



## **Observation Program Agreement Form**

Participant Name: \_\_\_\_\_

### **I. Statements**

- An observation experience is a learning tool where the participant observes a Mayo Clinic professional in his/her clinical/work environment. It involves no hands-on patient contact with the tasks being observed. The department liaison will review the participant's objectives for appropriateness and assist the participant in completing these objectives in so far as the department setting allows.
- Participants who are not otherwise employees of Mayo Clinic do not become employees of Mayo Clinic by reason of this agreement and are not entitled to any benefits or compensation from Mayo Clinic which may be due employees. It is the responsibility of the participant to be familiar with the provisions as outlined in this program guidebook and in the observation program agreement.

### **II. Participant Responsibilities**

- Participant will respect the rights and confidentiality of patients and families at all times.
- Participant will sign a confidentiality agreement with Mayo Clinic and complete HIPAA training.
- Participant will adhere to established dress code.
- Participant will carry insurance for illness and accident.
- Observers are prohibited from all hands-on experiences related to direct patient care. No touching, management, counseling, or therapeutic interaction with patients or families will be allowed.
- Participants will prepare a thank you note to department liaison.

### **III. Learning Objectives**

- Participant will develop an awareness of the technology and procedures used in the career field.
- Participant will identify skills and knowledge of the profession.
- Participant will learn about individual and team contributions to the care of the patient.
- Participant will experience practical application in the work environment.
- Participant will observe and experience the Mayo Clinic Model of Care and atmosphere.

**Signature:**

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