

UT Health Science Center:		
SIM104 Sim Media Capture Policy		
Version 1	Publication Date: 05/27/2022	

No./Title: SIM	104 – Sim Media Capture	Resp. Office: SIMULATION Approval Body: CASA	Effective Date: 01/15/2019
Category: Sim	ulation	Last Review: 01/15/2019	Next Review: 01/15/2022
Contact: Chac	Epps, Executive Director CHIPS	<b>9</b> 01.448.4530	⊠ <u>cepps4@uthsc.edu</u>
Related Policies:	SIM100 – Sim Confidentiality		

# **DEFINITIONS**

- 1) Lead Simulation Faculty/Facilitator: The Faculty/Facilitator that carries primary responsibility for the activity, serves as the main point of contact, and is responsible for recruiting other Faculty/Facilitators and content experts as needed.
- 2) Participants: anyone involved in or observers of simulation activity (e.g., students, learners, educators, instructors, faculty, staff, or observers)
- 3) Simulation activities: include simulated clinical scenarios, simulated task training, standardized patient scenarios, debriefings and/or discussions
- 4) Simulation assessment: a simulation activity where a student/learner is being evaluated on the nature, quality, or ability of performance of health care activities

# **POLICY**

- All simulation activities are subject to media capture which includes video recording, audio recording and photography.
- Media capture may be used for quality improvement, education and/or marketing purposes but learners will not be identified beyond profession or field of study.
- 3) Media capture may be used for IRB approved research with participant consent.
- 4) In-situ simulations will be rigorously structured to prevent the video or image capture of any patient or patient-related information.
- 5) Media captures may be released in situations deemed appropriate by the Executive Director in consultation with Lead Simulation Faculty/Facilitator.

### **PROCEDURE**

- 1) All participants in simulation activities will be presented the Sim Media Capture Consent Form (included as Appendix A). Participants need only sign consent once.
- 2) Lead Simulation Faculty/Facilitator may specify that a course, or part of a course, be captured.
- 3) If any simulation participant refuses to consent to the media capture, the Lead Simulation Faculty/Facilitator will determine if a) the participant will be excused from the event and media capture will continue or b) media capture will not occur where the participant is involved.



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- 4) If the Lead Simulation Faculty/Facilitator would like access to recorded simulation-based educational activities, this should be indicated on the Simulation Event Request Form and disclosed to the participants before the simulation begins.
- 5) If the Lead Simulation Faculty/Facilitator would like to access recorded simulation-based assessment(s), this request should be indicated on the Simulation Event Request Form and disclosed to the participant before the assessment event.
- 6) If an in-situ event recording inadvertently captures patient information, the file will be deleted immediately and reported to the Executive Director.

# **APPROVAL HISTORY**

Effective: January 15, 2019, Committee on Academic and Student Affairs (CASA)

Approved: January 15, 2019, Chancellor



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# **Appendix A**

# **UTHSC Simulation Program Media Capture Consent**

By signing this Media Capture Consent ("Consent"), I do hereby agree and authorize the University of Tennessee, through its Health Science Center (UTHSC), Simulation Program, and all respective employees, agents, officers and trustees, to photograph, video record, and/or audio record, by direct transmission or reproduction ("Captured Media"), my participation in Simulation Program activities.

My consent gives UTHSC the right to use any Captured Media, including but not limited to photos, video, or audio recordings of me, for the purposes of quality improvement, education, research, academic/medical journal publication, and any other purpose to further UTHSC's educational mission of teaching, training and research. I understand that during my participation in Simulation Program activities I have no expectation of privacy. In addition, I consent to the use of Captured Media, including photos, videos or audio recordings, for inclusion in: training/educational material, web site content, news releases, printed marketing brochures, or other UTHSC authorized forms of communication (internal or public). Such uses as may be made will not constitute a direct endorsement by me of any product or service. By this Consent, I further waive and release any rights to the Captured Media, including any right to compensation of any kind. This Consent shall bind my heirs, executors, administrators or assigns.

Consent.	
 Signature of Participant	 Date
 Printed Name of Participant	

I understand and agree to the conditions outlined above an I am fully aware of the contents of this



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Department or Academic Program