

Observation Agreement for GME Trainees

Form Completion - Sponsor please complete and sign this agreement with the observer. Sponsor is required to retain this form for five (5) years and submit copy to GME Office, Attn: Linda White at least 2 weeks prior to observation.

Full Name of Observer	DOB:
Observer's Home Program	
Email address/Cell phone	/
Full Name of Sponsor & Title	
Date(s) of Observation	
Location(s) of Observation	
Signature of Program Director	

Sponsor Responsibilities

In consideration of being given the opportunity to sponsor an observer at the University of Virginia Medical Center, I agree to instruct and ensure that the observer performs the following:

1. The observer shall review the attached written information regarding the Medical Center's policies for **Patient Privacy** and **Standard Precautions**. I shall answer any questions the observer may have about this information.
2. I understand that the observer is permitted to observe patient care with patient consent. I agree that the observer shall not touch any patient or anything in the patient's environment, or provide to the patient any kind of clinical care or miscellaneous support.
3. The observer shall be instructed to wear his/her identification badge at all times during the observation experience at the Medical Center facilities
4. The observer shall be instructed to follow required hand -hygiene practices while at the Medical Center facilities. The observer shall not be permitted to observe when he/she is sick, has a fever, or has been exposed to a contagious disease.

Sponsor Signature	
Date	

Observer Responsibilities

1. I agree to follow the directives of my sponsor (or his/her designee) as outlined above. I understand that I must remain with my sponsor (or his/her designee) while in patient care areas – I am not permitted to move freely around the hospital.
2. I agree to abide by the Medical Center's dress code, and to dress. Specifically, I agree not to wear jeans, shorts, sweat clothes or T-shirts.
3. I agree to follow directions of my sponsor in the event of a fire alarm in an area where I am observing. I am aware that a **Fire Alarm** is announced by a series of four gongs followed by "**Call to Station,**" and the location of the alarm.
4. With my signature below, I agree to comply with the attached UVA Medical Center rules regarding **Patient Privacy**, and shall not divulge any medical, financial, or other personal information about a patient or his/her family.
5. I understand that failure to comply with the rules and policies above shall result in termination of the observation.

Observer Signature	
Date	
Dr. Susan Kirk Associate Dean for GME	
Date	