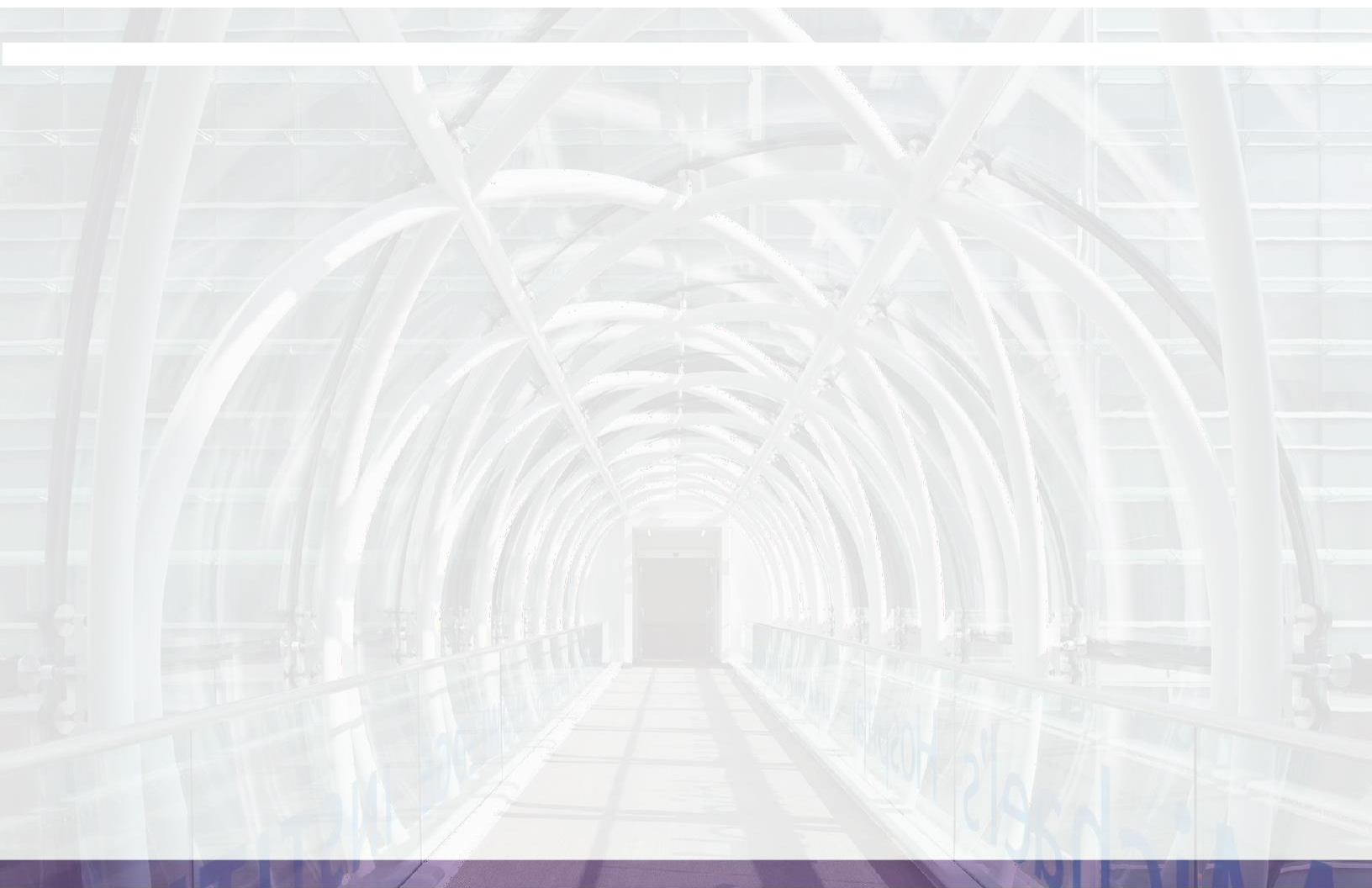




Research Training Centre

Getting Started

Graduate Students



ST. MICHAEL'S
UNITY HEALTH TORONTO

Research Training Centre

Welcome!

On behalf of the Research Training Center of St Michael's Hospital, we welcome you to the Li Ka Shing Knowledge Institute and the Keenan Research Center for Biomedical Science at St. Michael's Hospital, part of the Unity Health Toronto network! Here are some instructions to help you get started.

