

Practice Education Guidelines for BC Consent for Student Involvement in Health Care

July 2021

Intent / Purpose

- Describe the expectations and responsibilities related to obtaining and maintaining consent for Post-Secondary Institution (PSI) Student involvement in health care from Health Care Organization (HCO) Clients, or their substitute decision-maker.
- Outline the process for obtaining consent for Student involvement in health care during practice education experiences within HCOs.

Definitions

Refer to: [Standard Terms and Abbreviations](#)

<i>Consent</i>	<p>"...a process that results in a voluntary agreement to permit the delivery of health care to a person"¹</p> <p>Expressed consent: "can be oral or written. For majority of minor examinations / procedures, oral consent is enough...For all major diagnostic procedures and surgeries, a written and witnessed consent is necessary."²</p> <p>Implied consent (Adult): "Also known as 'knowledgeable cooperation', this means informed consent that is indirectly communicated to the health care provider by the Adult through their conduct such as: nodding their head; presenting their arm for an injection; cooperating with an examination, etc."³</p> <p>Implied consent (Child): "When a person under 19 years of age presents themselves for routine diagnostic and treatment/service measures in emergency, out-patient, and clinic settings, or when they accept health care services, or by conduct (nodding the head, cooperating with examination, etc.)"⁴</p>
<i>Consent – Valid (Informed)</i>	<p>For a consent to be considered valid, it must be informed, meaning it includes all the following elements or conditions:</p> <ul style="list-style-type: none">(a) the consent relates to the proposed health care,(b) the consent is given voluntarily,(c) the consent is not obtained by fraud or misrepresentation,(d) the adult is capable of making a decision about whether to give or refuse consent to the proposed health care,(e) the health care provider gives the adult the information a reasonable person would require to understand the proposed health care and to make a decision, including information about<ul style="list-style-type: none">(i) the condition for which the health care is proposed,(ii) the nature of the proposed health care,(iii) the risks and benefits of the proposed health care that a reasonable person would expect to be told about, and(iv) alternative courses of health care, and(f) the adult has an opportunity to ask questions and receive answers about the proposed health care."⁵

¹ Ministry of Health. (2011). *Health Care Providers' Guide to Consent to Health Care*. Pg. 3. Retrieved August 20, 2019 from <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers-guide-to-consent-to-health-care.pdf>

² Krishnan, N. R., & Kasthuri, A. S. (2007). Informed Consent. *Medical Journal, Armed Forces India*, 63(2), Pg. 165. Retrieved August 20, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925362/>

³ Interior Health Authority. (2019). *Administrative Policy Manual AL0100 Consent – Adults*. Pg. 2. Retrieved August 20, 2019 from <https://www.interiorhealth.ca/AboutUs/Policies/Documents/Consent%20Adults.pdf>

⁴ Ibid. (2016). *Administrative Policy Manual AL0200 Consent – Persons Under 19 Years of Age*. Pg. 2. Retrieved August 20, 2019 from <https://www.interiorhealth.ca/AboutUs/Policies/Documents/Consent%20Persons%20Under%2019%20Years%20of%20Age.pdf>

⁵ Government of BC. (2019). *Health Care (Consent) and Care Facility (Admission) Act [RSBC 1996] Chapter 181*. Retrieved August 20, 2019 from https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96181_01#section6

