

INDIVIDUAL PRACTICUM SUPERVISOR
AGREEMENT
NWT HEALTH SYSTEM

Instructions

The purpose of this contract is to make explicit expectations and responsibilities of the student, supervisor and setting.

It is the responsibility of the practicum “student” and the practicum “supervisor” to review and discuss the items on this contract and to negotiate a contract which is acceptable to both parties prior to the beginning of the practicum placement. The student may complete any sections in advance of a meeting in preparation for the discussion. The process is important and the content is intended to provide signposts for conducting a dialogue between the supervisor and student.

The Individual Practicum Supervisor Agreement must be signed by the supervisor and student to confirm the practicum placement. the supervisor in the setting retains a copy and provide a copy to HSSPrograms@gov.nt.ca The student also retains a copy and provides a copy to their Program Instructor.

This is an agreement between: _____ and _____
Practicum Supervisor Practicum Student

The term of supervision will be from: _____ until _____
Start date (yyyy/mm/dd) End date (yyyy/mm/dd)

This Individual Practicum Supervisor Agreement is to expire after the specified end date above. If the period of supervision is to end earlier, or be extended beyond the date, an amended individual Practicum Supervisor Agreement should be created, agreed to, and signed by both parties.

1. Practicum details:

Dates From: _____ To: _____

Program: _____

Education Institute: _____

Type of Practicum: _____ Total Hours Required _____

Unit: _____

Department/Region: _____

Facility: _____ Community: _____

2. Student Contact Information:

Student: _____

Telephone #s: Home: _____ Office: _____ Cell: _____

Email: _____ Preferred Mode of Contact: _____

Emergency Contact: _____ Phone: _____

3. Practicum Coordinator/Instructor Information (Educational Institute):

Instructor: _____

Phone: _____ Email: _____

4. NWT Health System Practicum Supervisor

Supervisor: _____ Title: _____

Phone: _____ Email: _____

Alternate/Secondary Supervisor: _____

Phone: _____ Email: _____

5. Orientation (in accordance with the requirements of the setting):

- | | |
|------------------------------------|------------------------------------|
| Agency/organization programs | Email/phone/computer/copier |
| Policies and procedures | Parking |
| Review confidentiality/privacy | Allocated clerical support |
| Review limits of confidentiality | Organization emergency procedures |
| Dual relationships/boundary issues | Meal times/breaks |
| Health and safety procedures | Procedures when sick/unavailable |
| Orientation package | Dress code |
| Case/file management | Patient/client booking [procedures |
| Clinical recording/documentation | Supervisor absence |
| Introduction to key personnel | Other: |
| Allocated space | _____ |

SUPERVISOR ROLE/RESPONSIBILITIES

The supervisor agrees to the following:

1. The Supervisor is competent to provide the services undertaken by the Student while under his/her supervision.
2. The Supervisor will continually assess the knowledge, skills and competence of the Student and provide supervision as appropriate to the Student's knowledge, skills and competence based on that assessment.
3. The Supervisor will keep a record of supervision activities and contacts between the Supervisor and the Student that will include all minimum requirements as stipulated by the Education Institution.
4. If the Supervisor is unavailable for the Student, the Supervisor will arrange for an alternative qualified employee of the NWT Health System in the same facility to provide support for the Student in their supervised activities, and the Supervisor will provide that alternate person's name and contact information to the Student.
5. The Supervisor will continually evaluate the appropriateness and quality of the services provided by the Student, as well as the professional development of the student, during the agreed-upon period of this Supervisory Agreement. Informal feedback may be provided at any time. Formal evaluation of the Student will occur as directed by the requirements of the Practicum Placement Package provided by the Practicum Coordinator/Academic Instructor where applicable.

STUDENT RESPONSIBILITIES

The Student agrees to the following:

1. The Student will comply with all requirements under the legislation and regulations relevant to the services and licensure of the services in which they engage and within the policies and guidelines of the NWT Health System.
2. The Supervisee agrees to meet with the Supervisor for supervision according to the schedule/plan that is agreed to by both the Supervisee and Supervisor.
3. Unless already done so in advance by the Supervisor, the Student will inform clients/patients at the onset of service provision of the following:
 - a. the Student's professional status, qualifications, and functions; the Student's identity and how the Supervisor can be contacted;
 - b. that all services are reviewed with, and conducted under the supervision of, the Supervisor;

- c. that meetings with the Supervisor can be arranged at the request of the client/patient, supervisor, and/or Student;
 - d. that with respect to the limits of confidentiality, the Supervisor must have access to all relevant information about the client.
4. The Student will ensure all reports and formal correspondence related to the provision of services will be co-signed by the Supervisor or designated alternate.
 5. The Student will bring to the attention of the Supervisor issues that could potentially involve client/patient safety, mandatory reporting situations, physical or mental health needs/issues that require immediate or emergency attention.
 6. The Student will only engage in the practicum service activities identified by the Instructor and the Supervisor during the practicum.

The Supervisor and Student have read the above, had the opportunity to discuss the content and related questions, agree with the content of this contract and agree to abide by the relevant procedures and policies set out by the host agency regarding supervision of students and the Education Institute Program.

Signatures:

Practicum Student: _____ Date: _____

Practicum Supervisor _____ Date: _____