Center for Experiential & Applied Learning Patient Simulation



Informed Consent

This consent form anticipates research (and potential publication) to be undertaken studying surgeon, physician, resident, nurse, and/or other allied health professional performance in CEAL's Patient Simulation Suites/Labs or with CEAL's Mobile Simulation Unit across the WFBH institution. The nature of such research would most likely be educational, investigating such potential hypotheses as to whether organized simulation training has positive effects on subsequent performance in the simulation environment; whether education techniques employed in the simulation environment are effective; whether training for anesthetic/medical crises in simulation makes a difference in subsequent clinical performance; investigating methods used to evaluate simulation and clinical performance.

PROCEDURE: If you consent to be involved in such future research, videos or other digital media made of you during your simulation sessions may be analyzed for technical and behavioral performance during simulated crises and medical situations. Follow-up questions may be asked of you regarding various aspects of the simulation, depending upon the design of any such future studies.

RISKS: There are risks to participating in this type of research. Simulation sessions are stressful to some individuals and most have difficulty performing flawlessly in simulation. There are multi-factorial reasons for this phenomenon. Participants may be disappointed or surprised by their performances. Alternatively, participants may become overly confident in clinical practice following a successful simulation experience.

We ask your permission to participate in retrospective research as described above and ask that we might use your video-recorded performance for review. Your individual performance will NOT be identified in ANY research proceedings; however, your performance in any education program is always reviewed and considered by appropriate members of faculty and educational staff.

Signature	Date
Printed Name	