

Observation/Authorized Guest Agreement

Observer/
Authorized Guest Arushri Swarup
(First Name) (Last Name)

Sponsor's Name: David Pothier
(First Name) (Last Name)

Department/Division: Department of otolaryngology Head and Neck Surgery

Area ☒ Operating Room ☐ Clinical Setting

Site: ☒ TG ☐ PM ☐ TW ☐ TR

Start Date: 13-Jun-2017 End Date: 27-Jun-2017

All Observers/Authorized Guests Must Read and Complete the Following Information

University Health Network ("UHN") supports visiting Observers and Authorized Guests who desire to gain medical knowledge during the observation of patient care procedures and activities at UHN. In exchange for this observation experience, the Observer/Authorized Guest has read, understood and agrees to the following terms and conditions:

1. Observer/Authorized Guest understands and agrees that s/he must be accompanied by the Sponsor when observing patient care activities and that s/he is not allowed independent access to patients or patient records (electronic or hard copy), any UHN financial records or any computer or operating systems. Observer/Authorized Guest agrees to comply with all UHN identification procedures which may include wearing an observer badge with photo ID. Observer/Authorized Guest and Sponsor will clearly identify the Observer/Authorized Guest to all patients encountered and observation of patient care activities will only occur after the patient has given permission for the Observer/Authorized Guest to be present.
2. Observer/Authorized Guest has read, understands and agrees to comply with all applicable policies and procedures of UHN, including but not limited to the UHN External Observer/Authorized Guest Policy. Observer/Authorized Guest agrees not to disclose or discuss patient identifiable information with any persons except with other healthcare providers involved in the patient's care as needed to facilitate the observation experience. Observer/Authorized Guest agrees to follow the requirements of Personal Health Information Protection Act (PHIPA) to the extent applicable and acknowledges the obligation to protect patient confidentiality forever, even after the observation period has expired. Observer/Authorized Guest will sign a separate Observer/Authorized Guest Confidentiality Agreement outlining Observer/Authorized Guest confidentiality obligations in greater detail.
3. Observer/Authorized Guest understands that s/he will not provide medical care to patients during the observation period. Observer/Authorized Guest understands that medical care includes, but is not limited to performing any of the following functions: taking a medical history; performing a physical examination; diagnosing or treating a patient's condition; prescribing or administering drugs; writing notes or orders in a patient's chart; performing or assisting in a surgical procedure; or billing for services rendered. Observer/Authorized Guest further acknowledges that providing medical care to patients in violation of this Agreement may result in civil liability, licensing sanctions or criminal penalties. Observer/Authorized Guest agrees to follow all instructions of her/his Sponsor or other members of the clinical team and understands that failure to do so may result in the termination of this Observer/Authorized Guest Agreement by UHN.

4. Observer/Authorized Guest understands that s/he is not, and will not be considered, an employee/staff member of UHN. Observer/Authorized Guest are not entitled to salary, benefits, reimbursement of expenses or other compensation. Observer/Authorized Guest understands that s/he will not be provided with liability coverage or medical insurance during the observation period and will not be covered by workers' compensation coverage if injured during the observation period.
5. Prior to the start of the observation period, Observer/Authorized Guest must self-screen for communicable diseases prior to entering the hospital (self-screening tool is available on UHN website under 'Patients and Visitors' section). Observer/Authorized Guest agrees not to enter the hospital if s/he has a sign or symptom of a communicable illness or otherwise fails self-screening. Observer/Authorized Guest agrees to leave hospital if s/he develops a sign or symptom of a communicable illness.
6. UHN may terminate the observation experience at any time and in its sole discretion by providing notice to the Observer/Authorized Guest or instructing the Observer/Authorized Guest accordingly. Observer/Authorized Guest understands and agrees that s/he may be required to leave UHN premises immediately should observation period be terminated by UHN. Observer/Authorized Guest acknowledges that no appeal or grievance rights exist to challenge the termination of an observation experience.
7. Observer/Authorized Guest, for him or herself, his or her personal representatives, heirs, assigns and all others who might have a similar claim, waive, release and forever discharge UHN, its respective employees, directors, agents, staff and other representatives from any responsibility or liability for personal injury (including, but not limited to, illness, death and damage to or loss of property) that Observer/Authorized Guest may incur due to the negligence of UHN and their respective employees, directors, agents, and other representatives, or due to accidental occurrences arising from activities relating to this observation experience, whether foreseeable or not.
8. Observer/Authorized Guest agrees that this Observation Agreement shall be construed, interpreted and enforced in accordance with, and respective rights and obligations of the parties shall be governed by, the laws of the Province of Ontario and the laws of Canada. You irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

