	Toronto Rehabilitation Institute <i>A Teaching Hospital of the University of Toronto</i>	
	Policy Title: RESEARCH TRAINEES AND STUDENTS	Policy #: 1702
	Department: Research	Page: 1 of 8
	Developed by: Policies and Procedures Committee	Originated: January 2008
	Approved by: Research and Education Committee	Approved: January 8, 2009
	Cross Ref. #:	

RESEARCH TRAINEES AND STUDENTS

1.0 Preamble

Research is an investment in promise, potential and hope. At Toronto Rehab, we are advancing both rehabilitation knowledge and practice through research. As our research activities grow, one of our major areas of focus is to create a vibrant academic environment that will attract the best scientists and students. The research administration office together with research scientists and the local team leader will ensure that all individuals pursuing research training (basic, clinic or applied clinical) within Toronto Rehab receive the highest quality of research training in an appropriate and safe environment.

2.0 Definitions

2.1 Researcher

A researcher is defined as any individual who conducts research at or under the auspices of Toronto Rehab. Examples include but are not limited to:

- Persons with a scientific appointment (Senior Scientist Policy #:RES 0002; Scientist Policy #:RES 0003; Adjunct Scientist Policy #:RES 0004)
- Members of the medical, dental, nursing or allied health professional staff of the hospital.
- Research associates
- Research assistants
- Discipline specific research staff (e.g., Nurses, technologists, engineers etc)

2.2 Research Trainee or Research Student

A research trainee or research student is a person registered in undergraduate, graduate or postgraduate level training program at the University of Toronto or another educational institution that has an affiliation agreement with Toronto Rehab.

Examples of research trainees or students include:

- Undergraduate students from various disciplines
- Masters or PhD Students
- Postdoctoral Fellows
- Research Fellows
- Housestaff, physicians, other allied health professionals, clinicians or dentists holding appointments as post graduate trainees including resident and fellows at the hospital.

3.0 PROCEDURES

The Research Administration office will record all research training activities within Toronto Rehab. The research team leaders will coordinate the local research training activities within their team.

3.1 Trainee Registration

All research trainees are required to complete the research trainee registration form (see section 5.0) and forward it to the Research Administration Office prior to beginning their training. In addition, Ontario students are expected to bring a Work/Education Placement Agreement (attached) completed by their institution.

3.2 Trainee Orientation

All trainees are required to attend a hospital orientation session. The type of research the trainee plans to participate in will determine the length and content of the orientation process.

Trainees planning to interact with Toronto Rehab clients as subjects for their research are required to complete the entire orientation outlined in the checklist (section 6.0) as well as other training specific to a clinical program or research discipline, if indicated. Research trainees doing their work in a non-clinical setting must attend the hospital and relevant laboratory orientation sessions. Trainees must attend the laboratory safety training sessions within one month of training commencement as per the checklist provided (section 6.0).

3.3 Supervision of Trainees

Trainees must have a supervisor who is a member of the scientific staff of Toronto Rehabilitation Institute. Under certain circumstances, a member of the clinical staff may be the student's primary supervisor for a research project.

Supervisors should adhere to the guidelines of the student's university or college for student/trainee supervision (e.g. *University of Toronto Graduate Supervision: Guidelines for Students, Faculty, and Administrators*; document available in pdf format at: www.sqs.utoronto.ca/adminsupport/gradadmin/supervision.htm). Supervisors and trainees should check with their university or college for the availability of additional helpful materials (e.g. University of Toronto has materials available on the School of Graduate Studies website).

3.4 Stipend Levels

If the supervisor is paying the research trainee from his/her funds, it is the supervisor's responsibility to ensure the trainee is appropriately compensated. The supervisor should consult with the individual university department to define the appropriate stipend commensurate with the student's academic training level.

3.5 Trainee Representation

Trainees are provided with meaningful opportunities to have input into the research environment at Toronto Rehab and to provide administrative leadership. A group of trainees are elected annually by the research teams (one per team) to a student research administration committee. Among those trainees elected to represent the research team one member is elected as the Chair. The Chair of the trainee committee sits on the Research and Education Committee which reports directly to the Hospital Board. Two members of the group trainee representatives are to serve on the Research Advisory Committee, one representative will sit on the Research Ethics Board, two will assist with the planning of the Annual Research Day, and others may be involved on an ad hoc basis with other subcommittees.

3.6 Evaluation and Feedback

In order to continually improve the quality of our training programs, students and trainees will be requested to provide feedback to their supervisor and the Research Department about their experiences and suggestions for enhancement at the conclusion of their training period (see Section 6.0 Research Trainee Evaluation Form). Students will receive feedback about their performance throughout their educational program following guidelines from their respective university or college departments.

3.7 Confidentiality

Research trainees and students need to familiarize themselves and comply with the following and any revisions as may be incorporated from time to time”.

- 1 Confidentiality Policy# RES 0201 that relates to the business of research investigators / collaborators and industry partnerships – the attached confidentiality agreement needs to be signed <http://www.torontorehab.com/research/documents/Policy%20Confidentiality.pdf>
- 2 Complete the Toronto Rehab Confidentiality Agreement which relates primarily to patient and clinical information; this is usually done at orientation.
- 3 Policy # 1801 on *Security of Health Information used for Research Purposes*

3.8 Intellectual Property

A primary goal of advanced education is the creation of new knowledge. When that occurs, questions can arise regarding its ownership. Much of our research and scholarship is necessarily and quite appropriately collaborative. Early and clear discussion of matters relating to intellectual property can help the participants establish comfortable collaborations and minimize conflict. Graduate students at Toronto Rehab should complete the appended form on Intellectual Property Awareness (section 7.0). Before making invention disclosures to any other organization(s) the student needs to inform Toronto Rehab.

End of document



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SCHEDULE 1 TORONTO REHAB CONFIDENTIALITY AGREEMENT

Name: _____

(Please Print)

Affiliation with Toronto Rehabilitation Institute: _____

(e.g., employee, physician, volunteer, researcher, student, consultant, board member, vendor, contractor)

During my association with the Toronto Rehabilitation Institute, I will have access to information and material relating to patients, medical staff, board members, employees, of Toronto Rehabilitation Institute, which is of a private and confidential nature. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.

1. I shall treat all Toronto Rehabilitation Institute information that is not in the public domain as confidential. This includes administrative, financial, clinical, employee and other records including photographs. This means that I shall not read records or discuss, divulge, or disclose such information about Toronto Rehabilitation Institute, unless there is a legitimate purpose that is authorized by the person overseeing my work at Toronto Rehabilitation Institute, by the person who formerly oversaw my work at Toronto Rehabilitation Institute, or by law.

2. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.

3. Violations of this agreement include, but are not limited to:

- accessing information that I do not require for job purposes;
- misusing, disclosing without proper authorization, or altering patient or personnel information,
- disclosing to another person your user name and/or password for accessing electronic records. Exceptions must be discussed with the chief privacy officer.

4. I shall only access, process, and transmit confidential information using hardware, software, and other authorized equipment or methods as required by the duties of my position.

5. I understand that Toronto Rehabilitation Institute will conduct periodic audits to ensure compliance with this agreement.

6. I understand the conditions outlined in this statement, and understand that they will remain in force even if I cease to have an affiliation with Toronto Rehabilitation Institute,

7. I understand that should any of these conditions be breached, I may be subject to corrective action up to and including termination of employment, loss of privileges, termination of a contract, or such other action as is appropriate to my association or prior association with Toronto Rehabilitation Institute.

Name of Trainee _____ Signature _____ Date _____

Name of Supervisor _____ Signature _____ Date _____

SCHEDULE 2 RESEARCH TRAINEE REGISTRATION FORM**STUDENT**

Name (last, first):
Mailing Address:
Postal Code
Date of Birth (yy/mm/dd)

Email:
Mobile:
Home:

DEPARTMENT/PROGRAM

University (Name):
Department/Program
Degree (i.e. BA, MSc, PhD, Post Doc):
Student ID#

PROJECT / SUPERVISOR

Supervisor (Print Name):
Supervisor Signature:

Project Title:

Project Start Date (yy/mm/dd):
Project Stop Date (yy/mm/dd):
Stipend/Funding Source:

SCHEDULE 3 TRAINEE CHECKLIST

Trainee Orientation	Mandatory	Optional	Date yy/mm/dd	Student Initials
Student Registration Form Completed	X			
Confidentiality Agreement (signed and mail to Lois Ward UC-12029)	X			
Infection Control/WHMIS* online presentation and handouts (post-tests completed sent to Occupational Health at your site i.e. UC)	X			
View, “ Everything Humanly Possible” video and hospital mission and values	X			
Fit Testing* (record of mask)				
Immunization* (record)	X			
Hospital Orientation	X			
Lab Orientation (if appropriate)		X		
Emergency Codes (reviewed video online)	X			
CPR* (if applicable, give occupational health a copy of valid certificate)		X		
Transfer Training (e.g. physical transfer of clients from bed to chair)		X		
Impairment Specific Training/Emergency Procedures i.e. Autonomic dysreflexia				
Payroll/Human Resources	X			
Other (specify):				
Research Trainee Program Evaluation Form Received	X			

Supervisors Signature: _____

Forward the Completed Form to the Research Administration office and your Supervisor.

SCHEDULE 4 INTELLECTUAL PROPERTY AWARENESS

SECTION 1: To be completed by the student – please print or type

Name _____ Student No. _____

Supervisor _____ Research Team _____

SECTION 2: To be completed by the student

- 1 Have you read Toronto Rehab’s Intellectual Property Policy # RES 0801?
<http://www.torontorehab.com/research/documents/Policy%20Intellectual%20Property.pdf>
 Yes () No ()
- 2 Have you discussed intellectual property issues that may arise in the course of your studies (e.g. authorship in publications, filing of patents or commercialization of products) with your supervisor?
 Yes () No ()

If the answer to either of these questions is “No”, please explain:

3. I agree to be bound by Toronto Rehab’s Intellectual Property Policy # RES 0801 and subsequent amendments to the policy.

Student’s signature _____ Date _____

SECTION 3: To be completed by the student’s supervisor

- 1 Have you reviewed Toronto Rehab’s Intellectual Property Policy # RES 0801 with this graduate student?
 Yes () No ()
- 2 Have you reviewed this form after it was completed by this graduate student?
 Yes () No ()
- 3 Have you reached an agreement with this graduate student on any anticipated intellectual property issues?
 (It is recommended that any written agreement be kept on file)
 Yes () No ()

If the answer to any of these questions is “No”, please explain:


Supervisor’s signature _____ Date _____

Please return the completed form to the Research Office

SCHEDULE 5 WORK / EDUCATION PLACEMENT AGREEMENT

For fillable form go to www.edu.gov.on.ca/eng/document/forms/631352.pdf

Clear/Remplacer



Ministry of Education /
Ministère de l'Éducation

**Work/Education Placement Agreement/Post-Secondary /
Accord sur la formation pratique (postsecondaire)**

The information on this form is required to maintain the employment record of the training participant and is collected under the authority of the Workplace Safety and Insurance Act, 1997, c.16, s.21, 22, and the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, s.5, and Order-in-Council 70/95. Because the Ministry of Education covers the cost of workers' compensation and private insurance coverage, the Ministry may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to the Ministry of Education, 6th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario, M7N 5L2. Telephone (416) 325-2647. / Les renseignements contenus dans ce formulaire sont requis pour tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la Loi de 1997 sur le plan de la sécurité professionnelle et l'assurance contre les accidents du travail et de l'article 5 de la Loi sur le ministère des Collèges et Universités, L.R.O. 1990, chap. M19 et du décret 70/95. Étant donné que le ministère de l'Éducation assume le coût de l'assurance contre les accidents du travail et de l'assurance privée, le ministère peut utiliser ces renseignements pour vérifier la légitimité des demandes. Pour toute question sur ce formulaire, s'adresser au ministère de l'Éducation, 6e étage, édifice Mowat, 900, rue Bay, Toronto ON M7N 5L2. Téléphone : (416) 325-2647.

Date Completed / Remplie

Please print. / En caractères d'imprimerie

A. Parties to the Agreement / Parties contractantes

1. Name of training participant / Nom du/de la participant-e à un stage de formation	Date of birth / Date de naissance	Age / Âge	Sex / Sexe
Address / Adresse		Home phone no. / N° de tél. (domicile)	Postal Code / Code postal
Program / Programme			
2. Name of work placement employer / Nom de l'employeur		Name of training supervisor / Nom du/de la superviseur-e de la formation	
Address / Adresse		Telephone no. / N° de téléphone	Postal Code / Code postal
3. Post-Secondary Institution / Établissement postsecondaire		Name of contact person / Personne-ressource	
Address / Adresse		Telephone no. / N° de téléphone	Postal Code / Code postal

B. Specific Time at Training Station / Durée du stage et horaire

1. Period of Agreement / Durée de l'accord	The training participant, from / Le-la participant-e au stage de formation devra, du _____ 200_____ to / au _____ 200_____ shall be involved in work activities as part of the above educational/training program as / dans le cadre du programme de formation susmentionné, effectuer les tâches de _____ (job title / désignation de fonction)
2. Hours of Training / Heures de travail	The normal hours of training shall be from / les heures de travail habituelles seront de _____ to / à _____
3. Schedule of Training / Jours de travail	Identify the days when the training participant will be at the work placement (or attach training participant's schedule). / Inscrive les jours où le-la participant-e sera en stage de formation (ou joindre son emploi du temps). _____ (days of training / jours de travail)

C. Workplace Safety and Insurance Board Coverage / Assurance de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

1. Workplace Safety and Insurance Board coverage will be provided at the work placement by / Les primes de l'assurance de la Commission seront versées par	<input type="checkbox"/> by the Ministry of Education / le ministère de l'Éducation <input type="checkbox"/> for the entire period / pour toute la durée du stage.
2. Number of work placement hours for which Workplace Safety and Insurance Board Coverage has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance de la Commission a été fournie par (remplir une fois le stage terminé)	By the Ministry of Education / le ministère de l'Éducation 200 _____ 200 _____

D. Private Insurance Coverage / Assurance privée

1. Private insurance coverage will be provided in the event that the work placement employer is not covered by the Workplace Safety and Insurance Board Coverage / Si l'employeur ne bénéficie pas de l'assurance de la Commission, une assurance privée sera retenue par	<input type="checkbox"/> by the Ministry of Education / le ministère de l'Éducation <input type="checkbox"/> for the entire period / pour toute la durée du stage.
2. Number of work placement hours for which private insurance has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance privée a été retenue par (remplir une fois le stage terminé)	By the Ministry of Education / le ministère de l'Éducation 200 _____ 200 _____

E. Signature of Parties to the Agreement / Signature des parties contractantes

Training participant / Participant-e au stage de formation	Parent/Guardian (if applicable) / Père, mère, sœur ou tuteur (le cas échéant)
Work placement employer / Employeur	Post-secondary institution / Établissement postsecondaire

44-1382 (04/02/00) White - Training participant / Blanche - Participant-e au stage de formation Canary - Work placement employer / Jaune - Employeur Pink - Post-secondary institution / Rouge - Établissement postsecondaire