

Simulation Center and Clinical Practice Center Handbook

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As a department within Methodist College, the [Simulation Center and Clinical Practice Center](#) primarily follow the policies and procedures of the institution. This document outlines the Centers' supplemental Policies and Procedures.

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All forms referenced in this Policy and Procedures Manuals as well a copy of the Manual itself can be found under the Simulation Center files on the I drive.

I. General Information

This Handbook is not a substitute for other policies and codes, but a complement to other codes, policies and regulations held by Methodist College which regulate the behaviors of staff and learners of the Methodist College Simulation Centers.

Contact Information:	Methodist College Simulation Learning Centers 7600 Academic Dr. Peoria, IL 61615
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Website:	methodistcol.edu
Business Hours:	Monday-Friday 8am-4pm, Saturday-Sunday 7 am-3pm

Mission Statement

The Simulation Centers provide a stimulating, cost effective, efficient, and flexible learning environment to facilitate the acquisition of knowledge, skills, and attitudes, assisting in the transfer of knowledge from theory to practice consistent with professional development and the Methodist College curriculum.

Purpose Statement

The purpose of the Methodist College Simulation Center is to provide a safe learning environment utilizing a variety of simulation approaches. The simulated learning environment provides the opportunity for students to gain competence in their clinical skills, demonstrate critical thinking, and develop professional attributes necessary to improve client outcomes in diverse settings.

Goals:

1. Provide the opportunity of a safe student-centered learning environment
2. Maintain a variety of standardized, realistic, evidence-based simulated learning experiences representative of clinical situations that support the holistic development of critical thinking and professional attributes
3. The Simulation Center will assess student learning outcomes to make continual process improvements enhancing the link from theory to clinical practice

