
LEARNER CONTRACT

Title of activity: _____

Course Start Date: _____

The mission of Canadian Surgical Technologies and Advanced Robotics (CSTAR) is to improve the quality and safety of patient care through interprofessional healthcare innovation including research, simulation and education.

The simulation environment is intended to provide a risk-free opportunity for you to improve your knowledge and clinical skill. As a participant in a simulation / education program at CSTAR you will be exposed potentially to a wide range of simulation activities and/or technologies shared by yourself, peers and other health professionals. In so doing, you agreed to the following conditions:

- I will act professionally, at all times, as I would in a real clinical environment.
- I will respect the confidentiality of the simulation environment and:
 - a. Keep in strict confidence the performance of my peers and other health professionals that I may observe training at CSTAR.
 - b. When directed, keep in strict confidence the content of simulation sessions and training scenarios.
- I will abide by all hospital policies and procedures.

By signing below, I understand and agree to the above conditions of professionalism and confidentiality.

Participant Name_____
Participant Signature_____
Date**Release for Photographs, Digital Images, and Video Recordings**

I understand that audio and video recordings of simulation sessions are often required for training, prebriefing and debriefing, assessment, quality assurance and centre promotion. Any audio or images captured as a result of recording during the simulations will only be used for the above stated purposes. As per the ***Freedom of Information and Protection of Privacy Act***, any recordings containing personal information will be retained for 1 year and then securely destroyed. Questions about this collection should be directed to the Freedom of Information Office at: FOI@LHSC.on.ca. By signing below, I understand and agree to the above conditions of audio and video recording. I understand I can withdraw consent at any time and any recordings I have participated in will be destroyed.

Participant Name_____
Participant Signature_____
Date