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<i>Health care</i>	<p>"...anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic, or other purposes related to health..."^{6,7}</p> <p>"This includes care at a clinic or doctor's office, in a hospital, in a care facility, assisted living residence or hospice, in a group home or home share setting.</p> <p>Health care can include individual treatments, longer-term courses of health care (like a series of immunizations or a course of chemotherapy), and participation in medical research.</p> <p>The law describes two kinds of health care:</p> <ol style="list-style-type: none">1. Minor health care includes things like regular checkups, routine tests, basic dental and eye care, immunizations, medications of any kind, and other care that is not major health care.2. Major health care is currently defined as major surgery, major diagnostic or investigative procedures, any treatment involving a general anaesthetic, radiation therapy, chemotherapy, kidney dialysis, electro-convulsive therapy (ECT), laser surgery and any other health care that may be described in the future by Regulation."^{8,9}
<i>Health Record</i>	<p>"...confidential compilation of pertinent facts of an individual's health history, including all past and present medical conditions, illnesses and treatments, with emphasis on the specific events affecting the patient during the current episode of care."¹⁰</p>
<i>Student involvement</i>	<p>Degree of involvement can range from observation to participatory</p> <p>Observation: "...a learning opportunity with minimal client risk. Observers must not provide any hands on or direct client services including but not limited to: assessment, treatment/intervention, education, or counselling."¹¹ Other terms: job shadow, career observation, observership</p> <p>Participatory: actively takes part in direct client services including accessing/reading the health record; participation varies according to the Student's program of study and stage within it, and level of competence. (see PEG Student Practice Activities, Limits, and Conditions; PEG Supervision of Students)</p>
<i>Substitute decision-maker</i>	<p>"In B.C. there are three kinds of substitute decision makers for health care decisions. They are:</p> <ul style="list-style-type: none">- an adult appointed by the court to be a committee of person under the <i>Patients Property Act</i>;- a representative under the <i>Representation Agreement Act</i>;- a Temporary Substitute Decision Mater (TSDM) chosen by a health care provider or authorized by the Public Guardian and Trustee (PGT) under the <i>Health Care (Consent) and Care Facility (Admission) Act</i> (the Act)."¹²

⁶ Government of BC. (2019). *Health Care (Consent) and Care Facility (Admission) Act [RSBC 1996] Chapter 181*. Retrieved August 20, 2019 from https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96181_01#section6

⁷ Ibid. *Infants Act [RSBC 1996] Chapter 223*. Retrieved August 20, 2019 from

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96223_01#section17

⁸ Nidus Personal Planning Resource Centre and Registry. (2020). *Health Care Consent: Your Rights and the Law*. Pg. 1. Retrieved January 31, 2021 from http://www.nidus.ca/PDFs/Nidus_Info_HCC_Your_Rights_and_the_Law.pdf

⁹ Ministry of Health. (2011). *Health Care Providers' Guide to Consent to Health Care*. Pg. 27-28. Retrieved August 20, 2019 from <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers-guide-to-consent-to-health-care.pdf>

¹⁰ Health Information Management. (2019). *What is a Health Records?* Retrieved August 27, 2019 from <http://www.himconnect.ca/patients/commonly-asked-questions/what-is-a-health-record>

¹¹ College of Speech and Hearing Professionals of BC. (2018). *POL-QA-06: Levels of Supervision*. Retrieved June 23, 2019 from <https://www.cshbc.ca/wp-content/uploads/2019/02/CSHBC-POL-QA-06-Levels-of-Supervision.pdf>

¹² Public Guardian and Trustee of British Columbia. (August 2019). *Information for Temporary Substitute Decision Makers*. Pg. 1. Retrieved January 31, 2021 from <https://www.trustee.bc.ca/documents/STA/Information%20for%20Temporary%20Substitute%20Decision%20Makers%20Authorized%20by%20the%20Public%20Guardian%20and%20Trustee.pdf>

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This guideline focuses on Student involvement in care, not the overall process of obtaining a valid consent (or refusal) for a proposed course of health care treatment.

- Students may assist in the consent process for health care but are not responsible for the overall HCO process of obtaining an informed consent.
- Only second-credential program Students who are regulated health professionals may obtain written consent from the Client for health care such as invasive, surgical, and certain specific medical and diagnostic procedures (including blood transfusion and organ/tissue removal) when it is within their scope of practice, under the supervision of their HCO Supervisor, and permitted under HCO policies¹³ (see [PEG Student Practice Activities, Limits, and Conditions](#); [PEG Documentation by Students](#)).

