

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;">POLICY</p>	<p>REGIONAL</p> <p>Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.</p>		<p>Level:</p> <p style="font-size: 2em;">1</p>
	<p>Policy Name:</p> <p style="text-align: center;">Job Shadowing</p>	<p>Policy Number:</p> <p style="text-align: center;">10.40.160</p>	<p>Page</p> <p style="text-align: center;">1 of 3</p>
	<p>Approval Signature:</p> <p style="text-align: center;"><i>Original signed by B. Postl</i></p>	<p>Section:</p> <p style="text-align: center;">GENERAL ADMINISTRATION</p>	
	<p>Date:</p> <p style="text-align: center;">March 2009</p>	<p>Supercedes:</p> <p style="text-align: center;">October 2000</p>	

1.0 **PURPOSE:**

- 1.1 To ensure a process is in place to provide orientation to *The Personal Health Information Act* (“PHIA”) for any Observer who has arranged to job shadow an employee or medical staff within the Winnipeg Regional Health Authority (“WRHA”).
- 1.2 To ensure that the confidentiality of personal health information (“PHI”) is maintained within the WRHA during a job shadowing experience.
- 1.3 To retain a record of the Observer and staff being Job Shadowed, PHIA orientation attendance and the signed PHIA Pledge of Confidentiality or a PHIA Information Sheet.

2.0 **DEFINITIONS:**

- 2.1 **Individual:** A patient, client or resident receiving health care services within the WRHA. For the purpose of access, use and disclosure of personal health information includes persons permitted to exercise the rights of the individual.
- 2.2 **Observer:** An individual who is an adult or a student in Grade ten or greater who is interested in exploring a career in health care and wishes to job shadow an employee or medical staff of the WRHA.
- 2.3 **Site:** The location where health care services are provided within the WRHA (i.e. WRHA healthcare facility or Community setting).
- 2.4 **Staff being job shadowed:** A person employed within the WRHA or a member of the WRHA Medical Staff, who has agreed to accept an Observer in their workplace to job shadow.

3.0 **POLICY:**

- 3.1 The WRHA shall support the job shadowing experience for Observers interested in exploring careers in health care or for those required to job shadow for other acceptable purposes.
- 3.2 An Observer who wishes to job shadow within the WRHA shall request permission in advance from the WRHA site or from the staff they wish to shadow.
- 3.3 The staff being job shadowed shall seek approval from the designated management

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representative at the WRHA Site(s) where the Observer will be in attendance.

- 3.4 Prior to giving an Observer permission to participate, the Site(s) shall:
 - 3.4.1 agree upon the scope, date, time and duration of the experience;
 - 3.4.2 make appropriate risk assessments about potential dangers to the Observer or Individuals at the Site(s) and in the specific locations where the Observer will be present, such as exposure to infections, injury or trauma;
 - 3.4.3 ensure that all potential risks are eliminated or minimized; and
 - 3.4.4 ensure that appropriate insurance coverage is in place and that any guidelines from the insurer are followed.
- 3.5 The Site(s) shall retain the right to refuse permission to an Observer who has requested a job shadowing experience at a Site.
- 3.6 Observers are not permitted to discuss PHI with anyone other than the staff being job shadowed. Observers are not permitted to use or disclose PHI. Use and disclosure of PHI is the responsibility of the staff being job shadowed and must be in accordance with the WRHA PHIA Policies.
- 3.7 As a pre-condition of Site approval, the Observer shall be required to:
 - 3.7.1 attend a WRHA PHIA orientation session and sign a Pledge of Confidentiality form if the approving department management deems it necessary; or
 - 3.7.2 read and sign a WRHA PHIA Information Sheet
- 3.8 The WRHA staff being job shadowed shall agree to:
 - 3.8.1 remind the Observer of the obligation of confidentiality under PHIA;
 - 3.8.2 minimize the amount of personal health information provided to the Observer or that the Observer is exposed to.
- 3.9 The WRHA staff being job shadowed who wish to have the Observer attend in clinical situations such as an operating room or other examinations or procedures or any other area where the Individual is in attendance must ask a Site designated management representative to seek the Individual's prior consent. The consent must be sought without the Observer being present so that the Individual is given every opportunity to refuse.

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4.0 **PROCEDURE:**

- 4.1 The Observer who wishes to job shadow shall request permission from the WRHA staff they wish to job shadow and/or the designated management representative at the Site(s) to attend at the Site(s) on a specific date(s).
- 4.2 The WRHA staff being job shadowed shall seek approval from the designated management representative at the WRHA Site(s) where the Observer will be in attendance. The WRHA staff being job shadowed will consult with a Manager from a specific area/program/service if that particular area is of a sensitive nature.
- 4.3 The Site(s) shall make the appropriate assessments and shall grant permission where feasible. The Site(s) may grant permission upon any specified terms and conditions it considers reasonable:
 - 4.3.1. to protect the individual's privacy and their personal health information; and
 - 4.3.2. to ensure the safety of the Observer and the Individual at the WRHA Site.
- 4.4 The designated management representative shall ensure that Individual's consent is obtained prior to the Observer attending in any clinical situation where the Individual is present.
- 4.5 The Observer shall sign either
 - 4.5.1 the PHIA Information Sheet, after being advised the intent of PHIA and reading the PHIA Information Sheet; or
 - 4.5.2 the Pledge of Confidentiality after having attended a WRHA PHIA orientation session.
- 4.6 The designated WRHA Site representative shall co-sign the PHIA Information Sheet and note any additional terms and conditions applicable. If a full orientation is necessary, the staff providing the session may sign the Pledge.
- 4.7 A copy of the Pledge or the PHIA Information Sheet shall be retained on the Human Resource file of the Staff being job shadowed or in the medical office of the Site the medical staff is being job shadowed.

5.0 **REFERENCE:**

Policy Contact: *Landis Esposito, Chief Privacy Officer*