Learner Expectations Agreement

Overview: The Clinical Simulation Center (CSC) is designed to provide opportunities to practice clinical reasoning skills and utilizing clinical judgment in a simulated healthcare environment. The centers provide equipment and other resources to facilitate the learner’s acquisition of confidence and competence to safely care for patients in various healthcare settings.

Clinical Simulation Sessions: Learners in a professional healthcare program must function within the legal, moral, and ethical standards of their profession. The learner’s clinical simulation experience is a clinical experience as any other clinical day. Therefore, each learner must adhere to the following guidelines for your clinical simulation experience:

I. **Attendance:** Clinical simulation experiences are offered at specific times. Learners are expected to be on time. NOTE: If you are late you will be sent home and your course instructor notified. This absence is considered a missed clinical experience and you or your school may incur a fee if the center is not given at least a 24-hour notification of any reschedule or cancellation requests. Scheduling an alternate session is dependent on availability of personnel and resources and not guaranteed. Learners are expected to make every effort to attend clinical at the simulation center. If you arrive unprepared and are sent home, the above statements also apply.

II. **Dress Code:** The clinical simulation center adheres to your School of Nursing (SON) or other healthcare program specific clinical site dress code - dress as if you were going to any other assigned clinical rotation.

NOTE: If you do not follow the dress code, you will be sent home and your course instructor notified. (examples: for hospital-based clinical, wear scrubs; for mental health or other care settings, follow dress code for those rotations. The same dress code policy applies to clinical simulation as any other clinical setting.)

III. **Required Knowledge and Skill Preparation:** Admission ticket(s). Learners will be sent home if each admission ticket (1 ticket per patient/scenario) is not completed by: including individual work (no copy & paste or plagiarism, must cite sources), thorough responses, printed paper copy in hand (no printer available at the simulation center for student printing). Documented evidence of learner preparation is a requirement for accreditation and regulatory standards.

IV. **Required Learner Equipment:** Stethoscope, penlight, and other items as informed by course instructors or specifically stated on admission ticket. Ink pens may be kept in learner pockets but are not to be used on or near the manikin simulators. Ink will stain the manikin’s skin. Gloves are provided by the center and are to be worn when working with manikins. Hand and finger oils alter the color of manikin skin.

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V. **Personal Items:**
   1. It is recommended not to bring purses, wallets, bookbags, etc. Coats/jackets may be placed in lockers; however, the center is not responsible for lost or stolen items.
   2. **Cell phones** and pagers may not be used in the clinical simulation setting without permission of center staff.
   3. **PICTURES AND VIDEO RECORDINGS ARE NOT ALLOWED** without permission of center staff.

VI. **Food and drink are not allowed in the CSC, except water with a spill-proof lid.** There is no student lounge or break room in the CSC. Plan accordingly.

VII. **CSC patient information is considered confidential** and patient cases cannot be discussed outside the CSC clinical environment.

VIII. **ALL activities in the CSC are monitored by video camera.** Professional, moral, and ethical behavior and speech is expected of everyone in the simulation center.

IX. The CSC process includes audio-videotaping of the simulation activity. These video recordings may be used for follow-up instruction, orientation to the simulated environment, accrediting body documentation examples, CSC tours, and seminars.

By signing below, I acknowledge that I have read and understand the above expectations and agree to abide by the terms of this Agreement.

______________________________  ______________________________
Learner Signature                  Date

______________________________
Print Name

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