**SIMULATION LEARNER SIGN-IN SHEET**

**FACILITATOR: DATE: SCENARIO:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEARNER NAME (First name, Last name)** | **DISCIPLINE/ROLE** | | **SPECIALTY / UNIT** | **INITIALS** |
| *E.g., Annie Steeja* | 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**](mailto:simulation@providencehealth.bc.ca) **Participant Feedback QR Code:**