



## Observer Request Form

### Guidelines:

1. To be completed by observer and returned to the program in which observership is being requested
2. Forms will be available from TBRHSC print shop or via PDF format for printing or e-mailing.
3. Approval from program manager/director/VP is required before Observership can begin.

Name of Observer: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Category of Observer:  Professional Staff     Health Professional     University/College Student  
 International Medical Graduate     Other

Academic Institution, Facility, or Business: \_\_\_\_\_

Dates of Observership (Maximum 4 weeks): Start: \_\_\_\_\_ End: \_\_\_\_\_

Objectives of Observership: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Department/Program of Observership: \_\_\_\_\_

The following documents must be submitted before an observership can be approved:

- Signed Observership Request Form
- Proof of International Medical Graduate (IMG) Status
- Curriculum Vitae
- Completed Immunization Form (for observerships longer than 2 days - must include all serology results)
- TB Skin Test (for observerships of any length)

The following documents must be signed following approval for an observership:

- Release from Liability-Observation of Any Procedure – Lay or Non-Affiliate Person (**FSC-242**)
- Observer Confidentiality Agreement (**FCS-325**)

Observer Acknowledgement of Responsibilities

In being approved as an observer at Thunder Bay Regional Health Sciences Centre, I agree at all times to the following:

- To wear a visitor badge while in the hospital.
- To always use Patient & Family Centred Care (PFCC) by introducing myself with my name, occupation and what I am doing here (NOD).
- To understand that my purpose is solely educational and that my supervisor has a responsibility to obtain patient consent each and every time that I am present during a patient-related activity and that it is within a patient's right to refuse this observation.
- That my supervisor must be present at all times when observing patient care activities.
- To be responsible for and protect the privacy of information concerning patients/clients, corporate personnel and other confidential types of corporate information.
- To not engage in patient care of any kind. My role is as observer only.
- To not participate in health information gathering.
- To not participate in the delivery of interventions or treatment in any manner. This includes but is not limited to: physical contact, verbal contact, order writing etc.
- To not access patient charts or information.
- To understand that it is within the patients right to refuse my presence and I may be asked to leave at any time for any reason. If requested to do so, I must excuse myself promptly.
- That my observership will not be extended beyond the maximum of four weeks.

Supervisor Acknowledgement of Responsibilities

By agreeing to be this observer's supervisor, I acknowledge and agree, for the duration of the observership, to the following:

- To appropriately supervise this observer so that he/she does not engage in patient care of any kind at any time during the observation period.
- To introduce observer and obtain patient consent each and every time that the observer is present during a patient-related activity and that it is within a patient's right to refuse this observation.
- To ensure the observer understands that all information disclosed by the patient or obtained by casual observation, must not be divulged within or outside of the Thunder Bay Regional Health Sciences Centre.
- To ensure that observer has completed his/her observership by approved end date and returns ID badge to Medical & Academic Affairs.

Approvals:

Observer:

I have submitted all required documents, read and fully understood the information provided including Acknowledgement of Responsibilities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor:

I agree to be a supervisor for the above named observer and agree to the Supervisor's Acknowledgement of Responsibilities.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Manager/Director/Vice President

I support the observership as outlined above.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Observership Not Approved Reason \_\_\_\_\_