

**Observation Role Expectations**

**ROLE SUMMARY**

Cheyenne Regional will provide a supervised educational experience according to agreed-upon objectives. Observational visitors may not perform functions that are otherwise performed by employees or engage in patient care in any way. Observational visitors may only *observe* the day-to-day tasks of the healthcare setting. The sponsor is to accompany the visitor at all times while within the facility.

**By participating in the program, the visitor agrees to:**

1. Adhere to all hospital policies and procedures.
2. Uphold Cheyenne Regional’s behavioral standards at all times during the shadow/observation experience.
3. Maintain patient confidentiality standards according to HIPAA regulations.
4. Complete the application packet and provide Cheyenne Regional with all clearance documents within the time frames required.
5. Refrain from taking photographs, video, or audio recordings at any time during the experience and shall refrain from sharing their experience on social media.
6. Notify their sponsor and Onboarding Coordinator at Cheyenne Regional to reschedule their experience if they have a cold, fever, or other infectious diseases that would pose a health risk to Cheyenne Regional’s patients and staff.
7. Identify themselves at all times while at Cheyenne Regional by wearing the appropriate hospital issued badge while on-premises.
8. Return their badge to the Clinical Education department or the appropriate department at the end of their experience.
9. Notify the Onboarding Coordinator immediately of any problems that may occur during the experience.

I have read and agree to the expectations required for completing an observation experience.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent or Guardian Printed Name (If participant is under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_