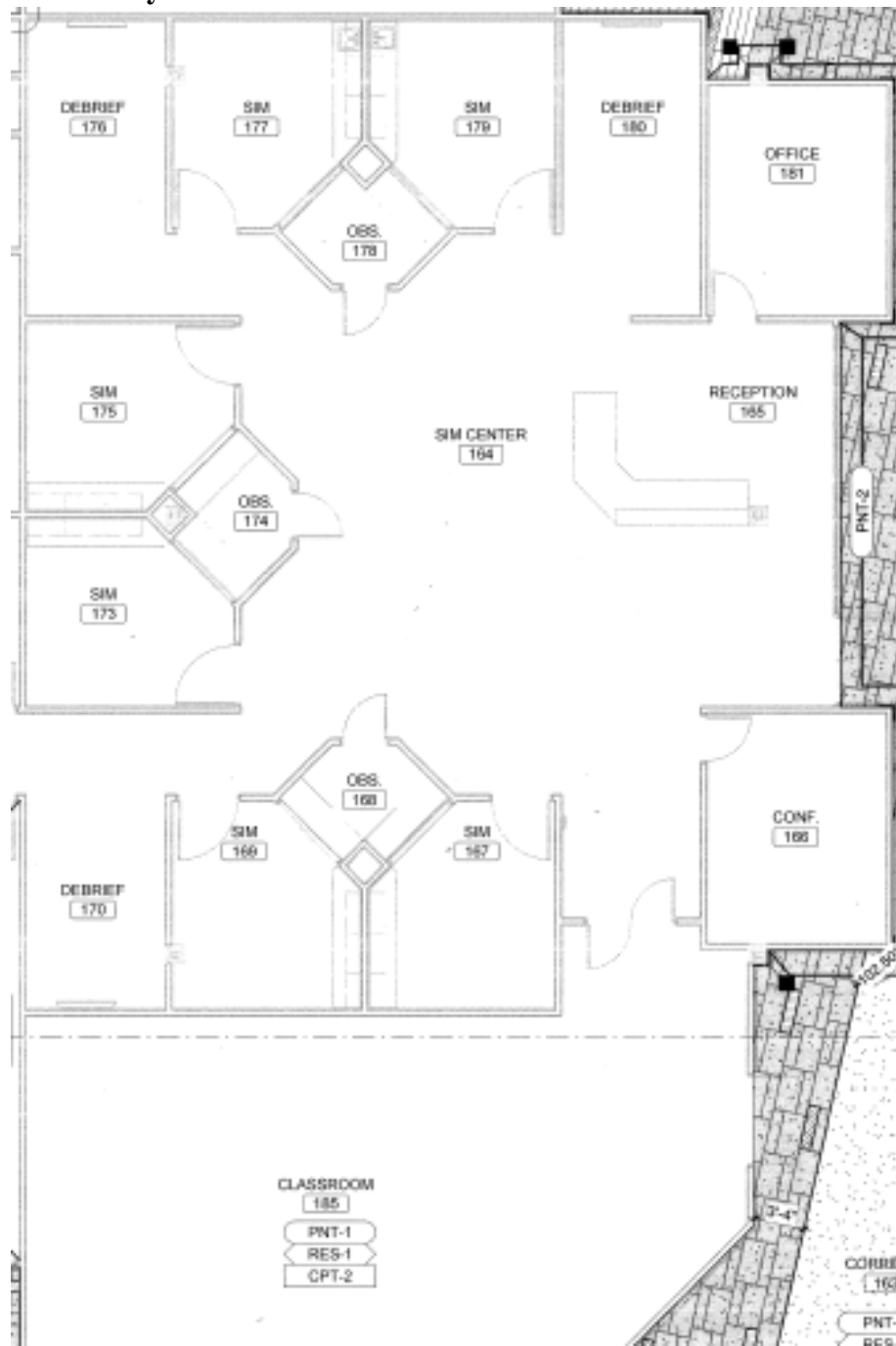
Service Statement

The services of the Simulation Centers are available to students, alumni, and Faculty.

Learning Environment

The Simulation Center environment is designed to be flexible and can be set up to simulate a variety of clinical settings: pediatric, obstetric, critical care, psychiatric, telehealth, home health and community areas.

II. Center Layout



III. Terminology

Debriefing: An activity that follows a simulation experience and is led by a facilitator. Participants' reflective thinking is encouraged, and feedback is provided regarding the participants' performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another. The purpose of debriefing is to move toward assimilation and accommodation to transfer learning to future situations.

Embedded Participant (Confederate): A role assigned in a simulation encounter to help guide the scenario. The guidance may be influential as positive, negative, or neutral or as a distracter, depending on the objective(s), the level of the participants, and the scenario. Although the embedded participant's role is part of the situation, the underlying purpose of the role may not be revealed to the participants in the scenario or simulation.

OSCE: The Objective Structured Clinical Examination (OSCE) is a station or series of stations designed to assess performance competency in individual clinical or other professional skills. Stations are carefully structured and designed to be easily reproducible. Learners are evaluated via direct observation, checklists, learner presentation or written follow-up exercises. The examinations are generally summative but may involve feedback. Stations tend to be short, typically 5-10 minutes, but can be longer.

Pre-briefing (Briefing): An information or orientation session held prior to the start of a simulation-based learning experience in which instructions or preparatory information is given to the participants. The purpose of the pre-briefing or briefing is to set the stage for a scenario and assist participants in achieving scenario objectives.

Psychological Safety: A feeling (explicit or implicit) where in a simulation-based learning activity, participants can speak up, share thoughts, perceptions, and opinions without risk of retribution or embarrassment.

Simulation-Based Learning Experience: An array of structured activities that represent actual or potential situations in education and practice and allow participants to develop or enhance knowledge, skills, and attitudes or analyze and respond to realistic situations in a simulated environment or through an unfolding case study

Standardized Patient (or Simulated Patient): A person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation

IV. Implementation of Simulation/OSCE

POLICY:

All Objective Structured Clinical Evaluations (OSCEs) will follow the *International Nursing Association for Clinical Simulation and Learning Standards of Practice for Simulation* for OSCEs in all courses utilizing simulation. The implemented guidelines will ensure quality, consistent simulation experiences for students.

GENERAL INFORMATION:

Faculty must complete formal training in simulation and orientation to the MC Simulation Center prior to conducting clinical simulation experiences.

a. Scenario Objectives

Faculty will clearly identify and outline objectives for each simulation experience that align with their course outcomes. These objectives will be communicated with students prior to the simulated experience taking place. Objectives, scoring, and remediation expectations for OSCE will be communicated with students at the beginning of the semester.

b. Pre-briefing

Activities to include in a pre-briefing or briefing:

- Orientation to equipment, environment, and manikin
- Clarification of roles
- Outlining time allotment
- Reviewing scenario objective
- Identifying patient situation
- Establishing a safe environment

c. Debriefing

Effective debriefing is accomplished only when the experience is facilitated by a competent debriefer who observed the simulated experience, conducted in an environment conducive to learning and supports confidentiality and safety, based on a structured framework, and aligns with the objectives of the simulation-based learning experience.

d. Remediation/Repeat

- Any student scoring less than 75% on the Creighton tool will be required to remediate and repeat their OSCE.
- See “Undergraduate/Graduate Student Referral and Remediation Process Policy”

- Student scoring greater than 75% on the Creighton tool, specific remediation needs will be determined by faculty.
 - A date for completion of remediation will be designated on the referral form by the clinical faculty sending the referral (**within 7 days**). Students will be required to complete the remediation by this date.
 - Faculty may access the “[Sim Center Remediation Form](#)” by accessing the [MC Links](#) icon located on the desktop of MC computers or under the Simulation Center in D2L to submit a remediation referral request.
 - Both OSCE scores will be averaged to replace the initial OSCE score.
 - Students will only be allowed to remediate for OSCE one time. Failure to pass remediation will result in failure of the course.
 - If a student is absent for their scheduled OSCE, they will be required to make up the OSCE with their clinical faculty.
- e. Faculty/Scenario Evaluation
- Students are encouraged by faculty and staff to complete the Simulation Effectiveness Tool (SET-M) after each simulated clinical experience as part of the quality improvement process.
 - The [Simulation Effectiveness Tool - Modified \(SET-M\)](#) link can be found on the Simulation Center Home Page on D2L.
- f. Student Evaluation/Scoring
- The Creighton Simulation Evaluation Instrument (C-SEI) will be utilized in clinical courses during an OSCE. One tool will be completed for each student to accurately interpret and evaluate the student’s performance.
 - [Creighton Simulation Evaluation Instrument](#)
 - Correlation of scoring between the Creighton tool and the student CET will be consistent among clinical courses following the OSCE.
 - [OSCE/CET Scoring Guidelines](#)

V. **Quality Improvement**

All complaints and suggestions are taken seriously and continue to be discussed in weekly staff meetings until a successful resolution is reached. Utilization of student feedback has enabled the Simulation Centers to identify ways to improve student practice planning, guided practice sessions, course planning, debriefing, and simulated patient experiences. Students are encouraged to email the Director of the Simulation Center and Clinical Practice Centers to provide feedback. Students are also encouraged to complete the Simulation Effectiveness Tool (SET-M) anonymously after each simulated clinical experience to provide feedback for quality improvement purposes.

VI. Room Reservation**POLICY:**

The purpose of this policy is to establish a process for the College employees to reserve the Simulation Centers and to outline guidelines for scheduling and use of the centers.

GENERAL INFORMATION:

- a. Reservations are to be requested a minimum of two weeks prior to the date of the simulated experience*. You may find a reservation request form at *MC Links* on the desktop of all computers on the MC campus under Simulation Centers Scheduling Request Form and under the Simulation Center in D2L. Please be sure to fill in as much detail as possible regarding your simulation. Requests are granted on a first come, first served basis. This should be submitted *in addition to* your clinical course calendar for the semester.
- b. General Guidelines for reservation requests:
 - Send a detailed supply list no later than two weeks prior to simulation
 - Submitting a request online does not guarantee approval, you may be asked to meet in person with the Simulation Center staff to discuss your request
 - Faculty must arrive at least 15 minutes prior to event start time to ensure correct set up
 - You must remain in the Simulation Center for the entirety of your simulation or clinical lab time.
 - **If faculty are unsure how to use the technology (manikins, monitors, video, or other equipment) for the simulation lab, it is expected that they seek assistance from the simulation lab team prior to the day of the experience.**
- c. A staff member will email you directly with a confirmation and room assignment when the request is processed.

*The Simulation Center may be used for clinical experiences, as approved by the Director of Simulation and Clinical Practice Centers, in lieu of in-patient availability. A request to use the Simulation Center must be submitted by faculty to the Director of Simulation and Clinical Practice Centers ahead of time, to ensure room is available in the centers. Faculty must have permission from the Director of Simulation to use the Simulation Center in lieu of in-patient availability.

VII. Undergraduate/Graduate Student Referral and Remediation Process**POLICY:**

The Simulation Center and Clinical Practice Center are available for all undergraduate/graduate students who are not meeting standards in the clinical or laboratory setting and require additional assistance. Faculty and Clinical Skills Coordinator will follow the practice and procedures outlined below in making referrals to these settings.

GENERAL INFORMATION:

- a. **Practice:** Simulation Center faculty and staff are committed to assisting students to learn safe and effective patient care. If clinical faculty determine a student is not meeting clinical objectives and is unable to perform certain skills or interventions or has not been successful in their OSCE, remediation is provided.
- b. **Procedure:**

Clinical faculty identify students who are not meeting clinical objectives, have not been successful in their OSCE, are unable to perform certain skills or interventions, and require remediation by a Clinical Skills Coordinator (CSC), Director of Simulation, Assistant Director of Simulation or Faculty member.

 1. The clinical faculty completes the “Sim Center Remediation Form” by accessing the MC Links icon located on the desktop if MC computers or the link can be found under the Simulation Center to submit a remediation referral request.
 - a. Clinical Faculty review the referral information with the student
 - b. Clinical faculty assume the responsibility for communication regarding the remediation process with the student, and the Clinical Skills Coordinator (CSC).
 2. Once a referral is received, the CSC will contact the student regarding the remediation referral to set up an appointment **within 2 business days**. It is the student’s responsibility to schedule this appointment. The CSC will contact the student initially one time.
 3. The student and CSC will work collaboratively to develop a remediation plan based upon student needs and performance. Prior to arrival to remediation session with the CSC, the student will have completed the appropriate ATI remediation template. The ATI remediation template must be handwritten.
 4. Students will demonstrate competency in the skill they are being referred by:
 - a. Completing the skill without using a checklist or guide
 - b. Completing the skill independently (without prompting).
 5. If a student does not successfully complete remediation, they will need to wait 24 hours before they attempt the skill again. Students will be required to practice one hour in the CPC before returning to complete remediation.

6. The student must complete remediation before returning to the clinical floor the following week. Students will be scored unsatisfactory at next scheduled clinical if remediation is not successfully completed.
7. Feedback regarding the remediation session and progression of the student will be communicated directly to the student verbally at the completion of the remediation session and will be communicated with faculty via email. The CSC will include attached documents in email communication to faculty.

**Referrals for remediation will not be completed for EPIC processes or pre/post clinical paperwork.

VIII. Undergraduate/Graduate Student Skills Competency Sign-Off and Guided Practice

POLICY:

The Simulation Center and Clinical Practice Center are available for all undergraduate/graduate students to practice skills before going to the clinical setting. All students will demonstrate competency on skills according to the ATI checklist, before completing skills in the clinical setting. Faculty, the Director of Simulation, the Clinical Skills Coordinator, and the Simulation Coordinators will follow the practices and procedures outlined below when completing skills competencies for all students.

GENERAL INFORMATION:

- a. **Practice:** Simulation Center staff and faculty are committed to assisting students to learn safe and effective patient care. All students will be taught skills by the Director of Simulation and the Clinical Skills Coordinator. Students will practice skills during guided practice and/or open lab and will demonstrate competency on skills prior to performing skills in the clinical setting.
- b. **Procedure:**

Students will be taught skills prior to practicing skills during guided practice and/or open lab.

 1. Students can demonstrate competency on skills during guided practice if time allows.

Students will schedule a time to complete competency by utilizing the Bookings link that can be found on the Simulation Center D2L Homepage. Once time is scheduled, students will receive an email confirmation from Microsoft Bookings confirming date and time of appointment only if a personal email is used. Bookings will not send confirmation emails to methodistcol.edu.
 2. If a student is unable to make their appointment for guided practice or competency, they must email the Director of Simulation AND Clinical Skills Coordinator in advance to cancel the booking. If a student is more than 10 minutes late arriving for their start time this will result in a “no show” for their appointment. If a student is a “no show” for Guided Practice or competency two times, they will not be able to complete Guided Practice or competency for the

- course. If a student is unable to complete Guided Practice or competency, they will not be able to attend OSCE, thus will fail the course.
3. Students will demonstrate competency in the skill by:
 - a. Completing skill without using a checklist or guide
 - b. Completing skill independently (without prompting)
 4. If a student does not successfully demonstrate competency, they will need to wait a minimum of 24 hours before they attempt the skill again. Students will be required to practice one hour in the CPC before returning to complete the competency.
 5. All students will be given three attempts to successfully complete competency on an attempted skill. If the skill is not successfully completed in three attempts, students will not be allowed any additional attempts to complete competency of that skill. Students will not be allowed to attend OSCE if competency is not completed and will fail the course.
 6. Students must have **ALL** competencies and **ALL** guided practice hours completed 24 hours before the course OSCE. Students will **NOT** be allowed to attend guided practice or practice in the CPC the day of OSCE. Students will **NOT** be able to attend OSCE if they have **NOT** completed their guided practice hours or if they have **NOT** completed competency successfully for all skills, thus will fail the course.
 7. The student must complete competency before attempting skills on the clinical floor. Faculty will verify students have completed competency by checking the gradebook in D2L under the SIM center. Students will also be accountable for not completing a skill on the floor that they have not successfully completed competency. If a student attempts a skill on the clinical floor that they have not been comped on, they will receive disciplinary action up to and including a Code of Conduct.
 8. If a student drops/fails a course but has successfully demonstrated competency on skills in that course, the student will be required to demonstrate competency when re-enrolling in the dropped or failed course. The gradebook will be updated to reflect required skills competencies that will need to be redemonstrated.
 9. Students will only receive credit for one guided practice hour per week. Guided practice will end for all courses by week 11, or 24 hours prior to the course OSCE, whichever occurs first. OB Guided practice will end week 5 and the first hour of OB guided practice must be completed by week 3. Peds guided practice will end week 6. Students will need to complete **ALL** required guided practice hours for the OB/Peds to receive guided practice points. If students do not complete all assigned hours, no partial points will be given.
 10. Prior to attending the first clinical session of Internship, undergraduate students will again demonstrate competency on skills. Students must successfully complete competency for all skills before going to the clinical unit. If they do not successfully complete competency on all skills, they will need to wait 24 hours before they may attempt the skill(s) again. Students will be required to practice at least one hour in the CPC prior to attempting to demonstrate competency again.

Students will not be allowed to attend clinical on the hospital unit until competency has been demonstrated on all skills. If skills are not successfully completed in three attempts, students will not be allowed any additional attempts, thus they will not be able to attend clinical and will fail the course.

