



**Brockville General Hospital (BGH)  
Supervisor Agreement for Observership**

As the designated Supervisor for an Observer participating in an Observership at Brockville General Hospital (“BGH”), I acknowledge and agree to the following:

**1. Responsibility for Direct Supervision**

I understand that the Observer must be accompanied and directly supervised by me at all times while on BGH property. I agree to ensure compliance with all BGH expectations, policies and safety requirements.

**2. Observer Restrictions**

I acknowledge and agree that the Observership is strictly observational.

The Observer:

- Shall not engage in any form of patient care
- Shall not provide advice or interact with patients or substitute decision makers outside of introducing themselves as an Observer and requesting verbal permission to Observe
- Shall not perform clinical tasks, procedures, documentation, or assessments

**3. No EMR or Health Record Access**

I acknowledge that under no circumstances is the Observer permitted to access BGH's electronic medical record (EMR/Cerner), paper health records, or any confidential patient information systems.

I agree that it is my responsibility to prevent any such access.

**4. Liability and Responsibility**

I understand and agree that BGH does not consider the Observer to be an employee, contractor, or agent of the organization. I acknowledge that BGH does not provide WSIB coverage or liability coverage for the Observer.

I agree to assume responsibility for ensuring the Observer complies with all restrictions and safety requirements associated with their presence in the clinical environment.

**5. Confidentiality and Conduct**

I will ensure that the Observer understands and adheres to the BGH Observership Agreement and BGH Code of Conduct and Statement of Confidentiality. I agree to immediately report any breach to the appropriate BGH leadership.

**6. Expectation to Mitigate Risk**

I agree to take reasonable steps to ensure that the Observer is not placed in unsafe or inappropriate situations. I acknowledge responsibility for ensuring the Observership experience is consistent with BGH policy and does not pose risk to patients, staff, or the Observer.





# Brockville General Hospital

Right here, with you.

## Supervisor Information

Supervisor Name: \_\_\_\_\_

Department/Role: \_\_\_\_\_

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

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

Name of Observer: \_\_\_\_\_

Dates Observer at BGH: \_\_\_\_\_ (max 2)