Observer/Authorized Guest ACKNOWLEDGMENT

Observer/Authorized Guest warrants that s/he has read this Observation Agreement, understands its contents and will abide by the terms of this Agreement.

Name: Arushri Swarup

Sign: Arushri Swarup

Title: _____

Date: 31-May-2017

SPONSOR & SIGNING AUTHORITY ACKNOWLEDGMENT

We have read, understood and agree to comply with the terms of this Observation Agreement and the UHN External Observers Policy in my capacity as Sponsor.

Sponsor

Name: _____

Sign: _____

Title: _____

Date: _____

Signing Authority (level above Sponsor)

Name: _____

Sign: _____

Title: _____

Date: _____



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

CONFIDENTIALITY AGREEMENT

Name: Arushri Swarup

(Please Print)

Affiliation with UHN: student at the university of Toronto

(For example: employee, clinician, physician, allied health, volunteer, researcher, student, consultant, vendor, contractor)

1. During my association with University Health Network (UHN), I will have access to information and material relating to patients, medical staff, employees, other individuals, or UHN, which is of a private and confidential nature.
2. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals. Specifically with respect to personal health information, I acknowledge that any such personal health information maintained by UHN is subject to the Personal Health Information Protection Act and its regulations and I am familiar with and agree to comply with the Act's provisions related to access, disclosure, retention and disposal.
3. I shall treat all UHN administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality, including, but not limited to, de-identifying the data, whenever possible. I shall not read records or discuss, divulge, or disclose such information about UHN, unless there is a legitimate purpose related to my association with UHN. This obligation does not apply to information in the public domain. I shall not remove confidential information from UHN premises except when necessary for the provision of health care. When in transit, I shall securely store and ensure the confidential information is in my custody and control at all times. If confidential information must be removed from UHN, I shall ensure it is de-identified, where possible.
4. 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.
5. Violations of this policy 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.
6. I shall only access, process, and transmit confidential information using hardware, software, and other authorized equipment, as required by the duties of my position. I shall store all electronic confidential information on a UHN secure network. Where electronic confidential information is stored on the local drive, I shall ensure it is de-identified, where possible. I shall report any tools or software requiring hard drive storage for patient care functions to the UHN Privacy Office.
7. I shall immediately report all lost or stolen confidential information to my immediate supervisor and to the UHN Privacy Office.
8. I understand that UHN will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
9. I also 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 similar action appropriate to my association with UHN. **I UNDERSTAND TOO THAT A PRIVACY BREACH IS AN OFFENCE UNDER PHIPA AND I MAY BE SUBJECT TO PROSECUTION BY PROVINCIAL AUTHORITIES IF I AM FOUND GUILTY OF THIS OFFENCE.**
10. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to have an association with UHN. When my relationship with UHN comes to an end, I agree to securely return all property belonging to UHN, including but not limited to keys, devices and any record of personal health information in my possession.

