



# WRHN

Waterloo Regional  
Health Network

## Observership Request Form

Chief of Staff Office

Phone: 519-749-4300, ext. 2525 Fax: 519-749-4293

\*You must receive confirmation of your observership from Chief of Staff Office before you may begin your observership\*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Category of Observer:       International Medical Graduate       International Medical Student

Other (please specify): \_\_\_\_\_

Academic Institution: \_\_\_\_\_ Year Level: \_\_\_\_\_

Date(s) of Observership: \_\_\_\_\_ to \_\_\_\_\_

Supervising Physician: \_\_\_\_\_ Department: \_\_\_\_\_

Observer Location(s): Please indicate which hospitals you plan to attend during your observership:

Midtown       Queen's Blvd.

The following documents must be submitted to the Chief of Staff Office before an observership can be approved:

- Signed Observership Request Form
- Signed Confidentiality Agreement
- Signed Offence Declaration Form
- Signed Observership Acknowledgement and Waiver of Liability (WRHN Website)
- Proof of Completion of the Privacy & Confidentiality Course (WRHN Website)
- Proof of Completion of the Hand Hygiene Course (WRHN Website)
- Proof of enrolment, graduate or employment status
- Current copy of CV/Resume
- Letter of interest indicating learning goals and objectives for the observership

\_\_\_\_\_  
Printed name of Observer      Signature of Observer      Date

\_\_\_\_\_  
Printed name of Supervisor      Signature of Supervisor      Date

\_\_\_\_\_  
Printed name of Dept. Chief      Signature of Dept. Chief      Date

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Chief of Staff's Approval: \_\_\_\_\_ Date: \_\_\_\_\_



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## Privacy, Security And Confidentiality Pledge, Acknowledgement And Agreement (Privacy Pledge)

Name: \_\_\_\_\_  
(Please Print)

Affiliation with Waterloo Regional Health Network \_\_\_\_\_  
(Employee, professional staff member (include profession), visiting health professional, resident, student (include program), volunteer, consultant, vendor or contractor, employee of a vendor or contractor)

I completed WRHN annual privacy and security training (module as per second last page of paperwork package) on \_\_\_\_\_ or not required as per procedure

I pledge to keep confidential any information obtained during the performance of my duties at Waterloo Regional Health Network. I understand that confidential information, meaning information that I have only because of my affiliation with WRHN, includes, but is not limited to, information relating to:

Personal health information (PHI): PHIPA (s. 4) defines PHI as identifying information about an individual in oral or recorded form, if the information:

- Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family
- Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual
- Is a plan of service within the meaning of the *Long-Term Care Act, 1994* for the individual
- Relates to payments or eligibility for health care in respect of the individual
- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance
- Is the individual's health number
- Identifies an individual's substitute decision-maker

This means PHI in any format (including paper or electronic) conversations, registration information, financial history, the fact that someone is, has been or may become a patient of Waterloo Regional Health Network.

Personal information (PI): *FIPPA* defines PI as a broad category of information, of which personal health information or PHI is one type. PI includes, but is not limited to information about any individual relating to:

- race or ethnic origin, religion,
- age, sexual orientation, or marital status.
- personal opinions or views (with some exceptions), and
- education, medical, psychiatric, criminal or employment history of the individual

This means PI of WRHN employees, physicians, students, volunteers, researchers, contractors or vendors (such as but not limited to employee records, disciplinary action, performance reviews)

WRHN Confidential information: includes information, in any format, created or received by the Hospitals in the course of its business, executive and corporate information (including, but not limited to, information pertaining to the Hospitals medical staff in their professional capacity, Board and Executive Committee meeting minutes, working drafts of corporate documents), financial information, human resources information (including, but not limited to, payroll, personnel, or legal information, and staff health records – to the extent the information is not also Personal Information).

This means information such as, but not limited to contracts, financial information, memos, peer review information, quality reports etc.

By signing this Privacy Pledge, I am acknowledging that I understand and agree to the following:

1. I am only allowed to collect, use or disclose (including: receive, look at, access, ask for, view, copy, record, print, read, listen, share with others) confidential information on a "need to know basis" only, and even then only the minimum amount required, as required for my role or as I have been authorized to do so or as required by law. If I have any doubt as to whether I am permitted to access, use or disclose confidential, I will consult my manager/supervisor or the WRHN Privacy and Access Office (PAO).
2. I will not communicate confidential information either within or outside WRHN, except to persons authorized to receive such information and only for the purposes of performing my duties. For clarity, I will not access, use or disclose PHI for the purpose of: training or education (including self-directed training or education) following-up on the health status of a former patient (even on compassionate grounds), including to send a note to a former patient or his/her family; providing PHI to someone in or outside of WRHN requesting it for purposes unrelated to providing health care to the patient; or any work, activity or research that I am engaged in outside of WRHN without written permission from my supervisor/manager or the Privacy and Access Office.
3. I will not collect, use or disclose the confidential information of family, friends, acquaintances or co-workers and will only access my own PHI by making a request through the WRHN Health Records department. Unless required to perform my work at/for WRHN, I am not allowed to access the PHI of any person who is a celebrity or otherwise the subject of media attention or in the public eye.
4. I will not share my passwords or credentials to WRHN electronic information systems with anyone, even with an employee or affiliate or a person authorized to access the system. I understand I am responsible for protecting my passwords and access to WRHN systems and records and that I am responsible for all actions performed when the electronic information system has been opened using my password.
5. I will access, process and transmit confidential information using only authorized hardware, software, or other authorized equipment. I understand that I may not save confidential information on an unencrypted USB key or other unencrypted portable device.
6. I shall not remove confidential information from WRHN premises (including taking it home to work on) except as authorized. If authorized, I shall securely store the information and ensure it is in my custody and control at all times. PHI must not be removed from WRHN in any form, on any device (laptop, tablet, memory stick, phone). I am not allowed to photograph PHI. I understand that posting or otherwise communicating PHI of anyone other than myself, on social media, chat or like electronic platforms, is an unauthorized removal and disclosure of the PHI.
7. I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with WRHN policies and procedures.
8. I will immediately report all incidents involving loss, theft or unauthorized use or disclosure of confidential information to my immediate supervisor/manager and to WRHN's Privacy and Access Office.
9. I will comply with WRHN's privacy and security-related policies. If I need help understanding these policies, I will ask my supervisor/manager or contact the WRHN Privacy and Access Office.

I understand that WRHN audits access to its records. WRHN has a right even where it does not have an obligation to disclose my name to any affected patient, his or her counsel and the Office of the Information and Privacy Commissioner if I access, use, disclose or destroy PHI for an unauthorized purpose.

I understand that by failing to comply with a term of this Privacy Pledge, I may also be failing to comply with privacy or other law, or infringing the rights of another person. A failure to comply may result in corrective action that may include but is not limited to: an investigation, retraining, loss of access to systems, reporting my conduct to a professional regulatory body or sponsoring agency, school or institution, reporting my conduct to the Information and Privacy Commissioner of Ontario, restriction or revocation of privileges prosecution, fine and/or money damages as well as action taken by WRHN to limit, suspend or terminate my affiliation with WRHN.

I understand and agree to abide by the conditions outlined in this pledge, and they will remain in force even if I cease to be employed by or associated with WRHN.

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

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



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## Offense Declaration Form

I **Declare**, that:

I have **no** convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act (Canada)*. I further declare that I have no charges currently before the Court.

**OR**

I have the following convictions for offences under the *Criminal Code of Canada* for which a pardon under the *Criminal Records Act (Canada)* has **not** been issued or granted.

List of Offences

Date of Conviction	Nature of Offence	Penalty Imposed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional page if necessary)

I further agree to advise Waterloo Regional Health Network immediately in writing in the event that I am charged with any criminal offence after the declaration has been provided.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ / 20 \_\_\_\_\_

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature



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## Observership Acknowledgement And Waiver Of Liability

I, \_\_\_\_\_ (Name of Observer), am applying to observe certain patient interactions/medical procedure(s) under the supervision of (Name of Supervisor) at Waterloo Regional Health Network (WRHN) (the "Observership").

I acknowledge and understand that my participation in the Observership is at the sole discretion of WRHN and my Supervisor, and that the authorization of my application does not oblige WRHN to permit observation by me of any patient interaction or medical procedure at any time.

