DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES POLICY

POLICY NAME:	CONFIDE	ITIALITY					
RESPONSIBILITY For Development/Review:	University Admin	Dept.Chair/ Program Director	Academic Director	Clinical Director	Faculty	Medical Director	Administrative Secretary
APPROVED BY:	Faculty						
DATE CREATED:	5/17/2013						
DATE REVISED:	2/14/2024						
REVIEWED: Annually	2/14/2024						
SUPPORTIVE DOCUMENTS:	Confidentiality Statement Form Simulated Experiences-Confidentiality Agreement DPAS Student and Policy Handbooks						

OCCURANCE:

Daily	Weekly	Monthly	Quarterly	Yearly
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	Students must sign a confidentiality agreement for simulation experiences. Students signing this form agree to respect fellow students and protect their privacy by never discussing individual or team simulation performance outside of the simulation debriefing. Students also agree to refrain from ever discussing what occurs during simulation debriefing sessions where team members share their reflections on the experience, including evaluating individual and team performances. A violation is considered unprofessional behavior and as such is subject to disciplinary action. The department will hold all student information as confidential documents. There will be times that various institutions will require student information for institutional affiliations with clinical experiences, the American Academy of Physician Assistants, and Pennsylvania Society of Physician Assistants will require student demographics for membership and the National Commission on Certification of Physician Assistants will require student information as such as a such as such as such as such as a such as such as a such as a such as a such as such as a s
OTHER NOTES:	