

INFORMED CONSENT FORM FOR STANDARDIZED PATIENT (SP)

The standardized patients (SP) are important resource for the development of Clinical skills in under graduate medical students, residents and nurses of Aga Khan University. These SPs are either real patients or healthy persons acting the role of a patient and hence called as simulated patients.

Department for Educational Development (DED) manages the SP Bank. DED recruits and registers suitable SP's for teaching and assessment purpose for Medical College and SONAM, and assures the availability of SP's as per requirement of the programme.

Informed Consent

As a SP, I am aware that I am expected to work in a professional manner which will require flexibility and commitment to meet the programme needs.

I agree to act as a standardized patient in role/s for which I will be specifically trained. In this capacity I understand that I will be interviewed and/ or examined by medical/ nursing students and residents in the same manner that would occur if I were patient visiting a health provider for some health problem.

I fully understand that this examination session will not harm or compromise my physical health, but sometimes I may experience discomfort, monotony or tiredness. In the event of experiencing pain I will inform the concerned staff for help.

I understand that these standardized patient sessions are for practice and assessment purposes only, and that I will be examined by someone who may or may not be an experienced medical practitioner and have no expectation that this person will be able to render an opinion about my personal medical care. I understand that I am responsible for my own medical care and will present my questions and conditions to my own health care provider.

I agree to video taping or audio taping or photograph of sessions for teaching purposes including review of tapes by faculty, students and other standardized patients.

I certify that I have understood all of this consent form and agree to participate. The nature and purpose of the programme and its potential benefits and possible risks associated with participation as a standardized patient have been explained to me.

I agree to the following for teaching purposes,

| | Yes | No | Signature |
|-----------------|--------------------------|--------------------------|-----------|
| a. Photographed | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Audio taping | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Video taping | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Name & Signature/ Thumb Impression
of Standardized Patient

Date

Name and Signature of Witness

Date