I further acknowledge that my observation of any patient interaction or medical procedure is subject to WRHN's Observership Policy and to the following terms and conditions:

- (1) That the patient(s) or substitute decision-maker(s) involved have been advised that I will be observing the interaction(s) and/or procedure(s) and have consented to my observation.
- (2) That the medical, nursing and other clinical staff (the "clinical staff") involved in the interaction(s) or procedure(s) have consented to my observation.
- (3) That my Supervisor must be present during all observations.

I agree that:

- (1) I will respect the privacy and confidentiality of patients at all times and will sign a confidentiality agreement, as required.
- (2) During observations, I will be appropriately attired and will conduct myself in accordance with WRHN practice or policy. I will ensure that I have appropriate photo identification at all times.
- (3) During observations, I will follow specific directions as provided by my Supervisor and/or the nursing or medical staff from time to time.
- (4) I will remove myself from the operating or examination room immediately if asked to do so at any time for any reason by any member of the clinical staff.

I acknowledge that I am not an agent, employee or volunteer of WRHN.

I accept full responsibility for my Observership and for any injuries that may occur as a result of doing so. I understand that WRHN assume no responsibility for any injuries or harm which may occur as a result of my participation in this Observership.

In consideration of the approval of my application for the Observership, I hereby release, forever discharge, and agree to indemnify and hold harmless WRHN and their directors, officers, employees and

agents, as well as the medical/professional staff credentialed thereat from and against all actions, causes of action, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest thereon which may occur as a result of my participation in the Observership.

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Signature of Observer

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Date



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## Privacy, Security and Confidentiality

The Privacy, Security and Confidentiality course is designed to ensure an understanding of and compliance with PHIPA guidelines. This training will also help you to act in accordance with our hospitals' policies with regards to privacy and confidentiality. All students, residents, observers, and midwives participating in placements at Waterloo Regional Health Network (WRHN) are required to complete Privacy Awareness Training prior to their placement start date.

Directions for using the online tutorials via Waterloo Regional Health Network(WRHN) website:

Please visit the [Edge](#) website to create your account (or sign-in if you have already created one).

**Note:** Please sign-up under the type category “Medical Observer”.

- Click on the course title that you are required to take (these should populate on your home page, if not, you can manually search for a course using the “Course Catalogue” tab.)
- Click on the course content icon to open the course 
- Optional - expand the window using the maximize button in the upper rightcorner 

Upon successful completion of the module(s) your results will be logged. There is no need to provide the medical education coordinator with proof of completion.

If you are having any difficulties accessing the modules, please first ensure that both pop-ups and cookies are enabled on your browser. If you are still experiencing challenges, try a different browser or contact WRHN help desk at 519- 749-4300 ext. 2762; they are available to assist you 24/7.

Jacob Alexander, Medical Education Coordinator - Chief of Staff Office Waterloo Regional Health Network(WRHN)

Phone Number: 519-749-4300 ext. 2525

Fax: 519-749-4293

Email Address: [Jacob.Alexander@wrhn.ca](mailto:Jacob.Alexander@wrhn.ca)



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## Hand Hygiene

### Hand Hygiene Course

Clean hands are everyone's responsibility, and hand hygiene is the top way to prevent the spread of infections. At WRHN we are committed to improving our hand hygiene practices for the benefit of our patients. All individuals interested in pursuing an observership are required to complete the Hand Hygiene Course prior to commencing their placement. This online training module will provide you with all the necessary information to be able to effectively carry out hand hygiene in a hospital setting. At the end of this module you should be able to:

- Describe what hand hygiene is
- Explain why hand hygiene is important
- Describe when hand hygiene is to be performed
- Describe hand hygiene methods and demonstrate the steps of all methods
- Describe factors that impact the effectiveness of hand hygiene

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**Note:** Please sign-up under the type category "Medical Observer".

- Click on the course title that you are required to take (these should populate on your home page, if not, you can manually search for a course using the "Course Catalogue" tab.)
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**Remember:** It is your responsibility to clean your hands with alcohol-based hand rubs **before** and **after** patient contact to prevent the spread of infection.

Jacob Alexander, Medical Education Coordinator - Chief of Staff Office Waterloo Regional Health Network (WRHN)

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Fax: 519-749-4293

Email Address: [Jacob.Alexander@wrhn.ca](mailto:Jacob.Alexander@wrhn.ca)