



Mukhtar A. Sheikh Hospital
مختار اے شیخ ہسپتال

Mukhtar A Sheikh Hospital Observership Program:

APPLICATION PROCESS

Applicants must attach their CV and fill out the Observership Application Form Attached.

On the application, indicate your preferred period of observership and dates. The observership will last 2 to 8 weeks.

The observer will be notified in of either acceptance or denial of the application.

This guideline document must be signed and sent with your application and supporting documents at least **1 week** before your observation begins. All documents must be mailed to the following address:

HR Department
M.A.S.H , Khanewal Road,
Shah Rukh-e-Alam Town,
Multan – Punjab
Pakistan

OR

Email to hr@mashospital.org

RULES FOR OBSERVERSHIP

- To begin the observership, we will send a confirmation letter to the observer before the start date. This letter will specify the time, date, and place for the initial orientation meeting.
- A temporary identification (ID) badge will be issued and must be worn at all times while on Mukhtar A. Sheikh Hospital premises.

- Observer must abide by all policies, rules, regulations, and bylaws of Mukhtar A. Sheikh Hospital.
- Observers must wear a white lab coat while on the premises of Mukhtar A. Sheikh Hospital. You will be responsible for bringing your own white lab coat.
- Observers are expected to dress in a professional manner. T-shirts, jeans, cutoffs, open-toe shoes, and other casual articles of clothing are not permitted. We recommend that you wear comfortable shoes.
- A MASH medical staff member must accompany the observer at all times while in the presence of patients.
- Observer must introduce themselves to patients as an “observer” and must 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.
- The observer is not allowed any other direct patient contact. Contact is defined as physically touching, talking with, 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.
- The observer cannot make patient chart entries (electronic or hard copy). He/she may not make copies of patient charts (paper or electronic).
- MASH will not provide stipend support, compensation, insurance coverage, and benefits.
- Observers are not medical staff members at MASH and must not represent themselves as such. The title is properly characterized as an **“observer.”**
- Observers are approved to participate in the following activities:
 - o Attend rounds with MASH staff faculty
 - o View and discuss patient interactions with the staff faculty, if the patient has agreed
 - o Participate in grand rounds, seminars, and other educational activities
 - o Participate in case conferences or chart rounds (observers engaged in this activity may be asked to sign a document acknowledging confidentiality responsibilities)
- The duration of the observership will be for a period of 2-8 weeks per individual.
- Upon completion of the observership, the Observership Coordinator will provide an Observership Certificate. Please do not ask an attending physician for a letter of recommendation. Attending physicians will not provide letters of recommendation for observers.

WORKING HOURS

Clinic (outpatient) services are usually provided from 8:00 a.m. to 4:00 p.m., Monday through Friday. Hospital services vary in each department. Your department coordinator will assign your working hours.

CANCELATION POLICY

Once your rotation has been confirmed, you are expected to complete your delegated observership. If cancellation is unavoidable, please submit your notification in writing at least **2 days** before your observership is scheduled to begin.

I AGREE AND UNDERSTAND THAT I WILL PERFORM AS AN OBSERVER ONLY

I ACCEPT RESPONSIBILITIES AS OUTLINED IN THIS DOCUMENT AND

I WILL COMPLY WITH ALL REQUIREMENTS

Printed Name

Signature

___/___/___ Date