11. Prior to attending the first clinical session of Internship, graduate students will again demonstrate competency on skills. Students must successfully complete competency for all skills before going to the clinical unit. If they do not successfully complete competency on all skills, they will need to wait 24 hours before they may attempt the skill(s) again. Students will be required to practice at least one hour in the CPC prior to attempting to demonstrate competency again. Students will not be allowed to attend clinical on the hospital unit until competency has been demonstrated on all skills. If skills are not successfully completed in two attempts, students will not be allowed any additional attempts, thus they will not be able to attend clinical and will fail the course.

IX. Dress Code

Students using the Simulation Center and Clinical Practice Center are expected to comply with the dress code in the student handbook. The student handbook can be found through the Methodist College website. When students are completing competencies in the SIM center, they need to be wearing Methodist College uniforms, name tags, and closed-toed shoes. Additionally, closed-toed shoes must always be worn in the clinical practice center. Name badges must always be worn when in the centers.

X. Confidentiality Statement

- Simulation-based training involves immersion of the participant in a realistic clinical situation. This training can involve the administration of simulated medications, therapies, and treatments. During participation in such sessions, students observe the performance of peers in managing events. To create a safe learning and constructive debriefing environment for the participant, strict confidentiality of what transpires on both a clinical and interpersonal level throughout the exercise must be maintained. Participants must feel free to make errors without the risk of liability or repercussions. Instructors should discuss confidentiality and note that the session is a safe learning environment at the start of all sessions. Individual feedback provided publicly to each learner during the debriefing process must also remain confidential.
- In keeping with this policy, all students undergoing training at the Simulation Center are required to complete and sign the “Confidentiality and Disclosure Agreement”. A signed copy of the consent must be on file for a student to participate in simulation-based scenario training.
- Confidentiality and Disclosure Agreement

- In addition, the same rules of confidentiality that apply to clinical care within healthcare institutions also apply to those activities taking place at the Simulation Center.

XI. Utilization of Video Feed

POLICY:

Faculty and students will follow standard guidelines for recording and viewing of video footage displaying encounters of students and faculty within the Learning Centers.

GENERAL INFORMATION:

- a. Faculty have the right to record simulations for playback.
 - Faculty may use playback for debriefing purposes in group situations.
 - Faculty may use playback for one-on-one student discussion when used for assessment/evaluation of individual students.
 - Faculty may request video documentation for initial or further student performance evaluations
- b. Faculty are to ask permission and obtain waivers from participating students for playback outside of the class in which it was conducted (i.e. facilitator development, college presentations, conferences, etc.). Participants have no compensation rights.
- c. Simulation Center staff have the right to record or view simulations for playback for the following purposes:
 - Prior to or during remediation sessions with students referred from faculty
 - Per student request to review for performance improvement
 - At the discretion of the Director of Simulation and Clinical Practice Center.
 - Video footage will be kept for two calendar weeks after recording.
- d. Faculty and staff will always notify students of recording of audio/video while in the Simulation Centers; students will be requested to sign a confidentiality and disclosure agreement at the start of each semester.

XII. Psychological Safety

- Psychological safety impacts the learners' ability to engage in simulated events and critical reflection. Engagement in these activities is essential in fostering changes in critical behaviors. To ensure psychological safety for learners at the Centers, faculty/facilitators will adhere to the following guidelines:
 - Provide a pre-brief prior to a scenario. The pre-brief will serve as an orientation session prior to the start of the simulation-based learning

experience in which instructions or preparatory information is given to the participants. During the pre-brief the facilitators will:

- Instruct the participants not to discuss the simulation outside of the exercise
 - Instruct the participants to maintain confidentiality of the case
 - Acknowledge the artificial environment
 - Orient the participants to the simulator and the environment
 - Define a length of time for the entire exercise
 - Instruct the participants how to elicit additional resources if needed (i.e. phone and numbers to call)
 - Instruct the participants to practice within their professional scope
 - Verbalize mistakes are expected and this is our chance to improve our behaviors and ultimately our patients' outcomes.
 - Review rules about respect and professional behavior
- If a learner has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation led them to a “real life” emotional frame, the Director or course instructor will have a one-to-one discussion with the learner. If the problem may lead to an issue in the clinical setting, the participant will be referred to the Appropriate Dean.

