

**QUEEN ELIZABETH HOSPITAL**  
**Charlottetown, Prince Edward Island**

**Resident Fieldwork Agreement**

Name in Full: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Province Postal Code

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Prince Edward Island Contact Number: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_  
Day Month Year

Medical Education: Medical School: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_

Prior to starting your fieldwork at the Queen Elizabeth Hospital you are required to read and sign this Fieldwork Agreement. It describes your responsibilities during your fieldwork experience and other important information that you should know.

By signing this Agreement, I agree to the following:

1. Fieldwork programs cannot compromise the patient care or service delivery objectives of the Hospital. Hospital staff have the ultimate responsibility for all aspects of patient care and/or service delivery and for the integration of educational programs into the Hospital.
2. I am aware of my responsibility to maintain appropriate behaviour while in the Hospital, particularly concerning patients' privacy and confidentiality of patients' records. All such information is confidential and cannot be communicated except as outlined in Hospital policy.

I will not disclose what I see or hear or communicate information from written records concerning any patient or hospital business, except for the purposes of patient care and in keeping with Hospital policy.

I will not discuss patients publicly, either within or outside the Hospital.

If confidentiality is breached, this may result in the termination of my fieldwork experience.

3. I will be assigned responsibilities commensurate with my level of training and ability, and optimum learning will be provided without interfering with the quality of patient care or service delivery.
4. I acknowledge that a patient has the right to refuse to be a participant in fieldwork experiences.
5. I am subject to the policies, procedures, regulations and administrative directives of the Hospital while I am participating in the fieldwork experience.
6. The Hospital has the right to require me to leave the Hospital because of my performance or conduct. This right will not be exercised without prior discussion with the School or placing authority, except in extraordinary circumstances.
7. The Hospital and my School carry liability insurance in the event that a patient is injured through negligence. The Hospital does not carry health or disability insurance that provides coverage for students. Unless such coverage is provided by my School or myself, I understand the hospital will refuse to allow me to complete this fieldwork.
8. The Hospital does not accept any responsibility for accidental injury unless caused by the Hospital, its agents or employees.
9. I acknowledge that I am not an employee or contractor of the hospital and am therefore not entitled to Workers Compensation or other employee benefits.
10. Dates of Fieldwork Experience:  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Muray Mundle, M.D., Acting  
Medical Director, Queen Elizabeth and  
Hillsborough Hospitals - Dept. of Health

\_\_\_\_\_  
Date: