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**Participant Information and Consent Form**

**Recognising and responding to clinical deterioration using simulated learning**

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**Introduction**

You are invited to take part in this simulation program and module evaluation as part of your education and learning requirements for your practice and professional registration. Simulation is proving to be a highly effective method of learning and this module aims to improve participants’ engagement and understanding of key concepts and skills. If you decide to take part, you will have the opportunity to take part in a progressive continuing education model. You will be requested to complete an evaluation survey at the completion of this session. Only aggregated survey data will be reported.  You cannot be identified individually and individual survey results will not be reported .



There are no anticipated risks to participants of this program.

By participating in this simulation program and evaluation survey, you will be contributing to:

* + - Evaluation of our education programs;
    - Improving our education programs;
    - Education and training funding submissions for our programs;
    - Government department and health service reporting for our programs;
    - Future education planning for our programs;

During your participation in courses with the Loddon Mallee Simulation Consortium, you will likely be an observer of the performance of other individuals in managing medical events. As a participant in these activities in whatever role, you are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge that you have read and understood this statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals.

In addition, we ask that you refrain from discussing details of the scenarios you have participated in and/or witnessed. These scenarios take considerable time and expertise to develop and will be used in future training sessions. As such, it is important that future participants remain unaware of specific details relating to the scenarios, so that their training/learning is not compromised. We appreciate your support regarding this issue.

**I have read, or have had this document read to me in a language that I understand, and I understand the purposes, procedures and risks of this research project as described within it.**

* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I freely agree to participate in the evaluation of this project, as described.
* I agree to maintain confidentiality at all times to preserve the integrity of the program, and will not disclose simulation details to those who have not yet participated.
* I understand that completion of this simulation does not guarantee that I will be equipped to deal effectively with authentic real patient cases due to factors outside of the control of educators, and that this simulation scenario does not provide competency testing or guarantee that participants will make correct clinical decisions.

Participant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Adapted from: Paltridge, D.,Novella, A., Van Dyjk, J.,Vawser,T. & Cunningham, N. (2007). Clinical Skills Facilitators. Advanced Course Manual. Department of Human Services; Victoria and Bendigo Health Ethics consent proforma (2012).*