Clients or their substitute decision-makers have the right to refuse Student involvement in health care at any time and are assured by HCO Workers that this refusal does not adversely impact care or service.

The obligation to provide practice education experiences within the HCO is balanced against the Clients' freedom to choose who observes their health care and/or who they receive health care or services from.¹⁴

HCOs use a variety of formats to publicly inform prospective and current Clients of the potential for Students and Educators to be involved in their health care for educational purposes.

Consent for Student involvement in Client health care is obtained and maintained according to, but not limited to, the following:

- *Health Care (Consent) and Care Facility (Admission) Act*¹⁵
- *Infants Act*¹⁶
- *Mental Health Act*¹⁷
- professional- or discipline-specific practice standards
- HCO policies and procedures

¹³ Ministry of Health. (2011). *Health Care Providers' Guide to Consent to Health Care*. Pg. 2 & 6. Retrieved August 20, 2019 from <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers'-guide-to-consent-to-health-care.pdf>

¹⁴ American Medical Association. (2019). *Medical Student Involvement in Patient Care: Code of Medical Ethics Opinion 9.2.1*. Retrieved August 22, 2019 from <https://www.ama-assn.org/delivering-care/ethics/medical-student-involvement-patient-care>

¹⁵ Government of BC. (2019). *Health Care (Consent) and Care Facility (Admission) Act [RSBC 1996] Chapter 181*. Retrieved August 20, 2019 from https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96181_01#section6

¹⁶ Ibid. *Infants Act [RSBC 1996] Chapter 223*. Retrieved August 20, 2019 from https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96223_01#section17

¹⁷ Ibid. *Mental Health Act [RSBC 1996] Chapter 288*. Retrieved August 20, 2019 from http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01

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The type of consent (implied or expressed) depends on the nature of health care or service being provided by the Student to the Client.

Because consent for Student involvement in Client health care is a dynamic and ongoing communication process, it is obtained at the beginning and continues throughout the course of health care.^{18, 19}

The onsite PSI Educator or HCO Supervisor/Worker initially obtains consent for Student involvement in health care from Client (or their substitute decision-maker) without the Student present to minimize the risk of receiving a coerced consent (perceived as condition of health care).

As part of the consent process, the onsite PSI Educator or HCO Supervisor/Worker informs the Client or substitute decision-maker of:

- the type and role of Student
- the degree of Student involvement
- who is supervising the Student
- how the Student is supervised
- their right to refuse a Student's involvement in their health care
- their right to ask the Student to leave at any point through the course of health care

Onsite PSI Educators, HCO Supervisors, and/or Students assess and confirm the Client's ongoing consent for Student involvement in health care (usually implied or expressed verbal) with each care situation or encounter, **except when**:^{20, 21}

- the Client is in urgent or emergent need for health care, and
- the adult Client is incapable of providing consent, and
- no substitute decision-maker is available

¹⁸ College of Occupational Therapists of British Columbia. (2019). *COTBC Practice Standards for Consent*. Retrieved August 20, 2019 from <https://cotbc.org/library/cotbc-standards/practice-standards-and-guidelines/consent/>

¹⁹ College of Physicians and Surgeons of BC. (2019). *Non-hospital medical and surgical facilities accreditation program: Accreditation Standards – Consent*. Pg. 3. Retrieved August 20, 2019 from <https://www.cpsbc.ca/files/pdf/NHMSFAP-AS-Consent.pdf>

²⁰ Ministry of Health. (2011). *Health Care Providers' Guide to Consent to Health Care*. Pg. 9. Retrieved August 20, 2019 from <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers-guide-to-consent-to-health-care.pdf>

²¹ Public Guardian and Trustee of British Columbia. (2014). *Consent to Health Care and The Role of the Public Guardian and Trustee*. Pg. 1. Retrieved August 20, 2019 from <http://www.trustee.bc.ca/documents/adult-guardianship/Consent%20to%20Health%20Care.pdf>

