

Observership Agreement

I acknowledge and agree that:

1. I will not be involved in any form of direct patient care or have patient contact of any kind during this Observership. I understand that patient care includes, but is not limited to the following: taking a medical history; conducting physical examinations; diagnosing or treating patient's conditions; ordering, preparing or administering drugs; documenting on patient's health records, either electronic or hard copy format; having independent access to health records either in electronic or hard copy format; performing or assisting in surgical procedures or diagnostic patient interventions; obtaining consent; interacting directly with patient/substitute decision maker; providing health care advice.
2. I will ensure the patient's verbal consent is obtained prior to any patient contact and I understand that any patient at any time may decline to have me observe in their care. Furthermore, I will remove myself immediately from the patient area at any time is requested to do so by any member of BGH staff.
3. That I must be accompanied at all times by my supervisor while on BGH property and follow all instructions given by my supervisor or other members of the clinical team and acknowledge that failure to do so may result in termination of the Observership
4. As an observer I am not considered a member of the staff or an employee and I understand that I am not covered under the Workplace Safety and Insurance Board (WSIB) or covered under BGH's liability insurance.
5. I am aware that as a result of observing my Supervisor, I may be exposed to risks and dangers inherent in the workplace. I agree to release and forever discharge BGH from any and all actions, claims and demands for damages, loss and injury, which may be sustained by me out of or in consequence of my participation in the Observership. I agree to indemnify BGH and all its employees from any claims and demands which might be made against BGH and its employees arising out of or in consequence of my participation in the Observership.
6. I will respect and maintain patient confidentiality and guard any personal health information that I gain access to during this Observership. I agree to sign and adhere to the BGH Statement of Commitment to the Code of Conduct and Confidentiality.
7. I will ensure all of my immunizations are up to date and provide BGH with my immunization record prior to commencing placement.

Observer Name: _____

Signature: _____ Date: _____