Arushri Swarup

Name (Please Print)

Form D-3236 (20/11/2015)

Arushri Swarup

Signature

31-May-2017

Date

**Medical and Non-Medical Observers
SELF – SCREENING HEALTH EVALUATION**

In a hospital setting, there are several childhood and communicable diseases, which may pose a health risk to patients and/or staff members (e.g. chicken pox, influenza, viral diarrhea, etc.) You are required to answer these questions before your visit to the hospital.

INSTRUCTIONS:

The content of this evaluation is strictly confidential. This questionnaire is for self-screening purposes only, and is to be completed and retained by the Observership Office.

1. Answer the questions listed below.
2. If you answer 'NO' to the vaccine question, you will not be able to observe at the hospital as scheduled.

I HAVE BEEN VACCINATED AGAINST MEASLES, MUMPS, RUBELLA (GERMAN MEASLES) AND VARICELLA (CHICKEN POX), OR AM OTHERWISE KNOWN TO BE IMMUNE TO THESE INFECTIONS.

YES (✓)

NO ()

DURING THE PAST MONTH, HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS THE FOLLOWING DISEASES?

	YES	NO
TUBERCULOSIS	()	(✓)
MEASLES (RED MEASLES)	()	(✓)
MUMPS	()	(✓)
RUBELLA (GERMAN MEASLES)	()	(✓)
VARICELLA (CHICKEN POX)	()	(✓)
WHOOPING COUGH	()	(✓)

IN THE PAST 48 HOURS, HAVE YOU EXPERIENCED NEW ONSET OF?

	YES	NO
COLD	()	(✓)
A SCRATCHY / SORE THROAT	()	(✓)
SNEEZING	()	(✓)
DIARRHEA	()	(✓)
NAUSEA / VOMITING	()	(✓)
FEVER	()	(✓)
PINKEYE	()	(✓)
A RASH	()	(✓)

If you answered 'yes' to any of the above, you will not be able to observe at the hospital as scheduled. You must notify your Sponsor to make alternate arrangements for your Observership.

By signing this form, I certify that this information is up to date and that UHN will not be responsible for any illness contracted during the visit.

Arushri Swarup
Signature

Arushri Swarup
Print name

31-May-2017
Date

Privacy for Non-Clinicians Test**Arushri Swarup**

Date / Time	Student Score	Passing Score	Result
May 31, 2017 11:14 am	100	100	Pass

BE MASC 2017 Summer

BE MASC 2017-2018 Fall/Winter

Degree: MAsC - Biomedical Engineering

2017 Summer Degree Registration Status: Registered

2017 Summer Year of Study: 1

Attendance: full-time

Graduate Funding: Yes

Courses

Programs

School of Graduate Studies

Your first-stop whenever you have questions, concerns or are facing issues that are getting in the way of your success.

Graduate Professional Skills (GPS)

The Graduate Professional Skills (GPS) program is designed to help all graduate students become fully prepared for their future by helping you to:

- Be a better communicator
- Understand and apply ethical practices
- Learn entrepreneurial skills and more

School of Graduate Studies GPS

ARUSHRI SWARUP
58 Northforest Trail,
Kitchener, Ontario, Canada N2N 2Z1
519-575-5468 | arushriswarup@gmail.com

PERSONAL STATEMENT

A driven, hard-working and optimistic biomedical engineer starting an MASc. at IBBME. Has developed prototyping, engineering design, teamwork and project management skills through her undergraduate degree of Engineering Science, Biomedical Systems Option at U of T and her internships. Eager to apply and enhance her skills in an exciting Master's project, developing new instruments to facilitate endoscopic ear surgery, through IBBME and the Hospital for Sick Children.

