

		Page 1 of 9
<b><u>POLICY TITLE</u></b> <b>SUPERVISED PRACTICE EXPERIENCE</b>		<b><u>Catalogue Page Number</u></b> #2955
<b><u>AUTHORIZATION</u></b> Executive Director, Patient Experience and Chief Allied Health and Nursing Officer	<b><u>DATE APPROVED</u></b> November 2018	<b><u>CURRENT VERSION DATE</u></b> November 2018

**DATE(S) REVISED / REVIEWED SUMMARY**

<b>Version</b>	<b>Date</b>	<b>Comments / Changes</b>
1.0	November 2018	Initial policy created entitled "Supervised Practice Experience"

**INTENT / PURPOSE**

This sets out the policy for supervised practice experiences in Fraser Health.

This policy applies to:

- all Fraser Health owned and operated facilities;
- professionals who require a re-entry program to re-establish licensure with a regulatory body and eligibility to practice, and
- graduates of post-secondary educational programs seeking practice hours to become eligible for certification or registration with a regulatory body.

This policy does not apply to:

- individuals seeking a job shadow experience (see Job Shadow Policy);
- individuals who require a job shadow or career observation experience for successful completion of a secondary course or program at an educational institution (see Student Practice Education Policy and Affiliation Agreement Policy);
- individuals attending an institution with which Fraser Health has an Affiliation Agreement (see Student Practice Education Policy and Affiliation Agreement Policy); or
- individuals requesting placement under the Student Practice Education Policy.

**POLICY**

1. The scope and duration of the supervised practice experience must not exceed the requirements and restrictions set by the appropriate regulatory body.
2. Before starting the supervised practice experience, the leader (or designate) of the practice area must provide the Supervised Practice Experience (SPE) Candidate with access to the applicable corporate and clinical policies, and resources relevant to the practice area.
3. During the supervised practice experience, SPE Candidate:
  - must adhere to the applicable regulatory body's professional and practice standards;
  - relinquishes any privileges that they have as an employee, affiliate or student within Fraser Health and/or the Lower Mainland Consolidated Services, and acts solely as a SPE Candidate;
  - is supernumerary to baseline staff positions and will not displace or replace staff positions nor be used for workload relief;
  - must wear identification indicating their name and have proof of identity upon request; and

		Page 2 of 9
<b><u>POLICY TITLE</u></b>	<b><u>Catalogue Page</u></b>	
<b>SUPERVISED PRACTICE EXPERIENCE</b>	<b><u>Number</u></b> #2955	

- must be supervised at all times a by a dedicated supervisor (or designate as approved by the leader of the practice area).
4. Fraser Health staff must ensure that the SPE Candidate adheres to the applicable Fraser Health policies, including but not limited to Confidentiality and Security of Personal Information; Infection Control; Workplace Health and Safety (Code Red); Professional Image; Scented Products; Media Policy; and Respecting Diversity in Daily Interactions, Care Planning and System Design.
  5. Fraser Health reserves the right to cancel or withdraw the supervised practice experience at any time and for any reason, including if the SPE Candidate fails to comply with Fraser Health’s policies and procedures.
  6. The leader (or designate) who approved the supervised practice experience and the SPE Candidate are responsible for reporting the status of each supervised practice experience to the appropriate regulatory body, including the number of hours successfully completed and/or any issues or concerns related to the experience.

**PROCEDURE**

1. Prior to engaging with Fraser Health, the SPE Candidate seeking a supervised practice experience must verify the supervised practice experience that will meet the requirements of their regulatory body.
2. The SPE Candidate seeking a supervised practice experience must formally initiate a request by contacting Fraser Health’s Professional Practice Department ([student.placement@fraserhealth.ca](mailto:student.placement@fraserhealth.ca)).
3. The lead (or designate) of the practice area will determine if: (a) the SPE Candidate is a good fit for their practice area, and (b) that the practice area can meet the competencies required for the SPE Candidate’s eligibility to practice. This determination may be based on an interview or other form of assessment.
4. The lead (or designate) of the practice area has the authority to approve or deny the supervised practice experience. If approved, the lead (or designate) will confirm the duration and location of the placement, and assign one or more supervisors to the SPE Candidate.
5. Professional Practice will provide the following documents to the SPE Candidate and notify them that completed documents must be returned prior to commencing:
  - a. Completed and signed Appendix A – Memorandum of Understanding for Supervised Practice Experience, including Waiver of Responsibility Form and Confidentiality Undertaking Form; and
  - b. Evidence of current immunization status as recommended by the BC Centre for Disease Control (BCCDC, 2018) for health care workers, and the Fraser Health Influenza Control Program Policy.<sup>1,2</sup>

