POLICY TITLE: BEHAVIORAL EXPECTATIONS OF STUDENTS IN THE SIMULATION CENTERS

Simulation Scenarios and Confidentiality

1. The Society for Simulation in Healthcare (SSH) Accredited Simulation Centers are learning environments where multiple types of learning opportunities are presented. Students are to be active participants in all Simulation Center training.
2. Manikins and Standardized Patients (SPs) are to be treated with respect just as if they are live patients.
3. Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) for the simulated or SPs.
4. The scenarios are not to be discussed outside of the simulation and debriefing sessions. If the student discloses any simulation information, it is considered cheating subjected to disciplinary action as outlined in the Graduate Student Handbook and Undergraduate Student Handbook.
5. Any recording (audio, video, or photo) in the simulation lab without prior approval is unacceptable.
6. Any publication of student recordings to social media is unacceptable and unethical and will result in disciplinary action.
7. A debriefing session will provide a time for discussion of simulation experiences.
8. All persons using the Centers will be required to sign a confidentiality agreement (see attached copy) which will be stored in the document manager website.
9. Students agree to report any violations of confidentiality to the faculty or the Clinical Learning Team (CLT).
10. Visitors/guests are required to follow and sign the same confidentiality and behavioral expectations as students. (See: Confidentiality Agreement for the Gessner College of Nursing Simulation Centers)

Lab Equipment

If a piece of equipment is damaged or missing, it is the responsibility of the student to notify the faculty or the CLT.

For more information on student use of equipment, see policy SC503 Simulation Supplies and Equipment Management.

Student Conduct

1. Students shall approach all simulators and SPs as if they were in a clinical setting.
2. Students will not only be measured on their clinical judgment and application of required skills but also on their ability to show empathy, respect, integrity, and diplomacy towards everyone involved in the learning experience.

3. At no time shall a student behave in a manner that disrupts the other students’ learning environment.

4. The Simulation Centers strive to be a safe environment for learning. No Center user shall infringe upon the privacy, rights, privileges, health, or safety of another lab user.

5. No eating or drinking (except water in covered containers) is allowed in the Centers.

6. Simulation Center equipment shall not be used for any purposes other than those specified by the assignment; anyone who fails to comply with this requirement will be asked to leave the Center.

7. Adherence to the S138: Dress Code Policy is expected unless otherwise directed by faculty.

8. Do not disconnect or move the manikin from the bed unless instructed to do so.

Approved by Gessner College of Nursing Faculty: 03/01/2024

Approved by Dean Kathryn Tart: 05/06/2024
Confidentiality Agreement for the University of Houston Gessner College of Nursing Simulation Centers

As a student/patron of the University of Houston Gessner College of Nursing Society for Simulation in Healthcare (SSH) Accredited Simulations Centers:

1. I understand the significance of confidentiality with respect to information concerning manikins, standardized patients, and fellow students.
2. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA).
3. I agree to report any violations of confidentiality that I become aware of to my faculty/Clinical Learning Coordinator.
4. I have received and understand the University of Houston Gessner College of Nursing Simulation Center’s policies.
5. I further acknowledge that failure to comply with the Simulation Center’s policies will result in disciplinary actions up to and including being dismissed from the program.

Signature  __________________________________________________________________________
Printed Name  ________________________________________________________________________
Date  _____________________________________

☐   Upload copy of signed form in CastleBranch.