

**ELLIOT HEALTH SYSTEM
MANCHESTER, NH**

**EXTERNAL REQUESTS FOR OBSERVATIONAL
EXPERIENCE, GUIDELINES**

DEFINITION: An observational experience is generally a one-or two-time learning experience in which an undergraduate or graduate student or other appropriate person 16 years or older “shadows” an employee in a designated area to learn more about a specific role, specialty, procedure, etc. **No hands-on care or activities are performed.**

PURPOSE: To reduce conflict with other observational experiences, and to control the flow of traffic in specific departments, all external observational requests by student learners are directed to the Administrative Assistant in the Department of Nursing Practice, Education and Research at least four(4) weeks in advance of the experience. Every attempt will be made to provide the requested experience to appropriate individuals. However, observers must realize that the experience may be canceled at the last minute due to emergent situations, priority for Elliot Hospital employees, and/or students presently affiliating within the organization. Observers must plan to be available prior to the date of observation and make an appointment with the specific department manager for orientation if deemed necessary, according to hospital or departmental policy.

PROCESS:

Utilizing the attached form, the observer must provide the following information and return with signature to the Manager at least four (4) weeks in advance of the observation (time frame negotiable at Manager’s discretion):

- * name, address, telephone number
- * area of observation requested
- * observer's learning objectives for experience
- * name of school, organization, agency sponsoring the observer if applicable
- * specific dates for observation (at least 3)
- * brief description of educational background, to including basic knowledge of infection control and confidentiality

Once the above information has been processed, the Administrative Assistant will contact the observer to confirm dates and times, and inform the observer of the procedures for obtaining an ID badge and reporting to the requested department.

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EXTERNAL REQUEST FOR OBSERVATIONAL EXPERIENCE

Date: _____
Person Requesting Observation: _____
Address and Telephone: _____
E-Mail Address: _____
Area of Observation: _____
Date of Observation (at least 3): _____
Agency/Institution: _____
Address and Telephone: _____
Purpose of Observation (objectives):

Description of Educational Background (knowledge of basic infection control, confidentiality):

I, _____, the undersigned observer, agree to adhere to the policies of Elliot Hospital/Health System and release Elliot Hospital/Health System from any and all claims or causes of actions or injuries which may occur during my observational experience. I understand that as an observer I am not to have any hands on direct patient contact. I also attest that I am in good health, will provide documentation that I have had a Tuberculin Test within the past year, and to the best of my knowledge, have not recently been exposed to any communicable disease. I understand my obligation to keep in confidence any information about patient diagnosis, treatment, conditions or personal affairs as well as any information about Elliot Health System matters and that disclosure of such information may result in legal proceedings.

Observer signature

Date: _____

Parent/Guardian signature, if under
18 years of age

Date: _____

APPROVED BY: _____
Clinical Nurse Manager/Department Manager

Date: _____



**THE HOURS
FOR ISSUING NEW AND
REPLACEMENT IDENTIFICATION
BADGES IN SECURITY ARE:**

MONDAY – FRIDAY

7:45 am – 10:00am

and

1:30pm – 3:00pm

**SATURDAY – SUNDAY
CLOSED**