~ Dr. Katalin Szaszi & Dr. Sofiia Ivantsiv
Research Training Centre

Steps: Graduate Student Registration

Please read through the COVID-19 guidelines and the graduate student attestations (pages 5-9) prior to completing step 1.



1

Online Registration

2

If you will be working on site, complete Research Safe Work Practices Contract and discuss your onsite work plan with your supervisor

3

Pick up ID Badge

4

Immunization

5

Activate UHT Email

6

Activate ID Badge & Seating

7

Graduate Student Training

Registration Instructions

Part 1: Online Registration

Create an Account

Visit <https://students.unityhealth.to/public/login> to get started!

Scroll down to *New Student? Register here!* and click on **register**. Make sure to register using your personal or University email (**do not use your Unity Health Toronto email!**).

Verify your email address: check your inbox for a verification link.


Fill in your [basic information](#), [local address](#), [emergency contact](#), and click on **agree** after you have read the code of conduct and privacy and confidentiality agreement.

My Placements

Click on **MY PLACEMENTS** on the left menu. Click on **create placement** at the top of the page.

Please note once you click submit; you will not be able to edit any of the information in this section.

Modify Site/Student Type

Select . Under **student type**, select **research**. Code of conduct policy schedule A will appear, select **Agree**. Review the privacy and confidentiality agreement and select **Agree**.

For **research title**, select **Graduate Student**.

Supervisor Details

Fill in your St. Michael's supervisor's details (**name** and **email**). If you have a research program manager, please fill in their details as well (**name** and **email**).

Placement Information

Fill in your **start** and estimated **end date** (please check with your supervisor prior to filling in these dates).

Placement Conflicts of Interest

Select a **response (Yes or No)** for the two questions listed in this section and click on **submit**.

My Requirements

Click on **MY REQUIREMENTS** in the left navigation menu. Please complete the following courses:

Unity Health Courses:

- a. Privacy & Confidentiality
- b. WHMIS
- c. Workplace Violence
- d. AODA Customer Service and Integrated Accessibility Standards
- e. Hand Hygiene
- f. Worker Health and Safety

My St. Michael's Courses:

- g. Fire and Safety

Part 2: Complete your Registration

Please email the following to Dalbir Singh (ORAResearch@unityhealth.to):

For Non-Paid Students (Not being paid through Unity Health):

- [PI Forms for Graduate Students](#) (completed by your supervisor)
***Appendix A does not need to be completed**
- [Personal Information Document – Non Paid Students](#) (must be completed by student). The student must attach the documents below within the Personal Information document:
 - Scanned Photocopy of 2 pieces of government-issued ID (see below for acceptable ID).
 - Proof of enrollment in a graduate studies program at a Canadian University ***Can be attached on Page 6 – Additional Documents**
- Register with the RTC: [click here](#)
- Resume/CV

For Paid Students:

- Register with the RTC: [click here](#)
- Resume/CV
- [PI Forms for Graduate Students](#) (completed by your supervisor)
***Appendix A on page 3 of above document must be copied and pasted into the body of the email if your trainee will be receiving a stipend through St. Michael's (Unity Health Toronto)**

If your stipend will be partially or fully paid through St. Michael's, please provide below documents in the [Personal Information Document – Paid Students](#):

- Scanned Photocopy of 2 pieces of government-issued ID (see below for acceptable ID).
- Confirmation of SIN
- Void cheque or direct deposit form
- Proof of enrollment in a graduate studies program at a Canadian University *** Can be attached on Page 6 – Additional Documents**

ACCEPTABLE ID FOR SECURITY

As per eHealth Ontario specifications, individual seeking security credentials at St. Michael's must present an identity document chosen from the list of Primary Identity Documents below, and a second document chosen from either of the lists below.

Primary Identity Documents

- Birth Certificate issued by a Canadian Province or Territory
- Canadian Certificate of Birth Abroad
- Certificate of Canadian Citizenship
- Canadian Certificate of Indian or Metis Status
- CANPASS
- Citizenship Identification Card
- Driver's Licence
- Firearm Registration Licence
- Certification of Naturalization
- Nexus
- A valid Passport issued by a foreign jurisdiction
- Canadian Passport
- Confirmation of Permanent Resident (IMM 5292)
- Permanent Resident Card
- Statement of Live Birth from Canadian Province (Certified Copy)
- Citizenship and Immigration Canada-Refugee Protection Claimant Document
- Canadian Permanent Resident Card
- Ontario Photo Card