XIII. Universal Precautions, Personal Safety and Security

Simulation Center users are advised to follow universal precautions against infectious disease while participating in clinical activities and should exercise their own discretion and good judgment regarding their participation in activities in the Centers and the potential for spreading their illnesses.

GENERAL INFORMATION:

The following are a list of general precautions or ensure the personal safety and security of Simulation Center users.

- Food and drinks are not permitted in Simulation Rooms. Drinks with a lid are permitted in the Clinical Practice Center away from equipment, and in the Common Area in the Simulation Center.
- All sharps must be disposed of in an appropriately labeled sharps container.
- The biohazard containers or red bags should only be used for potentially infectious waste, not for regular trash.
- Equipment may be removed from the Learning Centers after completing the Equipment/Supply checkout log. Manikins cannot be removed from the centers unless permission has been given by the Director of Simulation and Clinical Practice Centers.

- The medical and disposable equipment within the Simulation Center should never be used for clinical purposes. However, it should be treated with the same safety precautions employed with actual clinical equipment.
- Hand washing or use of hand sanitizers shall be part of practice in the Centers, when at all possible, based on the physical layout of the space.
- All injuries shall be reported to Simulation Center faculty/instructors/staff. If an injury occurs with a needle or other sharp instrument, wash the wound thoroughly with soap and water as soon as possible and faculty/staff complete an incident report. The Incident Report can be found under MC Links.
- Any damaged, or potentially dangerous equipment is to be reported to the Center staff. The staff shall attempt to correct the problem and if unsuccessful, the Director will be notified.
- All simulated medications, equipment, and technology will be labeled accordingly.

XIV. Supply and Equipment Management

Proper labelling and maintenance of supplies and equipment is required for safe use and handling.

GENERAL INFORMATION:

- Instructors should include in their pre-brief to the learners that while none of the equipment within the Simulation Center should ever be used for clinical purposes; it should be treated with the same safety precautions as actual clinical equipment. They should also be made aware that while the packaging and labels of medications may replicate their clinical appearance, they are simulated. The wall mounted medical gas connections are for simulation training only and are non-functional. All simulated medications, equipment, and technology will be labeled accordingly.
- When there is an issue with a piece of equipment, the CSC, or Director will attempt to trouble shoot and resolve the situation. If this is not possible, they will contact the vendor and determine the next steps, whether that includes guidance by phone as additional trouble shooting is attempted, return of the equipment by mail to the vendor for repair, or an onsite visit by the vendor.
- The Simulation Center submits capital requests and budget on an annual basis. If there is a piece of equipment that has been serviced adequately but is due for replacement due to age or wear, replacement of that item will be included in the annual request, along with specific equipment requests from faculty for use to enhance student learning. Equipment or item requests may be submitted through the Simulation Request form on the Simulation Center D2L site.
- To assist in the longevity of the Centers equipment, students must use the equipment only as directed under the supervision of an instructor or staff

member. The students and/or his/her department may be responsible for any damage to equipment that is the result of behavior that is careless or contrary to instructional use.

Offsite Use of Equipment

- The Center considers requests by faculty and students to check out specific equipment, simulators, and supplies for offsite training, and non-clinical use.
- The responsibility for any equipment damages is assumed by the requester. The requester must ensure adequate space and security for the equipment and/or simulator. The requester is solely responsible for the collection, transportation and return of these items, unless otherwise arranged.
- The requester must complete the “equipment check-out log” prior to removing equipment from the Centers.
- All medical equipment in the Center is intended for non-clinical use only and therefore cannot be used on or offsite in the care of actual patients. Many items are donated or sold with the explicit understanding that they are intended for training purposes only and may be associated with legal agreements to that effect

XV. General Guidelines for Conduct at the Simulation Center

- Professional behavior is always expected in the Simulation Centers and users are expected to abide by the Methodist College Code of Conduct.
- All Center users and visitors are asked to wear their Methodist College identification badge when at the Simulation Centers unless participating in an activity that would specifically preclude such identification.
- The Simulation Centers cannot be held responsible for any personal items left unattended in any of the conference, debriefings, simulation, or student practice rooms.
- All users, including learners, instructor, and standardized patients, are expected to be punctual for learning sessions.
- As the Simulation Center is frequently used for examination purposes, it is imperative that users remain in the space designated for their session and not wander throughout unless accompanied by a staff member.
- Unauthorized photography is not permitted. Anyone requiring photographs for a presentation or poster may ask the Director or staff member, who will ensure that written consent is acquired from anyone featured in the photographs.
- Anyone found intentionally damaging property or removing property or supplies without permission will be asked to leave the premises immediately. Subsequently, a report of the incident will be sent to the appropriate Dean.
- All tours must be scheduled with and approved by the Director.

XVI. Confidentiality and Disclosure Agreement

I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality and privacy.

I agree to adhere to the following guidelines:

- I will report any violations of confidentiality that I become aware of to my facilitator or instructor.
- I acknowledge and understand that photographs and/or video may be made during my training, and I consent to being photographed or videotaped. I, further, understand that my photograph may be used in advertising or training literature or videos, and I consent to such use. *The Methodist College Simulation Center has video recording 24 hours a day, 7 days a week. I have been made aware of this and will act appropriately accordingly.*
- All simulated and/or real patient information is confidential, and any inappropriate viewing, discussion, or disclosure of this information is a violation.
- All fellow student information is confidential, and any inappropriate viewing, discussion, or disclosure of this information is a violation.
- This information is privileged and confidential regardless of format: electronic, written, overheard, or observed.
- I may view, use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of hospital policy and may be a violation of HIPAA and other state and federal laws.
- The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The student/staff running the scenario should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.
- The simulation manikins are to be used with respect and be treated as if they were live patients.
- Report any latex allergies or sensitivities to your instructor or Sim Center staff.
- No Betadine, ink pens, food, drink, or cell phones near the manikins.
- Please always keep hands clean.
- All items within the Simulation Center and Clinical Practice Center are to remain in the centers. Students cannot remove items from the learning areas.

I have read the Simulation Center and Clinical Practice Center Handbook and agree to abide by all rules/policies and guidelines as specified by the Methodist College Simulation Center.

Signature: _____ Date: _____

References

- Decker, S., Fey, M., Sideras, S., Caballero, S., Rockstraw, L. (R.), Boese, T., Franklin, A. E., Gloe, D., Lioce, L., Sando, C. R., Meakim, C., & Borum, J. C. (2013, June). Standards of Best Practice: Simulation Standard VI: The debriefing process. *Clinical Simulation in Nursing*, 9(6S), S27-S29.
- Lioce, L., Reed, C. C., Lemon, D., King, M. A., Martinez, P. A., Franklin, A. E., Boese, T., Decker, S., Sando, C.R., Gloe, D., Meakim, C., & Borum, J. C. (2013, June). Standards of Best Practice: Simulation Standard III: Participant Objectives. *Clinical Simulation in Nursing*, 9(6S), S15-S18.
- Meakim, C., Boese, T., Decker, S., Franklin, A. E., Gloe, D., Lioce, L., Sando, C. R., & Borum, J. C. (2013, June). Standards of Best Practice: Simulation Standard I: Terminology. *Clinical Simulation in Nursing*, 9(6S), S3-S11.
- Rudolph, J. W., Simon, R., Rivard, P., Dufresne, R. L., & Raemer, D. B. (2007). Debriefing with good judgment: Combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics*, 25(2), 361-376.