



Clinical Learning Resource Center, Regina Learning Centre, and Dilawri Simulation Center

Confidentiality Obligations and Acknowledgement, and

Audiovisual Recording Consent Form

Name _____

Confidentiality Obligations and Acknowledgement

During your participation in a simulated clinical experience at the University of Saskatchewan (University) College of Medicine you will be both an active participant in simulated scenarios and an observer of others immersed in similar situations (either real-time or on video). The objective of this training program is to train professional health science students and health professionals to better assess and improve their performance in routine and difficult medical situations. It should be understood that the medical scenarios to which you and your colleagues will be exposed have been designed to elicit the possibility of lapses and errors in performance. In addition, Standardized Patients and Volunteer Patients may provide their actual health history to participants during learning sessions. Because of these issues you are asked to abide by certain standards and expectation of the University's College of Medicine. **By signing this form, you acknowledge and consent as follows.**

I will maintain strict confidentiality regarding both my performance and the performance of other students, whether witnessed in real time or in recorded form. I will adhere to applicable privacy policies and law as well as University standards outlined in the College of Medicine Professionalism Procedure, as amended by the University from time to time and posted on the University website, including, but not limited to, standards related to unauthorized release of confidential information including identifiable personal data of a research participant, a patient's health information or other breach of personal information. I acknowledge that failure to meet such standards could cause irreparable harm to other students, Standardized Patients and Volunteer Patients, the University, myself and my career.

Audiovisual Recording Consent

I acknowledge and consent to continuous audiovisual digital recording in the Learning Centre, including my own participation in simulations. I acknowledge and consent to being specifically identified in the recordings as I will use my real name in simulations. I understand the recordings, as well as photographs, stills and slides made from the recordings, will be accessible for viewing for educational or University administration purposes only and that no commercial use of the recordings will be made without my written permission. I acknowledge that clinical learning participants and I may access the recordings during my training at the University's College of Medicine. I further acknowledge and agree that I will not copy or distribute the recordings, or photographs, stills and slides made from the recording, in any manner whatsoever, and to do so would be a breach of standards and expectation of the University's College of Medicine

I have read all of the above and agree to abide by the confidentiality obligations and consent to audiovisual recording at the Learning Centre sites.

Signature

Date

