CONFIDENTIALITY OF INFORMATION

Thank you for being an observer or participant in our facility simulations. The purpose of simulations is to offer a hands-on healthcare learning experience which does not put patients at risk. It allows the individuals and teams to make mistakes and for all to learn and improve upon them. Please keep confidential all information regarding performance of individuals and details of the simulated cases.

PERMISSION TO REVIEW VIDEO RECORDINGS FOR EDUCATIONAL PURPOSES

The simulation may be video recorded for review and giving focused timely feedback during the debriefings. The debriefing will also be recorded and reviewed later for improving aspects of training.

By signing below, I acknowledge to having read and understood this statement and agree to maintain confidentiality about the performance of individuals and the simulated cases.

Signature:    Date:

Print Name:

Email:

Please turn off all cell phones and pagers unless immediately required for professional or personal circumstances.

Kokila Thenuwara 12/10/2021