WORK EXPERIENCE

Capstone Engineering Design Teaching Assistant – Institute for Biomaterials and Biomedical Engineering at the University of Toronto

September, 2016 - Present

- Delivered a lecture to the class about how to succeed in the course
- Provide technical and project management support on how to translate client's needs to an engineering problem

Research Student – Centre for Image Guided Innovation and Therapeutic Intervention at the Hospital for Sick Children

May – Aug, 2016

- Used Solidworks, 3D printing and CNC Mill Machining to fabricate components for experiments
- Conducted experiments to characterize force vs. deformation trends nitinol tubes using a motor, force sensor, Arduino board and laser apparatus
- Analyzed data using Matlab and statistical analysis
- Trained students to use CNC Mill Machine and to generate G-Code
- Mentored summer students to design and fabricate prototypes

Engineering Associate – Baylis Medical Company

May, 2014 – August, 2015

- Designed, tested, documented and implemented device verification and validation testing
- Managed projects involving communication with company departments and suppliers
- Prototyped and tested production tools, using Solidworks and 3D printing, while incorporating feedback from senior engineers and production operators
- Addressed non-conformances in production by performing technical investigations, developing and implementing a solution in production with a product engineer
- Developed a Laser Welding Training Document and Manufacturing Protocols

EDUCATION

University of Toronto

September, 2011 – April, 2016

- **Bachelor of Applied Science and Engineering, Biomedical Systems Option, Graduated with Honours**
- Relevant Courses: Biomedical Engineering Design, Undergraduate Thesis, Biomaterial and Medical Device Development, Human Physiology, Cells and Tissue Engineering

ENGINEERING PROJECTS

Design and Fabrication of an Endoscopic Ear Surgery Tool

September – December, 2015

- Collaboratively designed a modified surgical tool for Endoscopic Ear Surgery with four team members and an ENT Surgeon at SickKids Hospital

- Used Solidworks, 3D printing and Mill machining to design a functional prototype and tested inside a 3D printed ear canal model and a cadaver ear canal
- Delivered a final presentation and report
- Will continue this project, as an MASc. project at IBBME, where the ENT Surgeon will be the Primary Investigator

Undergraduate Thesis: Computer Simulation of Nerve Stimulation September, 2015 – April, 2016

- Developed a model of electrical nerve stimulation on a simplified human leg using COMSOL Multiphysics
- Analyzed nerve excitability using Matlab and optimized model parameters
- Delivered thesis presentation to peers and supervisor and submitted Thesis report

Fabrication of Pneumatic Engine - Basic Machining Course at George Brown College February, 2015

- Used Lathe, Mill machine and Drill press to machine a pneumatic engine

Development of an Antimicrobial Resistant Microorganism Monitoring System May – August, 2013

- Conducted diffraction-based immunoassays and tested them on a system of optical instruments along with a fellow student
- Utilized Matlab to analyze data collected, wrote an SOP for diffraction patterning

Aeroponic Proof of Concept Project May 2012 – November, 2014

- Collaboratively built an Aeroponic Garden System consisting of individual garden units with a central nutrient-spraying and drainage system, with a team and U of T professor

SKILLS

- Matlab, Solidworks SolidCAM, Microsoft Office, COMSOL Multiphysics, ImageJ
- CNC Mill Machining, Laser Welder, Force Gauge, Pull Test Stand, 3D Printing, Wet Lab experience
- Certified in Laser Safety Training by U of T, May, 2013

AWARDS

- Director's Innovation Award, August, IBBME, 2016
- NSERC IUSRA Award May-August, 2014 and 2015 during PEY at Baylis Medical
- Recipient of 2011 University of Toronto President's Scholarship

CLINICAL AND VOLUNTEER EXPERIENCE

Baylis Medical Company May, 2014 – August, 2015

- Volunteered at company Christmas party and Annual General Meeting

Grand River Hospital/Regional Cancer Centre Volunteer: Summer Student Program July – August, 2011

- Interacted with patients undergoing chemotherapy

LEADERSHIP/VOLUNTEER EXPERIENCE

Engineering Science Ambassador September – December, 2013

- Conversated with prospective Engineering Science students at University Fairs

HOBBIES

Bollywood Dance Instructor at Hart House, U of T February, 2016 - Present

REFERENCES: Available on Request