

Keenan Research Summer Student Forms (Volunteer) For PI/Managers

Please note that as the pandemic continues, there may be restrictions regarding access to certain areas. The PI and research personnel must stay informed if your Summer Student is allowed to be onsite or only in certain areas.

See the microsite link below for updates:

<https://covid.unityhealth.to/research/clinical-community-research/>

Keenan Research Summer Students 2023

Dear Supervisor/Investigator,

These instructions are to register a **Keenan Research Summer Research Student (Volunteer)**.

The Keenan Research Summer Student (KRSS) Program provides opportunities for undergraduate and medical students to conduct research at Unity Health Toronto under the supervision of a principal investigator (scientist and/or MD).

- Research summer students MAY be granted access to Electronic Medical Records (e.g., Soarian/Sunrise) or have access to PHI of patients or research subjects providing they pass a research specific privacy training course.
- Research Students doing any recruiting or consenting, even remotely, will need to be added to the REB approved protocol
- Remote onboarding and network access to UHT email/folders/intranet will be arranged
- Research Students and their supervisors are required to complete the standard onboarding packages.

PROCESS:

1. All students must complete an online profile prior to registering through the SRS system. See the "Getting Started" pdf.
2. Once PI forms are completed, send these to the KRSS Coordinator (KRSS.Program@unityhealth.to) along with the student's COVID vaccination proof (2 doses), CV/Resume and proof of registration (i.e. acceptance letter, class schedule) as an undergraduate student or medical student.
3. The KRSS Coordinator will verify that all information is complete and will send registration details to student.

Renewal - If you wish to extend your Research Student, please contact KRSS.Program@unityhealth.to well in advance of expiry to ensure that access is not lost.

Bar Code Identification Form

Please print clearly

Last Name				
First Name				
Email Address				
Affiliation (school or organization)				
Department Name				
Job Title	Keenan Research Summer Student (Volunteer)			
Phone Number				
Start Date				
End Date (MANDATORY)				
Area(s) of access	Area Name – Not applicable for off-site	Floor	Wing	Initial
PI/Manager Name (Print)				
PI/Manager Signature				
<i>For renewal only:</i> reason why volunteer is being renewed beyond initial end date (1 year max):				

Not Paid by St. Michael's Hospital.

Criminal Check Process and Email Templates for Keenan Research Summer Student (Volunteer)

Dear Keenan Research Summer Student (Volunteer),

You have been recently accepted for a position with St. Michael's Hospital and as a result we are reaching out to you to advise you to **read** and **sign off** on the required criminal check information below in order for the check to be completed. Failure to complete this information in a timely manner will impact your access at the hospital.

PIs/Managers: In order to process your volunteer, we will need your AU and Activity Account info below. The typical cost of a Canadian Criminal Record Check is \$21.

IMPORTANT INFORMATION REGARDING CRIMINAL CHECK PROCESS – PLEASE READ CAREFULLY

- **Your condition of employment is contingent on the completion and satisfactory result of a Criminal Check.**
- **In the next few days you will receive an email from our vendor First Advantage. The email address is: applicants@fadv.ca**
- **Keep an eye out for the email and check your junk mail**
- **You will have a deadline of 48 hours to complete the email once sent to you. Failure in responding will result in terminating your access.**
- **ONLY Government IDs are accepted for the Criminal Check process**
- **Previous criminal record checks conducted by outside organizations is allowed but it must have been completed within 3 months of the volunteer/visitor's start date at Unity Health. This must be included in the registration package when submitting to KRSS.Program@unityhealth.to**

Keenan Research Summer Student Volunteer
(Print Name)

Keenan Research Summer Student Volunteer
(Signature)

PI/Manager (Print Name)

PI/Manager (Signature)

Company

AU

Activity Number

Percentage

Keenan Research Summer Student Assignment Form for PIs/Managers

Please complete all fields. It is the Investigator's responsibility to ensure adequate training and supervision are available to support the Keenan Research Summer Student's work.

Please describe why you are engaging this Keenan Research Summer Student and what they will receive from the experience:	
Please describe the specific duties of the Keenan Research Summer Student:	
Please describe all relevant skills or qualifications:	
Will the student be working with biological material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any additional training beyond the standard training required? - SRS Privacy training	
Which days and what hours will the Keenan Research Summer Student be expected to work?	

Please describe how the Keenan Research Summer Student will be supervised. Please include a mentor plan if applicable.	
<p>Research Students doing any recruiting or consenting, even remotely, will need to be added to the REB approved protocol. If your student will be carrying out such tasks, have you informed or contacted the Research Ethics Board?</p> <p>http://stmichaelshospitalresearch.ca/staff-services/research-ethics/</p> <p>Please be reminded that Research Students working on REB approved studies should complete TCPS2 Training and if applicable GCP training (found here: http://stmichaelshospitalresearch.ca/staff-services/research-education-training/)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Keenan Research Summer Student a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what school and program are they enrolled in?	
Will the Keenan Research Summer Student be gaining academic credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Keenan Research Summer Student Service Agreement

Please read carefully before signing.

Please check each box to acknowledge your understanding and agreement.

The supervisor/PI agrees to:

- Adhere to all responsibilities outlined in section 1.8 of the Research Volunteer and Visitor Policy (see Instructions – for Section 1.8).
- Provide supervision, training, orientation, supervision and feedback to the Student specific to their work area/field.
- Be accessible (via phone/email) to the student for input, direction and to share information.

