in writing by SRAlab. In any event, upon termination of this relationship between SRAlab and myself, I will promptly deliver to SRAlab any and all such information in my possession or under my control.

If I am requested or required (by oral question, interrogatories, requests for information or documents, subpoena, civil investigative demand or similar process) to disclose any Confidential Information, I shall promptly notify SRAlab of such request or requirement so that SRAlab may seek an appropriate protective order or waive compliance with this Agreement.

I hereby further agree not to release or publish in any way, either directly or indirectly, any case study, article, analysis or review, which is based upon the Confidential Information without SRAlab's written consent to do so.

I further agree to comply with SRAlab rules and regulations and requirements with respect to the conduct and the health, safety and protection of persons and property while on SRAlab premises and all applicable governmental laws and regulations applicable to SRAlab hereunder. I understand and agree that if I am not feeling well or if I have a contagious illness/disease that I will cancel my observation at SRAlab. I also agree that I will not photograph any SRAlab patients, visitors and/or staff.

I have read this Confidentiality Agreement, fully understand its contents and have not altered this Confidentiality Agreement in any way.

By: _____
Name: _____
Title: _____
Date: _____

Shirley Ryan AbilityLab

What is the Observership Program?

Thank you for your interest in the Observership Program at the Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago). Shirley Ryan AbilityLab, a non-profit rehabilitation hospital in Chicago has been ranked number one by *US News and World Report* for 32 consecutive years. Integrating research into the clinical setting is just one of the innovations that set Shirley Ryan AbilityLab apart from any other rehabilitation facility. As part of our educational mission, our hospital has developed this program to open our doors to clinicians from around the globe who want to see how our experts deliver patient care, how we translate research into outcomes and learn about many of the programs we run in our flagship hospital and across our system of care.

Participants in the Observership Program have an itinerary custom-built around their area(s) of interest. We match you with physicians, therapists and other experts whom you will shadow as they go through their day. You may also have the opportunity to attend some of our on-going educational programs, including Grand Rounds. At the end of your observership, we will present you with a Certificate of Acknowledgement describing the dates of your visit. Please note, that this program does not award educational credit and observers do not have privileges to treat or provide direct services to patients.

What are the fees and timing?

Observerships are no longer than 2 weeks. We ask for 3 preferred dates and do our best to accommodate them. Your application must be received at least three months in advance of your proposed visit.

Each year we receive a tremendous number of requests for observerships. For this reason, as well as legal and regulatory issues surrounding such visits and staff availability, only a limited number of observerships can be accepted each year.

The fee is $5,000 per week ($1000/per day). We currently do not have any scholarship monies available for this program. Please note that this fee does not cover your travel or lodging expenses in Chicago, Illinois.

How do I get started?

If you would like to apply, start by completing the Observership Program Application.

Questions?

Please contact Julie Lenkiewicz at 312-238-3107 or email her at jlenkiewic@sralab.org

Thanks for your interest in the Shirley Ryan AbilityLab Observership Program. We look forward to hearing from you!