



Observer Guidelines and Expectations

This document is to be used for all learners who are not currently enrolled in a formal student training experience with a school with which we have an active training agreement.

Examples of who an observer might be:

- A high school or undergraduate college 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
- A student wanting to observe in an area outside of a structured training experience.

****This packet meets the minimum requirements for an observer experience and individual departments may have additional requirements and/or processes.

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 observation experience, you will exhibit a high level of maturity, sensitivity to patient concerns, and a commitment to patient confidentiality

By attesting to 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. 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 disclose any patient information, whether verbally, in writing, by email, fax, electronically, or in any other form or medium or by any other method.

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. Observers may not listen or observe any patient care encounter until their Preceptor has obtained permission from patients for the observer to be present in any patient care areas.
2. 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”.
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 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.
5. If I am participating in a virtual observation experience, I will ensure certain guidelines are being followed:
 - a. I will work with my preceptor or site leader to ensure that we are using an approved platform
 - b. I will not record, photograph, videotape, audiotape, or take screenshots of a patient unless a Recording Authorization is obtained
6. I understand that being on hospital or clinic 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 during or as a result of my participation. I understand I am not an employee of HealthPartners and will receive none of the benefits of employment with HealthPartners including, but not limited to, salary, Worker’s Compensation insurance coverage or other employee benefits, or defense and indemnification



by HealthPartners for any claim brought against me. The Employee Health Service is not available to me.

7. 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.
8. I understand that HealthPartners strongly recommends that I be vaccinated for or immune to COVID-19, influenza, measles, varicella, mumps, and rubella prior to this observation experience, and that HealthPartners, at its sole discretion, may disallow or suspend my observation at any time to protect the health, safety and welfare of this patients, staff, visitors, and volunteers.
9. I am not aware that I have or have recently been exposed to active tuberculosis, chickenpox, rubella, measles, mumps, or COVID-19. 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.
10. An observational experience cannot exceed 30 days.
11. Observer must be 16 years of age or older. If under 18, the observer must exhibit maturity, have a specific reason for wanting to observe (e.g. career interest), and complete the "Student Observation Consent Form for Minors" in your SharedSpace4Learning profile.

After reading through this document, please check off this onboarding task in SharedSpace4Learning. By checking the box for this onboarding task, you acknowledge that you have read and understand the Observer Guidelines and Expectations. You are expected to comply with all guidelines and policies as outlined. Failure to do so will result in your observation experience being cancelled.