**SIMULATION LEARNER SIGN-IN SHEET**

**FACILITATOR: DATE: SCENARIO:**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNER NAME (First name, Last name)** | **DISCIPLINE/ROLE** | **SPECIALTY / UNIT**  | **INITIALS** |
| *E.g., Annie Steeja* | [x] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ | *Anaesthesia / OR* | A.S. |
|  | [ ] Physician [ ] Resident [ ] Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |
|  | [ ] Physician [ ] Resident [ ]  Other \_\_\_\_ | [ ] Nurse[ ] RT[ ] Student \_\_\_\_\_ |  |  |

**Please scan and email it to** **simulation@providencehealth.bc.ca** **Participant Feedback QR Code:**