Secondary Identity Documents

- BYID Card (Formerly Age of Majority Card)
- Canadian Convention Refugee Determination Division Letter
- Canadian Employment Authorization
- Canadian Immigrant Visa Card
- Canadian Minister's Permit
- CNIB (Canadian National Institute for the Blind) Photo Registration Card
- Canadian Police Force Identification Card
- Canadian Student Authorization
- Certificate issued by a government ministry or agency
- Current Employee Card from a Sponsoring Organization
- Federal, Provincial, or Municipal Employee Card
- Other Federal ID Card, including Military
- Judicial ID Card
- Document showing the registration of a legal change of name accompanied by evidence of use or prior name for the preceding 12 months.
- Old Age Security Card
- Ontario Ministry of Natural Resources Outdoors Card
- Current Registration Document from the College of a Health Profession
- Current Professional Association License/Membership Card for any Regulated Health Profession
- Record of Landing (IMM 1000)
- Student Identification Card
- Union Card
- Blind Persons Right Act ID Card

Shared Facilities and Equipment Use

Smooth operation and use of shared facilities and equipment depends on the responsibility of users. Thus, it is vital that everyone is aware of and follows this set of fundamental rules:

- Sign up to use common equipment using the website with the RCF booking system (www.rfbms.com). Before using the Core, complete the mandatory Research Restarter Safety Training that contains information on PPE use, equipment cleaning, and physical distancing rules and explains the new procedures for the use of shared equipment. Training can be found [here](#).
- General areas are accessible to everyone. However, specialized facilities (e.g. tissue culture, individual Cores, Vivarium) require training. Once you complete the training, you will be provided access. Check the website or contact the responsible Core Specialist for details on the training.
- Prior to using any of the core equipment, you require training by the relevant Core Specialist. Please contact them for specifics. Some advanced systems may require you to demonstrate competency to the Specialist before you can use it independently.
- Equipment must be booked prior to use. The extensive list of equipment in the Core is available online. To book equipment, please visit the Research Facilities [Booking Equipment](#) webpage.
- Equipment booking must be cancelled at least 24 hrs in advance. If it is less than 24hrs, you must contact the person booked following you to alert them of the change. This rule ensures efficient use of the equipment.
- Sensitive equipment requires careful handling. Make sure to follow the rules of equipment use. If unsure, ask.
- Bio-imaging equipment must be booked through the Research Core Facilities booking system (www.rfbms.com). Proper cleaning of all microscopes, including those that are in the tissue culture suites is especially important. Instructions on how to clean and cover the microscope eye pieces are posted at each microscope and can also be found in the Research Restart safety training. For bio-imaging training, contact the Bio-Imaging specialist Caterina Di Ciano-Oliveira (Caterina.DiCiano-Oliveira@unityhealth.to).
- Report malfunctioning or broken equipment to the Core Specialist IMMEDIATELY. Restrictions on equipment usage due to breakage or malfunction will be communicated by the Core via email, so make sure your e-mail address is updated in the RFBMS system. You may get notifications to your unity health email address, so make sure you are checking that email regularly.
- Make sure to finish on time, so you are not taking away time from the next user.
- When finished, follow the rules for cleaning and shutting down the equipment. These rules are usually posted around the equipment and were also articulated to you during your training with the Core Specialist. If unsure, ask.
- Do not store data on core computers longer than absolutely necessary. Archive and remove your data as

soon as possible to avoid overloading the hard-drives and losing of your data. Older data are regularly purged from the common core computers.

- **Eating and drinking are strictly forbidden** anywhere in the wet lab area, including the core labs.
- Misuse of the equipment or breaking any of the rules above will result in loss of equipment privileges and use.

Graduate Student Attestations

Please read the attestations below:

- I will always practice within the scope of my knowledge and skill set and will seek direction from a supervisor or delegate if unsure of any tasks/responsibilities.
- I am knowledgeable of the infection control guidelines and understand the importance of hand washing.
- I will not exchange personal contact information (including address, phone numbers, email or social networking information) with patients, study subjects and/or their friends and family.
- I know my schedule and agree to be reliable and dependable at all times.
- I shall complete all orientation and online training as instructed prior to beginning any research.
- I will complete the Corporate Health and Safety Services forms and wear the appropriate personal protective equipment as required.
- All information that I have provided to Unity Health is accurate.
- I agree to abide by all regulations, policies and procedures that govern Unity Health, and understand that copies of these are available to me from my supervisor/investigator.
- I understand that Unity Health may terminate this agreement at any time, should Unity Health deem my conduct or performance unacceptable. Except in extraordinary circumstances, such a decision would not be made without first consulting with me and if applicable my Educational Institution.
- I understand that Unity Health will at no time accept responsibility for either loss or damage to my personal property including motor vehicles parked or driven on Unity Health premises.
- I understand all patient health information must remain in the Network.
- I understand as part of my role I should not:
 - Give medical advice or engage patients in clinical or medical conversations
 - Lift, touch, or feed patients (even if asked or directed to by staff)
 - Engage in any clinical activities (e.g., taking temperature, blood pressure, blood withdraws, etc.)

The hospital is committed to respecting and protecting our patient's privacy 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 in Clinic

Research personnel are **not** allowed to observe or shadow in a specific hospital clinical environment

unless the following conditions are met:

1. The observation must be directly related to their research project and approved by the researcher/PI supervising the research.
2. The patient's attending physician has authorized the observation for research purposes.
3. The patient's prior express consent has been obtained to allow the research personnel to observe:
 - a. Written consent should be filed in the patient's chart.
 - b. Oral consent should be documented, by the attending physician, in the patient's chart.
 - c. The consent should include the research purpose for the observation, the date/time of the observation, the observer's name and the observer's relationship with the hospital.
4. The researcher/PI supervising the research personnel has obtained permission from the Department Chief, Program Director or Delegate for which that hospital clinical environment would report to.

Depending on circumstances further conditions may be required.

When observing, research personnel must be accompanied at all times by the attending physician.

Research personnel wishing to explore their eligibility to complete an Educational Observership will be subject to and required to comply with the [Student Registration and Administration Policy](#).

Observing Patients in the Operating Room

Research personnel wishing to observe in the Operating Room will be subject to and required to comply with the [Visitors as Observers in OR](#) policy. Safety is the first priority in the Operating Room and therefore not all requests will be granted.

Requests will be considered providing the following conditions are met:

1. The observation must be directly related to their research project and approved by the researcher/PI supervising the research.
2. The attending Surgeon must approve the request and obtain the patient's written consent and noted on the patient's chart. Consent should include the research purpose for the observation, the date/time of the observation, the observer's name and the observer's relationship with St. Michael's Hospital.
3. The research personnel must be screened for communicable diseases.
4. An observer request form must be completed at least two weeks in advance of the surgery.

Depending on circumstances further conditions may be required.

When observing, research personnel must be accompanied at all times by the attending physician. Please note that during the observation you may be requested by any member of the surgical team to leave the operating room due to unforeseen circumstances and you must comply with the request.

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

Research personnel may get 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 is working on an Research Ethics Board (REB) approved research study, which requires access to electronic medical records or charts stored by the hospital.
2. The research personnel has been added to the research team of the approved REB research study.
3. The supervising researcher/PI to ensure 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 required.

The research personnel should never access electronic medical records through someone else's account.

Once the above requirements have been met, the supervising researcher/PI can submit a ShopIT request for access to the electronic medical records.

Requirements for Research Personnel and their Supervising Researcher/PI

Research Personnel with access to electronic medical records or while observing patients in clinic or the operating room as well as their supervising researcher/PI must always be aware of their boundaries and role descriptions.

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 research protocol.
- Understand and follow appropriate hospital policies and procedures.
- Report any breaches of privacy to the Privacy Office and the REB.
- Provide clearly defined activities consistent with the research protocol.
- Maintain oversight to research personnel with access to medical records stay within the activities consistent with the research protocol.
- Confirm that the REB is informed of all study changes, including personnel changes or additions, for research projects.
- Ensure all patient health information transcribed/abstracted will remain on the hospital's secure network and put the appropriate controls in place if data is being transferred to offsite sponsor/collaborator etc. (e.g., contract, described in research ethics application etc.).
- Maintain that the registration process has been completed through the Office of Research Administration and a valid UHT ID Badge has been obtained.

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.
- Violate any privacy or confidentiality guidelines and/or legislation, including the "Personal Health Information Protection Act" 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 research protocol or beyond the researcher personnel's role at any time.
- Engage in any research activities prior to receiving REB and other required approvals.
- Engage in any research activities prior to completing all research training certifications.
- Allow patient health information or data transcribed/abstracted for research purposes to leave the hospital or to be stored anywhere other than the hospital's secure network.

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.