<sup>1</sup> During influenza season, individuals who are not vaccinated against influenza may wear a surgical procedure mask provided by Fraser Health in patient areas if deemed appropriate by the lead (or designate) of the practice area.

	Page 3 of 9
<p><b><u>POLICY TITLE</u></b> <b>SUPERVISED PRACTICE EXPERIENCE</b></p>	<p><b><u>Catalogue Page Number</u></b> #2955</p>

6. When the lead (or designate) of the practice area receives the completed documents, they will send them to Professional Practice, which will retain them for seven years following the completion of the supervised practice experience.
7. Prior to commencing the supervised practice experience, the SPE Candidate also must fulfill all of the requirements of the [Student Practice Education Core Orientation Checklist](#), including the following:
  - a. the Student Practice Education Core Orientation online curriculum in the LearningHub (<https://learninghub.phsa.ca/Learner/Home>);
  - b. Fraser Health Authority specific pre-requisites; and
  - c. the Fraser Health Information Privacy and Confidentiality online course.
8. At the end of the Supervised Practice Experience, the supervisor and SPE Candidate are each responsible for ensuring that successful completion of the experience is reported to the applicable regulatory body, and that the necessary procedures are followed as per the regulatory body's requirements for re-instatement.
9. In the event of a concern or practice issue, the supervisor or lead (or designate) of the practice area must immediately report the concern to Professional Practice ([student.placement@fraserhealth.ca](mailto:student.placement@fraserhealth.ca)). Through consultation, the most appropriate Professional Practice representative(s) may be involved in a joint investigation to address the concerns or practice issue.

**DEFINITIONS**

**Fraser Health Staff:** Officers, directors, employees, physicians, contractors, subcontractors, representatives or agents (including students and volunteers) of Fraser Health and/or the Lower Mainland Consolidated Services who service a Fraser Health site.

**Supervised Practice Experience (SPE) Candidate:** Any professional or graduate of a post-secondary educational program seeking a supervised practice experience.

**Supervised Practice Experience:** A learning experience for a Supervised Practice Experience Candidate seeking practice hours for (a) a re-entry program for re-licensure with a regulatory body, or (b) to qualify for certification or registration with a regulatory body.

**REFERENCES**

BC Centre for Disease Control. (2018). Chapter 2: Immunization, Part 2 – Immunization of Special Populations. In BCCDC, *Communicable Disease Control Manual*. (pp. 1-3). Retrieved from <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HealthCareWorkers.pdf>

BC Centre for Disease Control. (2018). Chapter 4: Tuberculosis, Section 4: TB Screening & Testing. In BCCDC, *Communicable Disease Control Manual*. (pp. 1-126). Retrieved from

---

<sup>2</sup> In the event of an outbreak of influenza, Fraser Health's Influenza Outbreak Policy will apply.

		Page 4 of 9
<b><u>POLICY TITLE</u></b>	<b><u>Catalogue Page</u></b>	
<b>SUPERVISED PRACTICE EXPERIENCE</b>	<b><u>Number</u></b> #2955	

<http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0%20TB%20Screening%20and%20Testing.pdf>

HealthLinkBC. (2013). Immunization for Health Care Workers in B.C. Retrieved from <https://www.healthlinkbc.ca/healthlinkbc-files/immunization-health-care-workers>

For questions regarding immunizations, contact [occupationalhealthnursing@fraserhealth.ca](mailto:occupationalhealthnursing@fraserhealth.ca)

**BC PRACTICE EDUCATION GUIDELINES**

Located on the Health Sciences Placement Network’s Website, under Content Management – Practice Education Guidelines (PEG): <https://hspscanada.net/features/>

**APPENDICES**

Appendix A: Memorandum of Understanding for Supervised Practice Experience (MOU)

MOU Attachment 1: Waiver of Liability and Release

MOU Attachment 2: Confidentiality Undertaking

		Page 5 of 9
<b><u>POLICY TITLE</u></b>	<b><u>Catalogue Page</u></b>	
<b>SUPERVISED PRACTICE EXPERIENCE</b>	<b><u>Number</u></b> #2955	

**APPENDIX A**

**MEMORANDUM OF UNDERSTANDING  
FOR SUPERVISED PRACTICE EXPERIENCE**

This Memorandum of Understanding (MOU) between Fraser Health Authority (Fraser Health) and \_\_\_\_\_ (insert your name) (“you” or “your”) is entered into for the purpose of setting out the responsibilities of the parties during your Supervised Practice Experience at Fraser Health.

You confirm that you are not affiliated with any formal educational institution, and that you require \_\_\_\_\_ hours of Supervised Practice Experience in order to fulfill admission to, or re-licensure by your professional college.

Fraser Health will provide you with the Supervised Practice Experience subject to this MOU and provided that you comply with the terms of this MOU. Your failure to maintain or comply with any of the terms of this MOU may result in Fraser Health terminating your Supervised Practical Experience.

**YOU AND FRASER HEALTH AGREE THAT:**

**1. You will:**

- (a) Comply with the standards of practice, policies and procedures established by Fraser Health, particularly those involving patient confidentiality and patient safety;
- (b) Upon request, supply evidence of current immunizations of concern to Fraser Health;
- (c) Take reasonable measures to avoid exposure to any hazard or risk of harm during your Supervised Practice Experience;
- (d) Respect each client’s right to privacy, and defer to any wish by a client or care provider that you not attend particular episodes of care;
- (e) Only provide client care under direct supervision of the Fraser Health supervising staff member, as well as understand and follow Fraser Health’s clinical policies and Clinical Decision Support Tools. For SPE Candidates who are seeking to return to practice, you must also only provide care when such care is within the scope of your practice and meets your regulatory body’s professional standards.
- (f) Assume all responsibility for the quality of your instruction at Fraser Health and for ensuring that all learning objectives, supervisors, and instructors meet your professional college’s requirements for the Supervised Practice Experience;
- (g) Indemnify and hold harmless Fraser Health from and against all liability including, but not limited to claims, losses, damages, judgments, costs, expenses, actions and other proceedings made, incurred, sustained, brought, prosecuted or threatened to be brought or prosecuted that are based upon, occasioned by or arising out of any act, error, deed, matter, thing, negligence or omission on your part in conjunction with your Supervised Practical Experience or this Memorandum of Understanding;
- (h) Obtain and maintain throughout your Supervised Practical Experience professional liability coverage in an amount not less than \$5,000,000 per occurrence, naming Fraser Health Authority as an additional insured;
- (i) Obtain and maintain throughout your Supervised Practical Experience third party liability coverage in an amount not less than \$5,000,000 per occurrence, naming Fraser Health Authority as an additional insured;
- (j) Obtain and maintain throughout your Supervised Practice Experience personal injury (death and disability) insurance in an amount not less than \$500,000 each;

		Page 6 of 9
<b><u>POLICY TITLE</u></b>	<b><u>Catalogue Page</u></b>	
<b>SUPERVISED PRACTICE EXPERIENCE</b>	<b><u>Number</u></b> #2955	

- (k) Provide Fraser Health with evidence of the required insurance coverage;
- (l) Complete and sign a Waiver and Release of Responsibility in the form attached as Attachment 1 to this MOU; and
- (m) Complete and sign a Confidentiality Agreement in the form attached as Attachment 2 to this MOU.

