



<b>UT Health Science Center: SIM100 Sim Confidentiality Policy</b>	
<b>Version 2</b>	<b>Publication Date: 07/23/2024</b>

<b>No./Title:</b> SIM100 – Sim Confidentiality		<b>Resp. Office:</b> SIMULATION <b>Approval Body:</b> CASA	<b>Effective Date:</b> 02/16/2017
<b>Category:</b> Academic		<b>Last Review:</b> 02/04/2020	<b>Next Review:</b> 02/04/2026
<b>Contact:</b> Executive Director CHIPS		 901.448.4530	 <a href="mailto:simulate@uthsc.edu">simulate@uthsc.edu</a>
<b>Related Policies:</b>	SIM104 – Sim Media Capture		

## DEFINITIONS

- 1) Participants: anyone involved in or observers of simulation activity (e.g., students, learners, educators, instructors, faculty, staff, or observers)
- 2) Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, debriefings and/or discussions and may be electronic, written, verbal, observed or overheard.

## POLICY

- 1) Healthcare simulation activities conducted by the Simulation Program are or should be treated as CONFIDENTIAL to ensure academic integrity, healthcare quality and patient safety, student and personal privacy, professionalism, and, conform to various state and federal laws regulating healthcare, the healthcare professions, education records, sponsored research and intellectual property and trade secrets rights.
- 2) Simulation participants will hold all simulation activities Confidential.
- 3) The Simulation Program may use media (photographic, video and audio recording) captured in simulation activities as specified in the Sim Media Capture policy, including for quality improvement, training, education and research.
- 4) Simulation participants will report any known violations of this policy.

## PROCEDURE

- 1) All participants in simulation activities must sign the Sim Confidentiality Agreement (included as Appendix A) either electronically or in writing, prior

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to participating in any Sim activity.

- 2) Any simulation participant refusing to execute the Confidentiality Agreement will not be allowed to participate in simulations.
- 3) Any materials from the simulation event (cases, media recording, evaluations, etc.) will be kept confidential and maintained in a secure/locked environment.
- 4) Any breach of Confidentiality by a Participant may result in disciplinary, Honor Code, professionalism committee and/or legal action. Examples of violations include social media postings describing a simulation scenario, verbal discussions in a student study group, gossip regarding the performance of a student/learning during a simulation, revealing information in a formal/informal discovery or deposition in a court case, etc. The only time such information may be divulged is with the express, written approval of the Course Director/Executive Director of Healthcare Simulation, or by order of a Court of competent jurisdiction.
- 5) Any violations in the Confidentiality Policy must be reported to the Simulation Program at [simulate@uthsc.edu](mailto:simulate@uthsc.edu), or to the Executive Director.
- 6) Simulation Participants may not photograph, video record, or audio record any simulation activity. Only UTHSC Simulation Program is authorized to engage in any form of media capture of image, video or voice recording.
- 7) Simulation Participants are subject to the confidentiality requirements of various state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act ("FERPA"), federal Patient Safety and Quality Improvement Act of 2005, Tennessee Patient Safety and Quality Improvement Act of 2011, as amended, Tennessee Public Records Act, Sponsored Research (Tenn. Code Ann. § 49-7-120) as well as professionalism requirements of UTHSC and the various health care professions and licensing boards.
- 8) Contracts and/or purchase orders with non-university outside entities for use of simulation services shall reference this Policy and include the following language: "This contract is for the purposes of sponsored research or services and/or Quality Improvement Committee functions".

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**APPROVAL HISTORY**

Effective: 02/16/2017, Committee on Academic and Student Affairs (CASA)

Approved: 01/18/2017, CASA

Revised: 02/04/2020, CASA

Approved: 02/05/2020,

Chancellor

Approved: 09/05/2023,

CASA

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## Appendix A

# UTHSC Simulation Program Confidentiality Agreement

By my signature below I agree to and understand that all simulation activities conducted by The University of Tennessee Health Science Center (UTHSC), Simulation Program, are CONFIDENTIAL and may not be disclosed or discussed outside of the simulation environment. These simulation activities include, but are not limited to, simulated clinical scenarios, standardized patient experiences, simulated task training, debriefing and discussions. I understand that Simulation activities are subject to state and federal laws regulating healthcare, the healthcare professions, education records, patient protection and quality improvement, sponsored research, and intellectual property and trade secrets rights. All participants in the simulation (learners, instructors, faculty, facilitators, staff, or observers) are required to maintain confidentiality unless otherwise ordered by a Court of competent jurisdiction. I understand and agree that divulging any such information, by any means (including, but not limited to verbal discussions, voice or video recording, , social media posting, state administrative proceedings, direct or indirect discovery by subpoena or other non-judicial evidentiary proceeding) without express written permission of the Course Director or Executive Director of Healthcare Simulation, constitutes a violation of Policy and this Agreement and may result in disciplinary, Honor Code, professionalism committee, and/or legal action.

As a Participant in the UTHSC Simulation Program, I understand the significance of and will abide by the confidentiality obligations in this Agreement. I agree to report any violations of confidentiality to the UTHSC Simulation Program via email at [simulate@uthsc.edu](mailto:simulate@uthsc.edu).

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\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

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Department or Academic Program