

College of Coastal Georgia Simulation Center Observer Agreement

Please complete this form and email to Simulation@ccga.edu

I _____ (please print), agree to adhere to the guidelines below when observing in simulation experiences or when acting as an embedded participant in simulation experiences at College of Coastal Georgia.

1. I understand that student performance is confidential, and that I cannot discuss individual students outside of the observation area. Simulation scenarios are confidential to maintain the integrity of the learning activity.
2. I understand that I cannot record or take pictures of students, faculty, staff, or standardized participants in the simulation or lab space unless I was specifically invited for this purpose.
3. I understand that I cannot post to social media unless I am specifically invited for this purpose. I understand that simulation is a learning pedagogy that requires students to focus.
4. I will not attempt to interact with students at any point during the lab or simulation, including prebriefing and debriefing, unless I am invited to do so.
5. I will not attempt to give direct feedback to a student unless invited to do so.
6. I understand that for safety and security reasons, I need to be escorted into and out of the simulation and lab areas.
7. I will follow any instructions provided to me by faculty and staff.
8. I understand that simulation scenarios are frequently developed by faculty within the Nursing and Health Sciences programs and should not attempt to reproduce them without permission.
9. I understand that no eating or drinking should occur in the simulation or lab spaces, including the observation area.
10. I agree to keep the simulation and lab spaces clean. This includes removing trash and making sure the area is the same as when I arrived.
11. I agree to keep noise and distractions to a minimum.
12. I will treat all equipment with care and assume responsibility if equipment is damaged.

Signature

Printed Name

Date