



Consent form

Simulation details

Title:
Date:
Venue:

As part of your participation in this program, you will be an observer of the performance of other individuals managing simulated clinical scenarios. Other participants will similarly observe your performance.

Each participant is given the opportunity to critique their own behaviour during the simulated activity. Each individual will be subject to conditions that may increase the likelihood of errors and lapses in performance.

Regardless of the role(s) you perform in any activities, we ask you to hold as confidential all information regarding the performance of specific individuals, as well as the identity of those performing. The protection of information about the performance of individuals is critically important. If not maintained, they could be subject to unfair or unwarranted criticism.

We also ask you to maintain as confidential the details of specific scenarios. Each scenario is complex in its production. The circulation of particulars about individual scenarios could influence the performance or the perception of value by future participants.

As a participant in these activities, regardless of the role performed, I agree to maintain as confidential the following:

1. the identity of all participants
2. all information regarding the performance of each participant
3. the details of specific scenarios.

I have read, understood and agree to the above to ensure the strictest confidentiality about my observations during this program.

Participant Name

Participant Signature

Date