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Students only observe or take part in care activities that are private, invasive, or sensitive in nature after the Client or substitute decision-maker has given expressed consent to the onsite PSI Educator or HCO Supervisor/Worker (Examples: pelvic, breast, genital, and rectal examinations, procedures, or surgeries; pregnancy, labour, delivery, and postpartum care; mental health, psychiatry, or psychotherapy; care and treatment of survivors of violence, trauma, or abuse).²²

Consent for Student involvement in Client health care is documented as required²³ by:

- HCO policies and procedures
- PSI and/or the program of study
- professional- or discipline-specific practice standards

Onsite PSI Educators and/or HCO Supervisors revisit the Client's or substitute decision-maker's consent if there is ever any doubt as to the Client's wishes for Student involvement in health care.^{24, 25}

Any refusal (implied or expressed) or withdrawal of consent for Student involvement in Client health care is documented in the Client's health record and communicated to the health care team.²⁶

So there is no possibility of Clients or substitute decision-makers confusing Students and on-site Educators for HCO Workers, all Students and Educators authorized to be in the practice education setting:

- Wear clearly visible identification on their person at all times while in the practice education setting (see [PEG Post-Secondary Institution Student & Educator Identification](#)).
- Introduce themselves to Clients by name, title or designation, and PSI program that is consistent with identification worn.

²² Schachter, C., Stalker, C., Teram, E., Lasiuk, G., Danilkewich, A. (2008). *Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse*. Ottawa: Public Health Agency of Canada. Pg. 38-39. Retrieved January 24, 2021 from <https://www.cdho.org/docs/default-source/pdfs/reference/sensitivepractice.pdf?sfvrsn=6>

²³ Ministry of Health. (2011). *Health Care Providers' Guide to Consent to Health Care*. Pg. 6. Retrieved August 20, 2019 from <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers-guide-to-consent-to-health-care.pdf>

²⁴ College of Physical Therapists of British Columbia. (November 2019). *Consent to Treatment*. Pg. 13. Retrieved January 31, 2021 from <https://cptbc.org/wp-content/uploads/2020/02/CPTBC-consent-to-treatment-2019.pdf>

²⁵ British Columbia College of Nurses & Midwives. (May 2020). *Practice Standards: Consent*. (Publication 359). Pg. 3. Retrieved January 24, 2021 from https://www.bccnm.ca/RN/PracticeStandards/Lists/GeneralResources/RN_PS_Consent.pdf

²⁶ College of Occupational Therapists of British Columbia. (2019). *COTBC Practice Standards for Consent*. Retrieved August 20, 2019 from <https://cotbc.org/library/cotbc-standards/practice-standards-and-guidelines/consent/>

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Students and onsite Educators obtain verbal consent from the Client or substitute decision-maker to photograph, videotape, or record the Client solely for the purposes of it becoming a component of the health record (such as documenting a Client's condition and tracking progress of treatment) as per the HCO policies (see [PEG Privacy and Confidentiality](#)).

HCO Supervisors or Workers only allow Students to photograph, videotape, or record Clients either on behalf of the HCO for public relations, education, or research purposes, or as part of a PSI academic assignment if:

- it is allowed by HCO policy,
- it is with the Client's full understanding of how the information is recorded and to be used, and
- it is with the Client's expressed written consent obtained by the HCO Supervisor (see [PEG Privacy and Confidentiality](#)).

Any time an onsite PSI Educator or HCO Supervisor wishes to demonstrate a skill to Students for educational purposes²⁷, they:

- ensure the activity is consistent with and/or beneficial to the Client's plan of care
- ensure the activity will not physically, psychologically, emotionally, or spiritually harm the Client
- explain the purpose to the Client or substitute decision-maker
- proceed only if the Client or substitute decision-maker has consented

Client written consent is always retained in the health record (see [PEG Privacy and Confidentiality](#)).

