Observership Attestation Letter

The University of Pittsburgh Medical Center, Department of Cardiothoracic Surgery has reviewed your request for an observership.

Information we ask you to consider includes the following;

**This experience is for observation only.** All activities are supervised.

This __________ day visit will be spent observing the Division of Thoracic and Foregut Surgery under the supervision of Dr. James D. Luketich.

While in any UPMC Facility you must:

I. Introduce yourself to the patient as an observer, and request the patient’s permission to be present at the time of the clinical visit, procedure, or other patient services. If the patient declines to allow the observer’s presence, you must leave the area.

II. Not have any direct patient contact. Contact is defined as physically touching, performing a medical history and/or examination, counseling (patient or patient’s family/friends), assisting in surgery or any other procedure, or otherwise interacting with patients, either individually or in the presence of others.

III. Not be allowed to make patient chart entries (electronic or hard copy). You may not make copies of patient charts (paper or electronic).

IV. Accept termination at UPMC’s sole discretion without due process or appeal if the department mandates this.

V. Never misrepresent the experience he/she completed here.

We believe you will find your time very fulfilling here at UPMC.

Please be aware that by placing your signature on this document, you are agreeing to the terms and conditions of the Physician Services Division Graduate Medical Education Observership Policy and UPMC rules and regulations.

_________________________
Observer

_________________________
Date

Revised 12.14.15