



OBSERVATIONAL LEARNING EXPERIENCE

Thank you for your interest in observational learning at University Hospitals Portage Medical Center in Ravenna, Ohio. We offer experiences in a variety of healthcare career areas. Volunteer Services will try to accommodate your request, although placement cannot be guaranteed. **Observational experiences are usually limited to 4 hours**, however individual departments have discretion to allow extended observational experiences upon request.

Note: Requests for **physician, physician assistant and nurse practitioner** observations require the observer to independently contact and set up their observational experience date/s after completing paperwork and being cleared by Volunteer Services. We can provide a list of local healthcare professionals who may accept observations if needed.

STEPS TO APPLY:

1. Complete the Observational Learning Request Form and Observational Learning Agreement. Please keep pages 1-2 of this packet for your information. **Requests must be received at least 2 weeks prior to a requested date.**
2. All observational participants must provide proof of:
 - a. Negative 2-step skin test or blood draw TB test within the past 6 months (A two-step involves 2 skin tests with readings- 4 total steps over 2-3 weeks).
 - b. Verification of a completed COVID vaccine series or a signed declination form.
 - c. If observing during flu season months (October through April), documentation of a flu vaccination for the current season or a signed declination form and masking while observing.

Please Note: you will NOT be allowed to participate if you don't provide proper documentation prior to your observation experience date.

3. Once the completed form and health documentation requirements are received, you will be contacted by Volunteer Services to confirm your clearance for observing.

Return items to:

**Volunteer Services, UH Portage Medical Center
6847 North Chestnut Street, Ravenna, Ohio 44266**

Questions can be directed to Volunteer Services by calling (330) 297-2591.

OBSERVATIONAL LEARNING EXPERIENCE

Observation in a healthcare setting brings you into a professional environment where patients are being treated and guests are being cared for. It is important to read the information below and adhere to all steps when observing.

ON THE DAY OF YOUR OBSERVATION:

1. Arrive on time, 10-15 minutes prior to your observation time and report to the Volunteer Services office to pick up a Visitor Badge (unless alternate arrangements are made to accommodate off-campus experiences or arrivals during non-business hours). Volunteer Services staff will be happy to escort you to your observation area.
2. Lockers are available in Volunteer Services for your use to lock up any valuables, phones, purses, etc., if needed.
3. Arrive dressed appropriately and ready for a professional setting. This is a requirement! Observers will be dismissed if they do not follow dress code, as follows:

Dress Code and Personal Appearance: Observers are expected to dress appropriately for a professional hospital setting. Approved dress includes: solid color dress or khaki style pants, dress shirt/polo, and clean and comfortable closed-toed shoes. Please do not wear denim jeans, capris, leggings, athletic wear, shorts, sleeveless blouses, t-shirts, sandals, or any attire that shows undergarments. Jewelry and piercings must be professional and unobtrusive. (rings only on fingers and ears, stud in nose acceptable).

4. Lunch is available in the cafeteria *at the observer's expense*.
5. Observational experiences are strictly “hands off”, meaning you are encouraged to observe and ask questions, but not permitted to assist with patient care. Observers must stay with their assigned preceptor at all times during the experience.
6. After your experience, return the Visitor Badge and attached **Observational Learning Completion Form** to Volunteer Services.

OBSERVATIONAL LEARNING REQUEST FORM

PERSONAL INFORMATION

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Phone Number () _____ Email _____
_____ College Student _____ Adult Learner

SCHOOL INFORMATION

Currently Attending _____ Major _____
Current school status: Freshman Sophomore Junior Senior Graduate Out of School

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number () _____

REQUEST

If you have already arranged an observational learning experience with a UH Portage Medical Center employee or department, please list their contact information below.

Employee Name: _____ Job Title: _____
Department: _____ Date/Time Arranged : _____

What job (s) or occupation(s) are you interested in observing. List choices in priority order.

1st choice: _____
2nd choice: _____
3rd choice: _____

What date or day of the week do you prefer to do the observation?

_____/_____/_____ or week of _____

A 2 week notice is required for an observational experience

What days of the week are you available to shadow?

- Monday Saturday
- Tuesday Sunday
- Wednesday
- Thursday
- Friday

Saturday & Sunday shadows are not available in many departments

What time are you available for an observation?

