Appendix A

SCPL Psychological Safety Incident Report for CSON Faculty, SCPL Staff, UTHealth Faculty/Facilitator and UTHealth Learners/Observers

General Information

1. Date of psychological safety incident: Click or tap to enter a date.

2. Time of incident: Click or tap here to enter text.

3. Person with psychological distress:
    i. ☐ CSON Faculty
    ii. ☐ CSON SCPL Staff Member
    iii. ☐ UTHealth Faculty/Facilitator
    iv. ☐ UTHealth Learner/Observer

4. Course name and number/Event Name: Click or tap here to enter text.

5. Name of faculty/facilitator conducting simulation/skills activity: Click or tap here to enter text.

6. Provide the topic of the simulation lab/skills lab activity: Click or tap here to enter text.

Learner/Observer ONLY (skip to question 15 if not applicable)

7. Was the learner/observer aware of the SCPL psychological safety policy and procedures specific to their role? Choose an item.

8. Was the learner/observer provided prebriefing before the simulation/skills activity? Choose an item.

Description of Psychological Distress/Concern – Learner/Observer

9. Name of person who assessed learner/observer during the incident (include title and credentials):

    Click or tap here to enter text.

10. Describe the psychological distress/concern that occurred.

11. If the learner/observer could not return to the simulation/skills activity, was the learner/observer sent home safely? Choose an item.

12. What resource was used to ensure the learner/observer was sent home safely? Choose an item.

13. If an emergency contact was called to pick up the learner/observer, provide the contact person's name, relationship, and phone number. Click or tap here to enter text.

14. Who will follow up with the learner/observer after the psychological concern/incident (Name and title of faculty)? Click or tap here to enter text.

Description of Psychological Distress/Concern – Faculty/Facilitator/SCPL Staff

15. Name of person who assessed faculty/facilitator/SCPL Staff member during the incident (include title and credentials):

    Click or tap here to enter text.

16. Describe the psychological distress/concern that occurred.

17. If the faculty/facilitator/SCPL staff member could not return to the simulation/skills activity, was the faculty/facilitator sent home safely? Choose an item.

18. What resource was used to ensure the faculty/facilitator/SCPL staff member was sent home safely? Choose an item.

19. If an emergency contact was called to pick up the faculty/facilitator/SCPL staff member, provide the contact person's name, relationship, and phone number. Click or tap here to enter text.

20. Who will follow up with the faculty/facilitator/SCPL staff member after the psychological concern/incident (Name and title of person)? Click or tap here to enter text.