

**University of Alberta
Faculty of Medicine & Dentistry
Skills Lab User Agreement**

The Skills Lab is a valuable learning resource in the Faculty of Medicine and Dentistry. It is the goal of the staff and Faculty to provide access to high quality resources in a positive environment that supports learning.

The lab is a room divided into six cubicles where medical students can practice the skills of history taking and physical exam. Two of these cubicles are outfitted with otoscopes, ophthalmoscopes, and blood pressure cuffs.

Location and Hours of Operation: Open 24/7 with swipe card access in the basement of the Zeidler Ledcor building room L-40 and accessed by pre-booking 48 hours in advance of utilization.

How to Book: 48 hours in advance of your desired session, send an email to UME.Bookings@ualberta.ca or call 780-492-6350. Once your pre-booking is processed, you will be given access via your ONEcard for the duration of your booking. For last minute access you can sign out a swipe card from UME front desk Monday to Friday between 8 -12 noon and 1- 4 pm.

The following conditions pertain to the use of the Skills Lab;

1. Respectfulness of Other Users

The user will remain mindful that the Skills Lab is a shared learning environment and will refrain from excessive noise or disruptive behaviour. Only approved users can access the skills lab (see attached agreement).

2. Cleanliness

The Skills Lab must be left in the condition in which it was found it. All equipment must be left in a clean and organized state. Should the room or any of the simulators need attention, or if the room has been left in an inappropriate state, please advise the Educational Resources Coordinator immediately at 780-492-4493 or UME at 780-492-6350.

3. Equipment Use

- a. "Harvey" the cardiopulmonary patient simulator is **not approved** for unsupervised use. **Any unsupervised use will be regarded as a breach of professionalism, which may be brought to academic standing for review.** A trained physician preceptor must be in attendance at all times.
- b. All other equipment in the lab is approved for unsupervised use.
- c. Students wishing to access the Skills Lab will be asked to replace or cover costs incurred for repairing any equipment they have damaged.
- d. If the equipment is left in a state of disrepair, or does not function properly, please advise the Educational Resources Coordinator immediately at 780-492-4493 or UME at 780-492-6350.

Use without a booking or by unauthorized persons is strictly forbidden.

**Faculty of Medicine & Dentistry
Skills Lab Use**

**WARNING- BY SIGNING THIS FORM,
YOU GIVE UP IMPORTANT LEGAL RIGHTS! PLEASE READ CAREFULLY!**

DISCLAIMER & INDEMNIFICATION

The Governors of the University of Alberta, Faculty of Medicine and Dentistry, their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereafter referred to as "the University") are not responsible for any death, injury, loss or damage of any kind suffered by any person while using or occupying the Skills Lab during non-structured, independent time unless such injury loss or damage was caused by the sole negligence of "the University". The User shall assume full responsibility for the discipline of his/her guests and others who may be in attendance and agree to indemnify and hold harmless "the University" from and against any and all claims for property damage, bodily injury or death, arising from or related to using or occupying the Skills Lab.

TERMS AND CONDITIONS

In consideration of the University granting me permission to use the Skills Lab during non-structured, independent time, I understand and agree that:

1. **I AM NOT ALLOWED TO USE THE "HARVEY"** the Cardiopulmonary patient simulator unless supervised by an appropriate University Staff member. Any unsupervised use will be regarded as a breach of professionalism, which may be brought to academic standing for review. I acknowledge that I have been informed of the names and positions of Appropriate University Staff.
2. I shall not carry on any activities in the Skills Lab that will create a nuisance for other users
3. I shall abide by all fire and safety regulations and other laws and regulations governing the use of the Skills Lab
4. I shall keep the lab equipment in a clean and organized state after the use of the Skills Lab
5. I shall pay for any cost of repairs incurred by the University in the event of any loss or damage to the University lab/equipment that is under my care, custody and control

EXCLUSION OF LIABILITY:

I acknowledge that under no circumstances shall the University be liable for costs, damages, losses or theft of properties incurred by me or by others during the use of the Skills Lab during resulting from any reason including but not limited to the following:

- **EQUIPMENT:** all manner of injuries resulting in muscular injuries and soft tissue resulting from misuse or improper use of the equipment or techniques by myself or others; and
- **OTHER HAZARDS:** flying debris from use of tools, dropping tools or noxious fumes.

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of [state specific uses for which the information is collected]. Direct any questions about this collection to: Bob Picken, Manager Insurance & Risk Assessment at 780.492.8886

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon me, my heirs, executors, administrators and representatives.

Signed this _____ day of _____, 20 _____, at EDMONTON, ALBERTA.

Signature

Signature of Witness

Print Name

Print Name of Witness

Signed documents must be filed with the Department/Faculty and be kept for a minimum of five years