

PARTICIPATION, RECORDING, AND CONFIDENTIALITY AGREEMENT

As a participant in training in a simulated patient care environment at the Behling Simulation Center, I understand that I will be both an active participant in realistic scenarios and an observer of others immersed in similar situations, either in real time or in media form. I understand and agree to the following:

1. Participating in simulation-based training is part of my clinical learning experience. I will engage in and participate in the simulation fully as a professional and treat it as a realistic patient care experience.
2. The objective of this training program is to train individuals to better assess and improve their performance in different types of patient care situations. Simulation-based training is designed to challenge participants. It is a safe environment where mistakes are expected, and participants and observers will learn from their own as well as others mistakes. Because of this, I will maintain strict confidentiality regarding both my performance as well as the performance of others, whether witnessed in real time or on media.
3. Failure to maintain confidentiality may result in unwarranted and unfair defamation of character of the participants. This could cause irreparable harm to me and my colleagues and would seriously impair the effectiveness of this simulation-based training program.
4. Observe strict simulated patient and peer confidentiality about the details of the scenario, team member actions, and the debriefing discussions, at all times to which I am both directly and indirectly exposed.
5. Scenario participation will be videotaped for use during the facilitated debriefing session immediately after the experience. Recordings of the scenario will be erased after the debriefing, unless, as per policy it will be used for a specific education training, research or viewing purpose.
6. If during the course of scenario experiences, significant performance gaps are identified that are unable to be

completely addressed within that learning session, within 2 working days, the facilitator will meet jointly with me and my educational contact to review the gaps identified and define a plan of action to close the gaps. At no time during this meeting will the scenario videotape be used or specifics of the scenario activities be released.

I acknowledge that I have read and understand this statement and agree to participate fully and maintain the strictest confidentiality about the performance of individuals and the details of scenarios to which I am exposed.

PRINT Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_

Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IE. Medical Student, Nursing Student, P.T. Student, Medical Resident, Dental Student, Dental Resident etc.)

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