Roles, Responsibilities and Expectations

Post-Secondary Institutions

- Include the concepts and principles of consent and confidentiality in the program of study curriculum.
- Clarify with Students their role in the consent process.
- Provide guidance to Students for situations where Clients refuse or withdraw consent for Student involvement in health care.

²⁷ Canadian Medical Protective Association. (n.d.). *Delegation and supervision: The role of the patient – Informing patients about the role of trainees*. Retrieved January 24, 2021 from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/teams/Delegation_and_supervision/the_role_of_the_patient-e.html

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- Ensure academic assignments related to practice education experiences are structured to limit the use of Client materials and recordings, and that what is used follows HCO consent and confidentiality policies (see [PEG Privacy and Confidentiality](#)).

PSI Educators / HCO Supervisors

- Follow legal and ethical obligations for obtaining and maintaining valid consent (or refusal) for health care.
- Comply with and assist Students to comply with HCO policies, protocols, and/or procedures for consent.
- Determine the conditions for Student involvement in care and performing activities and tasks by considering:
 - the Client's health condition, preferences, and needs
 - the nature and complexity of activities to be performed
 - the practice education setting and work environment
 - the level of supervision the Student requires
 - involvement of others in overseeing the activities
 - how to know what activities have been done and the effects on the Client²⁸
- Inform the Client or substitute decision-maker of the potential for Student(s) observing or taking part in Client health care.
- Seek verbal or written consent (depending on the degree of involvement, nature of health care provided by the Student, and/or other policy/practice requirements) before the care encounter or course of health care by informing the Client or substitute decision-maker of:
 - the type and role of Student
 - the degree of Student involvement
 - responsibilities of the Student
 - who is supervising the Student
 - how the Student is supervised (see [PEG Supervision of Students](#))
 - their right to refuse a Student's involvement in their health care
 - their right to ask a Student to leave at any point through the course of health care
- Assess and confirm Client's ongoing consent with each care encounter.

²⁸ British Columbia College of Nurses & Midwives. (July 2020). *Regulatory Supervision of Students*. Pg. 2. Retrieved January 24, 2021 from <https://www.bccnm.ca/NP/PracticeStandards/Pages/regulatorysupervision.aspx>

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- Revisit the Client's or substitute decision-maker's consent whenever there any doubt as to the Client's wishes for Student involvement in health care.
- Explore the reasons behind any refusal or withdrawal of consent for Student involvement with the Client or substitute decision-maker.
- Document Client's consent for Student involvement in health care if required by:
 - HCO policies and procedures,
 - PSI and/or the program of study, and/or
 - professional- or discipline-specific practice standards
- Always document any refusal/withdrawal of consent for Student involvement and inform healthcare team.
- Provide teaching and support to Students in situations where Clients or substitute decision-makers have refused or withdrawn consent for Student involvement in care.

Students

- Respect the ethical principles of consent and confidentiality.
- Comply with HCO policies and procedures for consent.
- Confirm with the PSI Educator or HCO Supervisor the Client's consent for observing or taking part in specific health care encounters and during the course of health care.
- Introduce self to Clients and HCO Workers including:
 - own name, title or designation, and PSI program consistent with identification worn
 - role and degree of involvement in health care
 - the name, location, form of supervision of the PSI or HCO Educator
- Assess and confirm Client's ongoing consent for involvement with each care encounter.
- Inform onsite PSI Educator and/or HCO Supervisor whenever there any doubt as to the Client's wishes for Student involvement in health care.
- Document Client consent for involvement in care where required and according to HCO policies.

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Health Care Organizations

- Establish and communicate policies and guidelines for Client consent and Student involvement in care to PSIs.
- Use a variety of formats (such as posters, pamphlets, web sites, and consent forms) to inform prospective and current Clients of:
 - the HCO's role in educating Students in the practice education setting
 - possible involvement of Students in the delivery of health care and services
 - their right to refuse Student involvement in their health care

References and Resources

- American Medical Association. (2019). *Medical Student Involvement in Patient Care: Code of Medical Ethics Opinion 9.2.1*. Retrieved August 22, 2019 from <https://www.ama-assn.org/delivering-care/ethics/medical-student-involvement-patient-care>
- British Columbia College of Nurses & Midwives. (July 2020). (May 2020). *Practice Standards: Consent*. Retrieved January 24, 2021 from https://www.bccnm.ca/RN/PracticeStandards/Lists/GeneralResources/RN_PS_Consent.pdf
- Ibid. *Practice Standards: Regulatory Supervision of Students*. Retrieved January 24, 2021 from https://www.bccnm.ca/NP/PracticeStandards/General%20Resources/NP_PS_RegulatorySupervision.pdf
- British Columbia College of Social Workers. (2009). *Code of Ethics and Practice Standards*. Retrieved August 20, 2019 from <http://www.bccollegeofsocialworkers.ca/wp-content/uploads/2016/09/BCCSW-CodeOfEthicsStandardsApprvd.pdf>
- British Columbia Pharmacy Association. (2014). *When is a checkmark not enough – What is Informed Consent?* Retrieved August 20, 2019 from <https://www.bcpharmacy.ca/news/when-checkmark-not-enough-what-informed-consent>
- Canadian Medical Protective Association. (n.d.). *Delegation and supervision: The role of the patient – Informing patients about the role of trainees*. Retrieved January 24, 2021 from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/teams/Delegation_and_supervision/the_role_of_the_patient-e.html
- College of Occupational Therapists of British Columbia. (2019). *COTBC Practice Standards for Consent*. Retrieved August 20, 2019 from <https://cotbc.org/library/cotbc-standards/practice-standards-and-guidelines/consent/>
- College of Physical Therapists of British Columbia. (November 2020). *Standards of Practice for Physical Therapists in British Columbia*. Retrieved January 31, 2021 from https://cptbc.org/wp-content/uploads/2020/12/CPTBC_Standards_2020_Nov27.pdf

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- Ibid. (November 2019). *Consent to Treatment*. Pg. 13. Retrieved January 31, 2021 from <https://cptbc.org/wp-content/uploads/2020/02/CPTBC-consent-to-treatment-2019.pdf>
- College of Physicians and Surgeons of British Columbia. (2019). *Non-hospital medical and surgical facilities accreditation program: Accreditation Standards – Consent*. Retrieved August 20, 2019 from <https://www.cpsbc.ca/files/pdf/NHMSFAP-AS-Consent.pdf>
- Ibid. (August 2020). *Practice Standard: Job Shadowing/Observing*. Retrieved January 24, 2021 from <https://www.cpsbc.ca/files/pdf/PSG-Job-Shadowing-Observing.pdf>
- College of Speech and Hearing Professionals of BC. (June 2020). *SOP-PRAC-06: Client Consent*. Retrieved January 24, 2021 from <http://cshbc.ca/wp-content/uploads/2019/02/CSHBC-SOP-PRAC-06-Client-Consent.pdf>
- Ibid. *POL-QA-06: Levels of Supervision*. Retrieved June 23, 2019 from <https://www.cshbc.ca/wp-content/uploads/2019/02/CSHBC-POL-QA-06-Levels-of-Supervision.pdf>
- Evans, K.G. (2016). Consent: A guide for Canadian physicians. *Canadian Medical Protective Association* (4th ed.). Retrieved August 20, 2019 from <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians#types%20of%20consent>
- Fraser Health Authority. (2011). *Consent for Health Care*. Retrieved August 20, 2019 from <https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/About-Us/Accountability/Policies/ConsentForHealthCare-Policy-201106.pdf>
- Ibid. (2014). *Job Shadow, Career Observation, and Supervised Practice Placements*. Retrieved August 20, 2019 from <https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/About-Us/Accountability/Policies/JobShadowCareerObservationSupervisedPracticePlacements-Policy-201403.pdf>
- Government of BC. (2019). *Health Care (Consent) and Care Facility (Admission) Act [RSBC 1996] Chapter 181*. Retrieved August 20, 2019 from https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96181_01#section6
- Ibid. *Infants Act [RSBC 1996] Chapter 223*. Retrieved August 20, 2019 from https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96223_01#section17
- Ibid. *Mental Health Act [RSBC 1996] Chapter 288*. Retrieved August 20, 2019 from http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01
- Health Information Management. (2019). *What is a Health Records?* Retrieved August 27, 2019 from <http://www.himconnect.ca/patients/commonly-asked-questions/what-is-a-health-record>
- Interior Health Authority. (2019). *Administrative Policy Manual AL0100 Consent – Adults*. Retrieved August 20, 2019 from <https://www.interiorhealth.ca/AboutUs/Policies/Documents/Consent%20Adults.pdf>

