

**ELLIOT HEALTH SYSTEM  
MANCHESTER, NH**

**STUDENT EDUCATION MANUAL**

**TITLE:** EXTERNAL REQUESTS FOR OBSERVATIONAL EXPERIENCE

**DEFINITION:** An observational experience is generally a one-or two-time learning experience in which an undergraduate or graduate student or other appropriate person 18 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 Director 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 Director at least four (4) weeks in advance of the observation (time frame negotiable at Director’s discretion):

- Name, address, telephone number
- Area of observation requested
- Observer’s learning objectives for experience
- Name of school, organization, agency sponsoring the observer
- Specific dates for observation (at least 3)
- Brief description of educational background, to include knowledge of aseptic technique, understanding of procedure, infection control and confidentiality

Once the above information has been processed, the Director will contact the observer with dates and times, and inform the observer of the contact person for orientation.

**APPROVED BY:** \_\_\_\_\_ VP Patient Care Services/CNE

**EFFECTIVE DATE:** 01/01/03

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