

Faculty Sponsor Observership Contract:

In consideration of being given the opportunity to sponsor an observer at Ochsner LSU Health, I agree to instruct and ensure that the observer performs the following:

1. The observer shall review the written information regarding Ochsner LSU Health policies for Compliance. I shall answer any questions the observer may have about this information. Compliance paperwork will be provided via email to the observer, if the observership request is approved.
2. **I understand the clinical observer is not permitted to have direct patient contact or to practice medicine. I acknowledge the clinical observer does not have medical staff privileges to practice medicine at Ochsner LSU Health. I understand the clinical observer is not permitted to participate in direct or indirect patient care activities. These restricted activities include but are not limited to hands-on patient care or medical equipment, access to medical information (medical charts, computer work stations, electronic medical record), instruments, medications, infusions, intravenous liquids, lab testing equipment, etc.**
3. **I understand that the observer is permitted only to observe patient care, and only 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 medical care or miscellaneous support.**
4. **I understand the observer is not covered under malpractice insurance.**
5. The observer shall be instructed to wear his/her identification badge at all times during the observation experience at Ochsner LSU Health.
6. I understand the observer must remain with me (or my designee) while in patient care areas – the observer is not permitted to move freely around the hospital.
7. Failure to follow the above guidelines will result in loss of Faculty Sponsor privileges for a two-year period. The Department Chair and Provost will also be notified.

Faculty Sponsor’s Name (*Please Print*): _____

Faculty Sponsor’s Signature: _____

Date: _____