Schedule “A”
PRACTICUM AGREEMENT

TO: LEARNERS WISHING PLACEMENT IN A FACILITY AFFILIATED WITH A RURAL HEALTH AUTHORITY OR CLINIC

THE UNIVERSITY OF MANITOBA (the “UNIVERSITY”) and most rural health authorities and rural clinic(s) in Manitoba (the “RHA’s”) have entered into Agreement(s) relating to the practical training of UNIVERSITY Learners within the RHA affiliated facilities (“Practicums”). Prior to starting a Practicum, you are required to read and sign this Agreement. This document describes your responsibilities during your Practicum and other important information you should know.

By signing this Agreement, I agree to the following:

1. I understand that my Practicum may not compromise patient/client care or client service objectives of the RHA to which I am assigned.

2. I understand that the UNIVERSITY and/or the RHA have the right to require me to leave a Facility because of my performance or conduct. Moreover, the UNIVERSITY and/or the RHA may remove me from a Practicum entirely.

3. I am aware of my responsibility to maintain appropriate behaviour while in the Facility, particularly concerning patient/client privacy and confidentiality of patient/client records and the operations of the RHA and its affiliated facilities. I am aware of my obligations under Manitoba’s Personal Health Information Act and Freedom of Information and Protection of Privacy Act. All such information is confidential and cannot be communicated, except as permitted by the applicable policies and rules of the RHA and as allowed by law. I will not disclose or discuss what I see or hear, or pass on information from written or electronic records concerning any patient/client, except for the purposes of patient/client care or service. If confidentiality is breached, I understand that the penalty may include termination of my participation in the Practicum. I understand that I may be required to undergo privacy related training and sign a pledge of confidentiality. I understand these obligations of privacy and confidentiality extend to all venues, including my use of social media.

4. I acknowledge that a patient/client has the right to refuse to be a participant in a Practicum.

5. I will be assigned patient/client care or service responsibilities only to the degree commensurate with my level of ability, and optimum learning will be provided without diminishing the quality of patient/client care or service. I will not under-take or perform any task which is outside the scope of the responsibilities specifically assigned to me. If I believe a task is beyond my level of ability or learning, I will immediately inform my supervisor.
6. In addition to all UNIVERSITY policies, procedures and regulations, I am subject to all relevant policies, procedures and regulations of the RHA and its relevant affiliated facilities. I understand that it is my responsibility to become familiar with all applicable rules.

7. I agree to be subject to all policies of the UNIVERSITY and the RHA relating to immunizations and infectious disease testing. Prior to commencing a Practicum, and at my own expense, I agree to obtain all immunizations and infectious disease testing required by the UNIVERSITY and the RHA. I understand that the UNIVERSITY or RHA may prohibit me from participating in a Practicum if I do not obtain the required immunizations, testing, or if I have contracted an infectious disease of concern in context of the Practicum.

8. Prior to commencing a Practicum, I agree to obtain any required criminal record checks (including child abuse registry checks or other similar requirements). I will disclose in writing any change my to criminal reference check previously submitted to the UNIVERSITY. I agree that the UNIVERSITY may share this information with the RHA. I acknowledge that either the UNIVERSITY or the RHA may refuse my access to the Practicum should I have a criminal record of concern.

9. Other than the workers compensation coverage arranged by the UNIVERSITY on my behalf, neither the UNIVERSITY nor the RHA are responsible for obtaining health or disability insurance coverage for me. Neither the UNIVERSITY nor the RHA (each individually referred to herein as the “Party”) accept any responsibility for the risk of accidental injury not caused by the Party or by the Party’s agents, employees, representatives or volunteers, that I may incur during my RHA placements.

Signed by:

________________________________________

Learner

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Date