



Observation form

Investigation of "patient safety in medical education"

Students in the anaesthesia simulator

Observation date:

Scenario:

Important note:

Please do not communicate the topic/questions to students (-> bias)!

Question	Asked?
Last name, first name?	<input type="checkbox"/>
Date of birth?	<input type="checkbox"/>
Nil-by-mouth?	<input type="checkbox"/>
Allergies?	<input type="checkbox"/>
Teeth/look inside mouth?	<input type="checkbox"/>
Premedication received?	<input type="checkbox"/>
Procedure, surgery site/side?	<input type="checkbox"/>

In case of questions, please do not hesitate to contact Nicolas Hoffmann on (9)-50318!

Completed forms can be submitted to Nicolas Hoffmann's pigeonhole (copy room).

Thank you for your cooperation!