- Between 8-noon
- Between 1-5pm

For Office Use Only	
Contact Person	_____
Contact Info	_____
Department	_____
Date	_____ Time _____
Student Badge	<input type="checkbox"/>
TB test	<input type="checkbox"/>
COVID	<input type="checkbox"/>
Flu vaccine	<input type="checkbox"/>

Other _____

Most experiences are limited to a maximum of 4 hours

OBSERVATIONAL LEARNING AGREEMENT

Career observation in a hospital is different in many ways compared to other professional settings. Listed below are important things to keep in mind while you are here. If you have any questions on the day of your experience, please ask your preceptor, the supervisor of the department in which you are assigned, or Volunteer Services staff.

Please read, check each box, sign and return along with the Observational Learning Request Form.

Patient Rights/Confidentiality:

Persons seeking services at UH Portage Medical Center have the right to have all information about their visits remain **confidential**. That means you **cannot** share information about any patient. You cannot tell anyone that a person is or is not a patient. **Remember, what you see and hear stays here.** Patients also have the right to privacy. Please be respectful and offer privacy if the situation arises.

Smoking:

UH Portage Medical Center is a non-smoking facility. Smoking is not allowed on hospital grounds or any health center, including the parking lots.

Cell Phones:

Cell phones are **not permitted** to be used during your observational experience. Phones, purses, backpacks or personal items can be stored in lockers in the Volunteer Services office.

Emergency Pages:

You may hear different overhead codes while at UH Portage Medical Center. Do not be alarmed. The overhead pages and explanations are listed below:

- | | |
|---|---|
| <input type="checkbox"/> Code Red: | Fire |
| <input type="checkbox"/> Code Adam: | Infant/Child Abduction |
| <input type="checkbox"/> Code Black: | Bomb/Bomb Threat |
| <input type="checkbox"/> Code Gray: | Tornado/Severe Weather Threat |
| <input type="checkbox"/> Code Orange: | Hazardous Material Spill/Release |
| <input type="checkbox"/> Code Blue (Rapid Response): | Medical Emergency- Adult and Pediatric |
| <input type="checkbox"/> Code Pink: | Medical Emergency- Infant |
| <input type="checkbox"/> Code Yellow: | Disaster |
| <input type="checkbox"/> Code Violet: | Violent Person |
| <input type="checkbox"/> Code Silver: | Person with Weapon, Hostage Situation |
| <input type="checkbox"/> Code Brown: | Missing Adult Patient |

During a **Code Red**, double doors located throughout the hallways of the hospital will automatically close. No one should go through a closed smoke door until an “all clear” message is announced by overhead announcement. Do not use the telephones.

Tornado Warning- You should go to the innermost part of the building on the lowest floor and stay away from windows. Do not use elevators because the power may fail, leaving you trapped.

Personal Safety:

UH Portage Medical Center employees and visitors enjoy a relatively safe environment. Because this is a public area, we would like you to be aware of personal safety concerns.

- Do not park in handicapped designated areas.
- Store purses and other valuables in designated areas.
- Wear your provided visitor badge at all times while you are in the building.

Infection Control:

Please be aware that healthcare facilities serve both those individuals who may have an infection (e.g. tuberculosis) and people at risk to pick up infections (e.g. a newborn baby or person being treated for cancer). For these reasons, we request that you practice basic infection control procedures. **You should wash your hands frequently while observing.** Hand washing is the single **most important thing** you can do to **prevent the spread of infection.**

You should wash your hands at the following times:

- As you enter and leave the building
- Before you handle food
- Between any patient interactions
- After using the restroom
- After coughing or sneezing

Please observe the signs on patient rooms. **DO NOT** enter a patient room with an infection control warning sign. If you see a sharp object/needle, **DO NOT** attempt to pick it up; notify an employee to pick up any sharp object.

If you are ill, please stay at home. Notify Volunteer Services at (330) 297-2591.

Hazardous Materials:

Some areas of the hospital use chemical or radioactive materials. Please observe any department’s specific instructions. **DO NOT** enter any rooms with the radioactivity symbol sign on the door.

If observing during flu season months (October-April), I have attached proof, or will submit documentation no later than the day I’m scheduled to observe, of receiving a flu vaccine for the current season.

I have attached proof of a negative 2-step or blood draw TB test performed within the past six months AND a copy of my COVID-19 vaccination card or provided declination form.

OBSERVATIONAL LEARNING AGREEMENT

CONSENT FOR PARTICIPATION IN OBSERVATIONAL LEARNING EXPERIENCE PROGRAM AND CONFIDENTIALITY AGREEMENT

I understand that I/my child have/has been selected to participate in the Observational Learning Experience Program (the “Program”) at University Hospitals Portage Medical Center (“Hospital”). I understand that, in participating in the Program, I/my child will be exposed to the normal risks of any hospital visitor, as well as possible additional risk that arise because I/my child will be in patient care areas and observing patient care.

I understand and agree that I waive, for myself, or my child, and any heirs and/or assigns, any and all claims, including any negligence claims which I, or my child may have against the Hospital, or its agents or representatives, in any way arising from or relating to the Program, except for claims arising out of the gross negligence or reckless or willful misconduct of Hospital or its agents, or representatives. I hereby agree that I will not sue Hospital on behalf of myself or my child, nor will my child sue on his/her own behalf, and release Hospital from any claims I/my child, may have against it except for gross negligence or willful or reckless misconduct on the part of Hospital, its trustees, officers, agents, and employees.

In the event of exposure to blood or other bodily fluid from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgement of Hospital, at risk of carrying a contagious or infectious disease, Hospital shall, with my consent, administer immediate precautionary treatment to me/my child that is consistent with current medical practice without any further consent from me. I shall pay for the initial screening tests or prophylactic medical treatment and I acknowledge and assume the risk of me/my child observing or being in the immediate presence of patients at risk of carrying a contagious or infectious disease.

I certify that I/my child has no known physical or mental illness condition, including any contagious disease, which could be detrimental to the welfare or interfere with the care of any Hospital’s patients or staff. I certify that I/my child am/is currently covered by care insurance or Medicaid and that it shall remain in effect through the end of my/my child’s participation in the Program.

I understand that the Hospital does not view this observational learning experience program as an educational record and I/my child will be given no confidentiality considerations under the Family Educational Rights and Privacy Act (“FERPA”).

I/my child will wear appropriate attire as outlined for this Program, understanding that I/my child will not be permitted to observe in a UH facility unless dressed appropriately.

I understand the following:

Confidential means that something is to be kept private or secret; that is not to be repeated to anyone or given to anyone.

Confidential Information means any and all information that I may learn about a patient at University Hospitals Portage Medical Center. This information is automatically private or secret. Confidential information about a patient includes: name, address, diagnosis, medical information, medical notes, resumes, pictures, and medical records including x-rays and medicines, as well as any descriptive that could cause any person become aware of the identity of a patient. Confidential Information also includes the name of any person at UH who is not a UH employee or volunteer, because all patients are not easily identifiable by where they are in UH or how they are dressed.

Disclosure means not sharing or telling someone something I know about someone that is private or confidential.

Nondisclosure means not sharing or telling someone something. It means not to write, speak, or gossip about any patient I see or talk to at University Hospitals Portage Medical Center.

Consent for Participation in Observational Learning Experience Program and Confidentiality Agreement

I understand that while I/my child am/is in the Hospital or UH healthcare facility, I/my child may obtain Confidential Information about patients. I understand for myself/I shall instruct my child that Program participants are to maintain in strict confidence all information and data relating to patients, and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Additionally, Confidential Information is not to be removed from the Hospital or healthcare facility or discussed with other participants in the same Program. I understand for myself/I will instruct my child that patient confidentiality is of such great importance that is it never to be disclosed to anyone outside of the Hospital or healthcare facility no matter how long after participating in the Program.

By signing this form I agree that I have read, understand, and agree to the terms in both pages of this consent form and confidentiality agreement.

Or, in the alternative (under age 18)

I have read this form to my child, he/she understands and agrees to its terms, and I give my full consent to my child's participation in the Observational Learning Experience Program at University Hospitals Portage Medical Center.

Observer:

Print Name	Signature of Observer	Date
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Parent/legal guardian if observer is under 18 years of age:

Print Name	Signature of Parent or Legal Guardian	Date
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Observational Learning Completion Form

Please complete this form and return it to Volunteer Services upon completion of your shadow hours along with your hospital issued "Observer" badge. Use one completion form per shadow experience with the same provider, even if multiple dates.

Observer Name: _____ Observation Date(s): _____

School: _____ Major: _____

Preceptor Name: _____ Position: _____

Department of observation: _____

Total Hours Observed (please list all dates/times separately on one form, if multiple):

Please rate your shadow experience on a scale of 1 (poor learning experience) to 10 (excellent learning experience): 1 2 3 4 5 6 7 8 9 10

What is something new that you learned from this experience?