**2. Fraser Health will:**

- (a) Provide you with a Supervised Practice Experience within the scope of health care services provided at the facility;
  - (b) Maintain the quality of patient/resident/client care while offering you an opportunity to learn;
  - (c) Identify a liaison person for you with whom communications and feedback regarding the experience can be channeled;
  - (d) Provide you with a comprehensive site and program orientation, including the appropriate emergency procedures; and
  - (e) Make available to you the information necessary to comply with Fraser Health's policies and procedures, especially those related to patient confidentiality and safety.
3. You are and shall remain for the purposes of your Student Practice Experience an SPE Candidate throughout the entire duration of your Supervised Practice Experience, and you are not a Fraser Health employee or agent.
  4. Because you are not a Fraser Health employee, **you understand and acknowledge that you will not be covered by WorkSafe BC** for any injuries sustained by you during your Supervised Practice Experience.
  5. Fraser Health will not assume any liability for injuries sustained by you during your Supervised Practice Experience.
  6. This MOU may be executed and delivered in any number of counterparts with the same effect as if the parties had all signed and delivered the same document, and all counterparts will be construed together to be an original and will constitute one and the same agreement. The execution of this MOU by any party may be evidenced by way of an electronic transmission of a copy of such party's signature, and the copy of such signature will be deemed to constitute the original signature of such party with the same force and effect as if the party had delivered an original of their signature.
  7. Date(s) of Supervised Practice Experience: \_\_\_\_\_
  8. SPE Candidate's Profession/Professional College: \_\_\_\_\_
  9. Fraser Health Practice Area and Facility \_\_\_\_\_

\_\_\_\_\_  
Full Name of the Fraser Health Leader (or designate)

\_\_\_\_\_  
Signature of the Fraser Health Leader (or designate)

\_\_\_\_\_  
Full Name of the Fraser Health Supervisor

\_\_\_\_\_  
Signature of the Fraser Health Supervisor

\_\_\_\_\_  
Your Full Legal Name

\_\_\_\_\_  
Your Signature

Insert your full address, including postal code: \_\_\_\_\_

Insert your telephone number(s), including area code: \_\_\_\_\_

		Page 7 of 9
<b><u>POLICY TITLE</u></b>	<b><u>Catalogue Page</u></b>	
<b>SUPERVISED PRACTICE EXPERIENCE</b>	<b><u>Number</u></b> #2955	

**FOR LEADER (OR DESIGNATE):**

- Ensure that MOU has been completed and signed by all parties.
- Ensure that Fraser Health received copies of the required insurance certificates, that they are in the correct amount, and that Fraser Health is named as an additional insured.
- Provide copy of fully signed MOU to the SPE Candidate.
- Send copies of the signed forms and supporting documentation to Professional Practice (student.placement@fraserhealth.ca).

Sample - for educational purposes only

	Page 8 of 9
<p><b><u>POLICY TITLE</u></b> <b>SUPERVISED PRACTICE EXPERIENCE</b></p>	<p><b><u>Catalogue Page</u></b> <b><u>Number</u></b> #2955</p>

**MEMORANDUM OF UNDERSTANDING FOR SUPERVISED PRACTICE EXPERIENCE**

**ATTACHMENT 1**

**WAIVER AND RELEASE OF RESPONSIBILITY**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES**

**PLEASE READ CAREFULLY**

**DISCLAIMER CLAUSE:**

Fraser Health Authority (Fraser Health) is not responsible for any injury or damage suffered by \_\_\_\_\_ (insert your name), arising from or related to my supervised practice experience as \_\_\_\_\_ (insert nature of your experience) with Fraser Health.

**LIABILITY RELEASE:**

I, \_\_\_\_\_ (insert your name), understand, acknowledge, and agree that I am not an agent, employee or servant of Fraser Health for the purposes of this experience.

I acknowledge that I wish to participate in this experience in the \_\_\_\_\_ department/practice area, and I hereby accept full responsibility for, and assume all risks for, myself and waive any right of recovery from Fraser Health that I may otherwise be entitled to at law during this experience.

In consideration of Fraser Health permitting me to participate in the supervised practice experience, I hereby release Fraser Health, its directors, officers, employees, agents and attending physicians from any and all liability for any loss, injury or damage, which I may suffer during the course of my supervised practice experience with Fraser Health.