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- Ibid. (2016). *Administrative Policy Manual AL0200 Consent – Persons Under 19 Years of Age*. Retrieved August 20, 2019 from <https://www.interiorhealth.ca/AboutUs/Policies/Documents/Consent%20Persons%20Under%2019%20Years%20of%20Age.pdf>
- Krishnan, N. R., & Kasthuri, A. S. (2007). Informed Consent. *Medical Journal, Armed Forces India*, 63(2), 164–166. doi:10.1016/S0377-1237(07)80066-9. Retrieved August 20, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925362/>
- Ministry of Health of British Columbia. (2011). *Health Care Providers' Guide to Consent to Health Care*. Retrieved August 20, 2019 from <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers'-guide-to-consent-to-health-care.pdf>
- Nidus Personal Planning Resource Centre and Registry. (2020). *Health Care Consent: Your Rights and the Law*. Pg. 1. Retrieved January 31, 2021 from http://www.nidus.ca/PDFs/Nidus_Info_HCC_Your_Rights_and_the_Law.pdf
- Public Guardian and Trustee of British Columbia. (August 2019). *Consent to Health Care and The Role of the Public Guardian and Trustee*. Retrieved January 31, 2021 from <http://www.trustee.bc.ca/documents/adult-guardianship/Consent%20To%20Health%20Care.pdf>
- Ibid. (August 2019). *Information for Temporary Substitute Decision Makers Authorized by the Public Guardian and Trustee*. Retrieved January 31, 2021 from <https://www.trustee.bc.ca/documents/STA/Information%20for%20Temporary%20Substitute%20Decision%20Makers%20Authorized%20by%20the%20Public%20Guardian%20and%20Trustee.pdf>
- Schachter, C., Stalker, C., Teram, E., Lasiuk, G., Danilkewich, A. (2008). *Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse*. Ottawa: Public Health Agency of Canada. Pg. 38-39. Retrieved January 24, 2021 from <https://www.cdho.org/docs/default-source/pdfs/reference/sensitivepractice.pdf?sfvrsn=6>

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Guideline Review History

Version	Date	People Responsible	Brief Description (reason for change)
1	March 2007	Authors/Editors: Carol A. Wilson (BCAHC), Barb Collingwood (BCAHC) Reviewers: Practice Education Committee of the BC Academic Health Council (Grace Mickelson, Chair)	
2	March 2013	Editors: Diana Campbell (VIHA) Carrie Edge (FHA) Heather Straight (VCHA) Deb McDougall (BCHAC)	Revised to new template Content revised References updated
3	March 2021	Editor: Carol A. Wilson (PHSA) Reviewers: Judy Lee (KPU) BJ Gdanski (PHSA) Ministry of Health (Allied Health Policy Secretariat and Nursing Policy Secretariat) Ministry of Advanced Education, Skills and Training (Health Education Reference Committee) Health Authority Practice Education Committee	Updated title to use term consistent with legislation Updated definitions and references Updated guidelines to reflect profession/discipline practice standards Expanded roles and responsibilities to improve clarity