

SIMULATION PARTICIPATION, CONFIDENTIALITY, AND RECORDING AGREEMENT

As a nursing student enrolled in the nursing (Undergraduate and Graduate) programs at Wright State University-Miami Valley College of Nursing and Health, part of my clinical learning experience involves participation in simulation-based training scenarios. The simulation-based scenarios are designed to challenge students in order to prepare individuals to learn and/or improve the delivery of patient nursing care in various situations. I understand that the simulation-based training scenarios are conducted in a safe learning environment. It is a safe learning environment where mistakes may occur and all the students will learn from their own and others' mistakes. All information pertaining to the simulation-based training scenario will be kept confidential regardless of format (electronic, written, and/or verbal). I understand and will not discuss any information outside of the simulation experience.

I understand that while participating in simulation-based training scenarios, the sessions may be video recorded for use in guided debriefing sessions following the experiences. Recordings of the sessions are considered a university record and will be used in program assessment.

I agree to adhere to the following guidelines:

- To exemplify Wright State University Miami-Valley College of Nursing and Health's Code of Conduct for Students by participating in the simulation-based training scenario in a professional manner and treat it as a realistic patient care experience.
- Adhere to at all times strict simulated patient and peer confidentiality regarding any details pertaining to the scenario, nursing team actions, scenario outcomes, and/or debriefing discussions.
- All simulators/standardized patients are to be used with respect and be treated as if they were actual patients
- Unauthorized release of confidential information or inappropriate exchange of information is prohibited.
- Report any violations to this agreement to my assigned Clinical Instructor and/or Course Lead.

I understand that any violation to any of the above guidelines is an infringement of Wright State University's Code of Student Conduct Policy, Wright State University-Miami Valley College of Nursing and Health Code of Conduct for Students, and Simulation Participation, Confidentiality, and Recording Agreement. I understand that such violations will result in consequences outlined in college and university policies up to and including failure of a nursing course and/or dismissal from the nursing program.

I have read and understand the above agreement and agree to professionally participate in simulation-based training video recorded scenarios while maintaining the confidentiality.

STUDENT NAME (printed) _____

STUDENT SIGNATURE _____

DATE _____

*This agreement is considered valid throughout student's enrollment in all nursing courses involving simulation at Wright State University-Miami Valley College of Nursing and Health