

**University of Michigan School of Nursing
Clinical Learning Center and Simulation Lab Code of Conduct**

- My goal is to treat the CLC Skills Lab and Simulation Lab like a real clinical environment.
- In showing professionalism, I will treat the models and manikins as if they are my patients.
- I must adhere to the dress code associated with the activity I'm participating in.
- Food and drink are not allowed in the simulation rooms or skills lab.
- Hand washing or use of hand sanitizer is expected prior to the use of equipment, models, or manikins.
- Ink pens are not to be used on the manikins or in the simulation rooms.
- All used sharps are to be disposed of in approved sharps containers.
- All used non-reusable supplies are to be disposed of in trash containers.
- All used reusable supplies (scissors, basins, sterile towels, etc...) are to be placed in designated containers.
- I will return equipment signed out for use in the same condition as it was received.
- I will return equipment signed out for use on time unless prior arrangements have been made with CLC staff.
- I am aware that during some lab activities, I will play the roles of both nurse and patient. I will have non-invasive activities performed on me. (Examples of such activities include listening to heart sounds, taking blood pressure, vision and hearing testing, etc...)
- In order to get the most out of lab and simulation experiences, I commit to completing assigned pre-learning activities.
- In order to support my learning experience and ensure that all students have the best possible experience with simulation scenarios, I will not share the simulations I participate in with other students.
- My participation in simulation may be recorded and shown to individuals or groups for the educational purposes of studying and improving my own learning as well as teaching methodology.
- All feedback I give to peers will be constructive in nature and intended to support others in the development of skills, critical thinking, and professionalism.
- I may be required to complete a post-lab or post-simulation evaluation.

My signature below indicates my agreement to abide by the above guidelines.

Print Name

Unique Name

Signature

Date