Simulated Clinical Experiences Confidentiality Agreement

As a student at Winona State University, I understand that simulated clinical experiences are offered as an educational opportunity to obtain practical experience. As such, I understand the significance of confidentiality that accompanies my participation in these simulated clinical experiences.

I agree to adhere to the following rules:

• All events, procedures, and information used in conjunction with the simulation will be kept strictly confidential. This includes, but is not limited to, patient and/or scenario data that was provided prior to the simulation, obtained during the simulation, and discussed during the debriefing of the simulation.
• The simulation laboratory is a learning environment and all students will demonstrate professional behaviors that maintain a supportive environment.
• Students will maintain confidentiality of all students’ performances in the simulation laboratory.
• Manikins and standardized patients will be treated and handled with respect.
• The simulation laboratory is considered a clinical/client interaction and students will be dressed professionally in accordance with the applicable simulation, as specified by the faculty leading simulation.

Failure to adhere to these rules will result in disciplinary action which may include but not be limited to: removal from and failure of the course, dismissal from the nursing program, or suspension or expulsion from the University.

Print Name __________________________ Date ______________

Signature ______________________________________

Audio/Visual Recording Release

• Students and faculty may be video recorded for the purpose of education, research and/or quality improvement projects. I understand this statement and agree to the use of recording for audio/visual educational purposes and/or presentations.
• By signing below, I grant permission for the University to use my likeness, image, or voice in publications for non-commercial educational, exhibition, promotional, advertising, marketing, or other purposes by the University and will not be sold to other entities or agencies.
• I hereby forever release and discharge the University from any and all claims, actions and demands arising out of or in connection with the use of said still photograph or video, including without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licensees and legal representatives of the University.

Print Name __________________________ Date ______________

Signature ______________________________________