




Rural Northern California Clinical Simulation Center "The Rural SimCenter"


Simulation Agreement and Conditions of Participation

VISITOR EXPECTATIONS: The equipment at the Rural SimCenter is highly complex. We ask that you agree to the following conditions of participation:


1. **Always come dressed in proper uniform.** The Rural SimCenter is a clinical area and street clothes are not appropriate.
2. **No Food or Drinks are allowed in the rooms with simulators.**
3. **No Hand Jewelry:** This includes wedding rings. Jewelry can catch on the soft plastic of the simulators and cause permanent indentations, cuts or other damage. Please do not wear hand jewelry to the Rural SimCenter.
4. **Pens should not be used near the simulators.** Ink cannot be removed from the sensitive skin of the simulators.
5. **Do not use excessive or unnecessary force with the simulators.** Do not touch, manipulate or remove any cords or connections from any of the equipment or the Simulator. Do not try to fix technical problems yourself. Always call for the technician.
6. **It is the student's responsibility to alert the simulation team of known latex allergies as some components of the simulators contain latex.**

 I acknowledge that I have read and fully understand the Visitor Expectations _____ (Initial)


CONFIDENTIALITY AGREEMENT: As a student at the Rural SimCenter I agree to be an active participant and observer of realistic scenarios and clinical cases. The goal of the Rural SimCenter is to train individuals to improve their clinical performance in difficult medical situations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience for me and my fellow students. I also understand that in working side by side with my fellow students, I will be witnessing their performance. It would be unethical for me to share information regarding student performance with persons outside the laboratory.

 I acknowledge that I have read and fully understand that the unauthorized release, inappropriate exchange, or mishandling of confidential information is prohibited. I will maintain the strictest confidence about the clinical cases, scenarios and performance of individuals _____ (Initial)

PERMISSION TO VIDEOTAPE, PHOTOGRAPH AND AUDIO RECORD: Simulation methodology supports the use of videotaping and audio recording events while participating in training programs. By participating at the Rural SimCenter you agree that the Rural SimCenter may use and permit use of videotapes, photographs sound tracks, videodiscs and any other mechanical means of recording and reproducing images or sounds for educational purposes including but not limited to: Educational materials, public relations, advertisements, conference materials, promotional and/or fundraising purposes. You agree that these materials may be distributed in any manner and that you hereby waive any right to compensation for these uses by reason of foregoing authorizations and the undersigned and his/her successors hereby hold the staff of the Rural SimCenter and their successors harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

 I acknowledge that I have read and fully understand the Permission to Videotape, Photograph and Audio record _____ (Initial)

I acknowledge that I have read, understand and agree to all conditions of participation for the Rural SimCenter

 Print Name _____ E-Mail _____

Student signature _____ Date _____