I acknowledge that I have read the applicable Fraser Health policies and procedures, and agree that I will abide by all applicable Fraser Health policies and procedures, and follow the directions and instructions of duly authorized employees of Fraser Health.

I acknowledge and agree that the electronic transmission of my signature will be deemed to constitute my original signature with the same force and effect as if I delivered my original signature.

I acknowledge that I am nineteen (19) years of age or over, I have read this Disclaimer Clause and I accept the above Waiver and Release of Liability, each as evidenced by my signature below.

\_\_\_\_\_  
**Print Your Full Legal Name**

\_\_\_\_\_  
**Your Signature**

**Date (dd/mm/yy):** \_\_\_\_\_

Your Full Address, including postal code: \_\_\_\_\_

Your Telephone Number(s): \_\_\_\_\_

**FOR LEADER (OR DESIGNATE):**

- Ensure that Waiver and Release of Liability form has been fully completed and signed by SPE Candidate.
- Provide copy of signed Disclaimer Clause and Waiver and Release of Liability to SPE Candidate.
- Send copies of the signed forms and supporting documentation to Professional Practice (student.placement@fraserhealth.ca).



		Page 9 of 9
<b><u>POLICY TITLE</u></b>	<b><u>Catalogue Page</u></b>	
<b>SUPERVISED PRACTICE EXPERIENCE</b>	<b><u>Number</u></b> #2955	

**MEMORANDUM OF UNDERSTANDING FOR**  
**SUPERVISED PRACTICE EXPERIENCE ATTACHMENT 2**

**CONFIDENTIALITY UNDERTAKING FORM FOR SUPERVISED PRACTICE EXPERIENCE**

The collection, use and disclosure of personal information under the custody and control of Fraser Health are governed by British Columbia's Freedom of Information and Protection of Privacy Act (FOIPPA) and Fraser Health's policies. Personal information includes the following information: names, addresses, phone numbers, ethnicity, religion, age, marital status, education, employment, and medical and psychiatric history.

I acknowledge and understand as a participant in a supervised practice experience, I may have direct or indirect access to personal or corporate information and agree to ensure the confidentiality of personal information and exercise discretion when discussing Fraser Health business. During my supervised practice experience, I will keep all personal information and Fraser Health corporate information to which I have access confidential, and will only access such information on a "need to know" basis for carrying out my supervised practice experience. Under no circumstances will I permit unauthorized access to, or use of any personal information or Fraser Health corporate information, nor will I access or use any personal information or Fraser Health corporate information.

I acknowledge that I have read and understand Fraser Health's applicable policies and procedures, including the Confidentiality and Security of Personal Information Policy, and that I understand the consequences of breaching this Confidentiality and Security of Personal Information Policy and any other applicable Fraser Health policies and procedures.

I undertake not to alter, copy, interfere with, destroy or remove any information, including personal information, with which I come into contact during my supervised practice experience at Fraser Health.

I also undertake that I will not, either now or after ceasing my supervised practice experience, disclose or otherwise use any personal, patient, and/or sensitive information I learn during my supervised practice experience at Fraser Health.

I acknowledge and agree that the electronic transmission of my signature below will be deemed to constitute my original signature with the same force and effect as if I delivered my original signature.

I acknowledge that I have read and understand the contents of this Confidentiality Undertaking form and agree to be bound by its terms as evidenced by my signature below.

\_\_\_\_\_  
**Print Your Full Legal Name**

\_\_\_\_\_  
**Your Signature**

**Date (dd/mm/yy):** \_\_\_\_\_

Your complete address, including postal code: \_\_\_\_\_

Your telephone number(s), including area code: \_\_\_\_\_

**FOR LEADER (OR DESIGNATE):**

- Ensure that Confidentiality Agreement has been fully completed and signed by SPE Candidate.
- Provide copy of the signed Confidentiality Agreement to the SPE Candidate.
- Send copies of the signed forms and supporting documentation to Professional Practice (student.placement@fraserhealth.ca).