The Keenan Research Summer Student agrees to:

- Maintain a professional commitment to the Keenan Research Summer Student position
- Seek direction from supervisor if Keenan Research Summer Student is unsure
- Read and understand the workplace violence policy
- Not to exchange contact information – including address, phone numbers, email or social networking information – with patients, study subjects and/or their friends and family.
- Complete the training and have understood it fully
- Maintain confidentiality
- Review the Research Volunteer and Visitor Policy and other relevant SMH policies within 30 days of start date

All registered Keenan Research Summer Student at SMH have accepted the Keenan Research Summer Student role description outlined in the Keenan Research Summer Student Assignment Form for PIs/Managers and have agreed not to make any significant changes in their engagement without first informing the ORA.

I understand and accept the terms of the foregoing Keenan Research Summer Student

PI/Manager (print) name:	Keenan Research Summer Student (print) name:
PI/Manager Signature:	Keenan Research Summer Student Signature:

Accessing Patient Data for Research – Acknowledgment

Please carefully review and acknowledge your understanding of the following:

- The hospital is committed to respecting, protecting our patients', staff privacy, confidential corporate information and personal health information while balancing the need to foster an environment for academic learning and shared knowledge.
- Research personnel (including but not limited to research visitors, volunteers, KRSS students, post-doctoral fellows, graduate students and medical students here for research purposes) **will not be permitted** under any circumstances independent access to patients nor will they be able to participate in direct patient care.

Observing Patients on Site

- Research personnel are **NOT** allowed to observe or shadow in any hospital clinical environment.

Access to Patient Data through Electronic Systems (e.g., Soarian) & Patient Charts

- Research personnel may get VIEW only access to electronic medical records or charts providing it is required and justified for the research project they are working on and the following conditions are met:
 1. The research personnel has completed the Research Privacy training available in the Student Registration System (SRS)
 2. The research personnel is working on an approved Research Ethics Board (REB) research study, which requires access to electronic medical records or charts stored by the hospital
 3. The research personnel has been added to the research team of the approved REB research study.
 4. The supervising researcher/PI ensures that the research personnel is trained appropriately on patient privacy and the electronic system before accessing electronic medical records or patient charts.
- Depending on circumstances further conditions may be imposed.
- Research personnel should never access electronic medical records using someone else's account.
- Once all of the above requirements have been met, the supervising researcher/PI can submit a request to allow research personnel under their supervision to gain access to electronic medical records
 - SMH: A ShopIT request (electronic medical record: Soarian/Sovera).
 - St. Josephs: email sent request to Cordelia.Cooper@unityhealth.to (electronic medical record: Sunrise/Sovera)

Requirements for Research Personnel and their Supervising Researcher/PI

- You (research personnel and supervising researcher/PI) are responsible for all of the following:
 - Ensure adequate training and certification to conduct the activities in accordance with the approved research protocol

- Understand and follow appropriate hospital policies and procedures
 - Report any breaches of privacy to the Privacy Office: privacy@unityhealth.to and Research Ethics Board: researchethics@smh.ca
 - Provide clearly defined activities consistent with the research protocol so that the research personnel only access patient information for the purpose described in the approved study protocol.
 - Ensure oversight/supervision of research personnel with access to medical records is consistent with the approved research protocol
 - Ensure the REB is informed of all study changes, including personnel changes or additions, for research projects
 - Ensure all patient health information transcribed/abstracted remains on the hospital's secure network and that appropriate controls are in place if data is being transferred to an offsite sponsor/collaborator etc. (e.g., contract, described in research ethics application etc.).
 - Understand that research personnel accounts that access patient records may be audited at any time (as per usual practice).
- And that You (research personnel and supervising researcher/PI) **DO NOT** do any of the following:
 - Share, lend, or allow others to use your access log in to medical records or patient systems
 - Share, remove, or discuss patient health information outside of the approved research protocol
 - Violate any privacy or confidentiality guidelines and/or legislation, including the Personal Health Information Protection Act (PHIPA) of Ontario
 - Do not access or use any shared system (e.g. ConnectingOntario, PRO, OLIS, eCHN, RM&R, HDIRS, IAR) for research purposes
 - Violate any research ethics guidelines
 - Engage in any activities beyond those specified in the approved research protocol or beyond the researcher personnel's role at any time
 - Engage in any research activities prior to receiving REB and other required institutional approvals
 - Engage in any research activities prior to completing all required research training
 - Allow patient health information or data transcribed/abstracted for research purposes to leave the hospital or to be stored anywhere other than on the hospital's secure network
 - Save personal health information or confidential information on a personal device (must be saved on a network drive)
 - Email personal health information to a non-Unity Health email address.
 - NOT print any personal health information at home

Questions for PI/Manager:

1. Will the research personnel have access to personal health information?
 - a.
 - b. If yes, what personal health information will the research personnel have access to?
 - c. If yes, where will the personal health information be stored? (e.g., network / shared folder, electronic medical record)?

2. Will the research personnel have access to electronic medical records (Soarian/Sovera at SMH/Sunrise/Sovera at St. Joseph's)?
 - a.
 - b. If yes, how will you (PI) ensure that research personnel only access records that they should?

3. What training and oversight will you (PI) provide the research personnel in the care and handling of personal health information to ensure there are no privacy breaches?

4. How will you ensure that PHI does not leave the site?

(It's important that the manager/ PI overseeing the student(s) review the exact data flow and ensure that the data is being abstracted and stored and does not leave the network. When accessing patient records remotely through Citrix/VPN, research personnel must ensure that all data is stored saved and stored on the network and not the hard drive of a personal device or emailed to personal emails.)

5. Will research personnel email PHI to any non-Unity Health Email addresses?

- a.
- b. If yes, please describe the conditions which will ensure that the data will be kept safe.

I acknowledge, understand and accept the terms regarding access to hospital patients and their data which is limited to a specific research purpose. I understand that I may be audited by the Hospital at any time.	
Date:	Date:
PI/Manager (print) name:	Research Personnel (print) name:
PI/Manager Signature:	Research Personnel Signature: