



Observer Name: \_\_\_\_\_  
Date Observation Begins: \_\_\_\_\_  
Department: \_\_\_\_\_

## HealthPartners Observer Packet

This packet is to be used for all persons who are not currently enrolled in a school with which we have a current affiliation agreement. For questions on which schools we have agreements with, contact Willie Braziel at Willie.r.Braziel@healthpartners.com. Observers must read and complete these forms on their first day. All completed forms should be housed in the area that the observer is visiting and a copy should be sent to Office of Health Professional Education at mail code 11202F.

### Rules for Observers:

1. All patients must give permission for the observer to be present during their care prior to the observer entering the room.
2. Observers can only “listen” and “observe” patient care. They cannot see the patient’s records or interact with the patient in any way.
3. Observers must never be in a patient care area without the presence of a HealthPartners staff person.
4. Observational experience cannot exceed 30 actual days.
5. Observer must be 16 years of age or older. If under 18, the observer must exhibit maturity and have a specific reason for wanting to observe (e.g. career interest).

**(Examples of who an observer might be:** a high school student who is interested in a particular health care field; a doctor from a country outside the US that desires to complete an observation to gain a letter of recommendation for residency program application; a person who is a HealthPartners staff in either a different clinic or a different healthcare profession who wants to shadow to see if they want to pursue a career change).



## HealthPartners

### Registration for Observers

Welcome to HealthPartners. We hope you have an outstanding experience while at this institution. There is an expectation that while you are participating in your observational experience you will exhibit a high level of maturity, sensitivity to patient concerns and a commitment to patient confidentiality.

*By signing these forms, you acknowledge that you have read and understand the content. You are expected to comply with all policies as outlined. Failure to do so will result in your observation experience being cancelled.*

#### **Chain of Command**

While here it is expected that you will comply with all policies and regulations of HealthPartners. Any questions regarding your observation experience can be directed to the medical staff person you are observing under or Michael Boland at the Office of Health Professional Education (651-254-2864). Please do not enter into any situation where you feel uncertain about the clinical, interpersonal or ethical consequences of your actions. You are expected to seek advice when unsure of your proper conduct.

#### **Professionalism**

As a person who has been granted an observer experience, you are expected to dress, act and speak in a manner that reflects positively on you and the medical staff person you are observing under.

As an observer, you will only be allowed to “listen” and “observe” patient care. If a patient requests that you not be present during their care, their request must be honored.

#### **Confidentiality**

Patient confidentiality is extraordinarily important. Do not discuss patients in public places (e.g., elevators, the cafeteria, hallways, etc.) even if you do not refer to a specific patient in the conversation. Patients and family members object to hearing these conversations, even if not about themselves, and assume that their concerns are similarly being inappropriately discussed in public. Never share personal or medical information about a patient with anyone. Refer questions to the medical staff person you are observing under. Do not e-mail, fax or otherwise electronically disclose any patient information.

#### **Responsibility**

Your observation is welcomed. We hope that you exceed your personal goals for this experience.



*I have read and understand the information in this packet. I agree to abide by all policies outlined within:*

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Printed Name

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Signature

Date

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Medical Staff Person I am Observing (please print)

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HealthPartners area that Observation is occurring within

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Dates of observation (please list all)



## HealthPartners OBSERVER DATA SHEET

(Entire form must be read and completed before beginning observation)

Name (please print): \_\_\_\_\_ Sex:  M  F

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

HealthPartners staff responsible for me while I am observing:

\_\_\_\_\_

Department/Clinic I am observing in: \_\_\_\_\_

Responsible staff member: \_\_\_\_\_

(The staff member being observed must also sign this form)

VISIT DATE(s): \_\_\_\_\_

Goals for Observation Experience: \_\_\_\_\_

\_\_\_\_\_

**Please read below and initial each paragraph indicating you have read, understand and agree to abide by the rules set forth:**

1. I am requesting the opportunity to be an "observer" in the HealthPartners Observation Program. I understand I will be provided with the opportunity to experience a clinician's interaction with his/her patients. Under no circumstances will I participate in any aspect of patient care. I will only "listen" and "observe".
2. I understand I may be observing many patient/physician encounters, all of them involving personal and sensitive medical information. I understand that it is absolutely necessary that I observe patient confidentiality and respect it at all times. I will not discuss any information with other students or staff, even anonymously in public places, including elevators, cafeterias or where members of the public may be present. If, at any time during my experience, I become aware that I personally know a particular patient, I will inform my preceptor and excuse myself from observing any examination or discussion. My preceptor will be responsible for my orientation and educational experience at my observation site. Any questions about the scope of my role should be immediately directed to my preceptor.
3. I understand that all contact with patients must be supervised at all times, and if I am inadvertently left unattended with a patient, I will immediately seek a staff person to assume responsibility for the patient.



4. I understand that being on hospital premises may pose a small but real risk of injury or illness. I agree to be responsible for any injury or illness that might occur as a result of my participation. I understand I am not an employee of HealthPartners and will receive none of the benefits of employment including Worker's Compensation or defense and indemnification by HealthPartners for any claim brought against me. The Employee Health Service is not available to me.
5. I understand I am responsible for any personal property I may bring with me and that HealthPartners will not be responsible for any loss or theft.
6. I understand that HealthPartners strongly recommends that I be vaccinated or be immune to measles, mumps and rubella prior to this experience.
7. I am not aware that I have active TB, chicken pox or recent exposure to chicken pox or rubella. I have received information regarding confidentiality, hand hygiene and safety. I have thoroughly reviewed and am responsible for the contents of that information and will follow all hospital and clinic policies and procedures of HealthPartners.
8. I understand that if I am under the age of 18, a parent or guardian must sign this request before I begin this experience.

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Observer Signature

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Date

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Parent/Guardian Signature (if observer is under 18 years of age)

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Date



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HealthPartners Preceptor Signature

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Date



# HealthPartners

## Observer Confidentiality Statement

Confidential information which identifies a patient, relates to a medical condition or treatment and is learned in the course of an observer experience is not to be communicated to, or discussed with any other person including the patient.

Patients of health plans of HealthPartners Medical Group and Clinics or Hospitals within the HealthPartners family of entities, expect that their records and all information be kept strictly confidential. As an observer you are bound by corporate standards of confidentiality.

**Specifically, this means you may not:**

- Use a patient’s name in any conversation except those you have with the medical staff person you are observing under;
- Mention the fact that the patient is a member or patient of HealthPartners;
- Discuss a patient with anyone else except the medical staff person you are observing under;
- Describe a patient’s case in such a manner that the patient could be identified;
- Remove any records or papers from the hospital or clinic that contain patient information;
- Read a patient’s records or papers.

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I have read the above statement and I agree to abide by the corporate standards of confidentiality and the requirements of this Agreement. I understand that any breach of confidentiality will result in termination of my observer rotation. I also agree to discuss any difficulty in interpreting these principles and guidelines with the medical staff person I am observing.

\_\_\_\_\_  
Observer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Observer