

## **Windham Educational Observer Program Fact Sheet – Keep this sheet for your reference**

The Educational Observer Program (EOP) provides community members from the Windham Hospital service area interested in a healthcare career a chance to observe a healthcare employee in a workplace setting. The EOP is designed to be a limited observation experience. The educational observer experience does not fulfill any clinical or internship requirements; nor does it provide hands-on experiences; for individual participants only, not available for groups; and does not pay participants for their time.

### **Eligibility to participate**

- Community member age 16 or older
- College students
- Individuals exploring a 2<sup>nd</sup> career

### **Program Goals**

The goals are to assist individuals in accomplishing the following:

- Observe daily routines of a healthcare worker
- Begin to identify career interests in healthcare
- Gain awareness of the academic, technical, and personal skills required in healthcare professions
- Gain an understanding of the work environment that can be unique to a particular profession
- Develop an understanding of the critical connections between school, work, and goal attainment

### **Requirements**

- Complete pages 1 - 2 of the Educational Observer Application
- Read and understand requirements outlined on the Health Tracking Form, which include:
  - Healthcare provider written documentation of *either* two negative Tuberculin Skin Tests (TST) (also known as PPDs) within twelve months, at least one of which must be within 30 days prior to the observation, or one negative IGRA (Quantiferon or TSPOT) within twelve months prior to the observation. Any positive test must contact Colleague Health for clearance.
  - Healthcare provider written documentation of first and second **MMR** vaccinations or positive titer results
  - Healthcare provider written documentation of first and second **Varicella** vaccinations, or documented history of chickenpox or positive titer results
  - Healthcare provider written documentation of **Flu** vaccination (for the current season when in flu season)
  - Documentation of **COVID-19** vaccination
- Educational Observers are to dress in proper business professional attire (no jeans or shorts), and closed-toe shoes (no sandals). Observers not dressed professionally may be sent home at host's discretion.
- The hospital will provide face masks or any other PPE as necessary.
- Educational Observers are required to wear either a hospital-issued ID badge or Public Safety-issued visitor badge upon entry to the hospital and must return the badge to the information desk at the conclusion of the observation.
- After the observation, observers must email [windhamvolunteers@hhchealth.org](mailto:windhamvolunteers@hhchealth.org) with the host's name(s) and department, and the duration of the observation.

Email Volunteer Services at [windhamvolunteers@hhchealth.org](mailto:windhamvolunteers@hhchealth.org) with questions or to begin the EOP process. Once your completed application and required health forms have been received, reviewed for accuracy, and approved, you will be contacted within three weeks.

***Please note: Observer experiences are limited. In addition, there are occasional circumstances beyond our control that may disallow or cancel a scheduled observer experience.***

## Educational Observer Program Application

The Educational Observer Program (EOP) provides community members from the Windham Hospital service area interested in a healthcare career a chance to observe a healthcare employee in a workplace setting. The EOP is designed to be a limited observation experience. The educational observer experience does not fulfill any clinical or internship requirements, nor does it provide hands-on experience. EOP is for individual participants only, is not available for groups, and does not pay participants for their time.

This application and required documentation must be received and approved by the Manager of Volunteer Services and the Colleague Health Nurse prior to scheduling an Educational Observer Program experience. If applicant is under 18 years of age, a parent/guardian is required to sign for permission.

Please print neatly or type:

Name		Date	
Mailing Address		Town, St, Zip	
Daytime phone number		Grade	
Email address		Age, if minor	
Emergency contact		Phone	
<i>Optional:</i> List any known allergies or medical conditions:			
Current school/college			
Career interest			
The person or specialty you would like to observe (be specific)			
Why is this observation important to you?			
Preferred days	Select all that would work for you: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Or list any/all specific calendar dates you prefer:		
Preferred times	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

Return completed EOP application to Volunteer Services, 112 Mansfield Ave, Willimantic, CT 06226, or email to [windhamvolunteers@hhchealth.org](mailto:windhamvolunteers@hhchealth.org). Incomplete applications will be returned to you which will delay the approval process.

Once your completed application and required forms have been approved, you will be contacted by e-mail.

***Please note: Educational Observer experiences are limited. In addition, there are occasional circumstances beyond our control that may disallow or cancel a scheduled observer experience.***

**Statement of Responsibility and Confidentiality**

The Educational Observer understands and agrees to the following:

- Keep all patient information confidential and understand that breaches in our patients' confidentiality can be prosecuted.
- Dress in proper professional attire (dress slacks, collared shirt with sleeves, socks, and closed-toe shoes), wear hospital-issued face mask or other PPE as deemed appropriate, identifying EOP badge or visitor's badge, and no perfume/cologne.
- Use of cellular devices, cameras, or computers is prohibited.
- Follow masking and hand hygiene guidelines as instructed by Sponsor.
- Wear personal protective equipment (PPE) if there is a potential of contacting blood or other body fluids.
- Inform Sponsor or staff if nauseous, dizzy, or ill at any time during the observer experience.
- Arrive promptly and remain flexible to allow for extenuating circumstances or interruption of the schedule.
- Remain at all times where directed; leave areas when instructed by physician, nurse, or administration.
- Recognize that observing in the healthcare setting and any complication therein may be emotionally distressing.
- Recognize the primary responsibility of the physicians and staff is to the patient; therefore, it may not be possible to provide immediate attention to the observer should the need arise.
- Understand the EOP is a limited observation experience; does not fulfill any clinical or internship requirements; nor does it provide any hands-on experience.
- Understand staff may revoke this permission at any time during the observation period.

**Educational Observers Confidentiality and Responsibility Statement**

It is the policy of Windham Hospital that patient information and records are strictly confidential and access to them is limited to those whose job responsibilities require the need of the information. Confidential patient information includes official records, information on paper or in electronic form, verbal communication, and any situation that may be observed or witnessed. Patient information must never be discussed in public areas or outside the Hospital. Information discussed should be limited to that which relates to patient care. No information may be offered without patient consents.

I, \_\_\_\_\_, (educational observer) agree to respect and preserve the confidential nature of all medical and personal information relating to the patients of Windham Hospital and its proprietary information. If questioned about information relating to patients, I will refer those inquiries to my sponsor.

In consideration of the permission granted, I, \_\_\_\_\_, (educational observer) hereby release the physicians, the organization, and its employees from any claims or liability, physical injury, and/or damage including emotional distress or injury or mental anguish which may be sustained by me as a result my presence in the Hospital.

Educational Observer Name		School	
Educational Observer Signature		Date	
Parent/Guardian Signature if minor		Date	

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Host Department		Administrative approval	
Sponsor name		Date and duration of observation	