

Clinical Skills & Simulation Center Request Form

Please complete the following form to request your course needs and submit no later than **four (4) weeks** prior to your scheduled course dates.

Reserved by (Full Name) * _____

Phone number * _____ E-mail address * _____

Course (please spell out acronyms) * _____

Event Title (please spell out acronyms) * _____

Event date(s) (mm/dd/yyyy) * _____

Beginning Time * _____ Ending time * _____

Is this a recurring event? *

____ Yes

If yes, please list the additional dates and times of each event) _____

____ No

Please, specify who you are training:

____ M1 ____ M2 ____ M3 ____ M4 ____ Residents ____ Faculty

Other (please specify): _____ Number of participants: _____

Does your event need to be recorded? * ____ Yes ____ No

Do you need a digital/AV system (i.e. PowerPoint)? *

____ Yes (If yes, please provide details) _____

____ No

What type(s) of space(s) are you looking for? Please check all that apply *

____ Clinical Skills Exam Rooms (EMS Recording available): Number of Rooms _____

____ Student Training Room (AV System available)

____ SP Training Room (AV System available)

____ Sim Bay 1

____ Sim Bay 2

____ Sim Bay 3 (AV System available)

____ Research Room

____ If this session is taking place "off-site", please specify where: _____

Type of Event (please, select all that apply)

_____ **Physical Exam sessions:** For PETA sessions, please submit student checklist and PETA instructions 4 weeks prior to the session. A training session with PETAs will be scheduled a week prior to the event.

Characteristics of SP _____

Number of Rooms _____

Briefing _____ Yes _____ No

_____ **Standardized Patient Case:** For SP Cases, please submit student case, checklist, SP instructions 4 weeks prior to the session. A training session with SPs will be scheduled a week prior to the event.

Characteristics of SP _____

Number of Cases/Stations _____

Assessment of participants

_____ Formative

_____ Summative

_____ CSE

_____ OSCE

_____ SP Verbal Feedback

_____ Post Encounter Note _____ Yes _____ mins _____ No

_____ **Simulation:** *You will be contacted to set up a meeting with CSSC*

_____ **Hybrid Session** (Simulation/SPs): *You will be contacted to set up a meeting with CSSC*

_____ **Ultrasound Session**

Would you like to have Trained Simulated Ultrasound Patients?

_____ Yes - If yes, how many Trained Simulated Ultrasound Patients will you need? _____

Please describe characteristics: _____

_____ No

For your ultrasound sessions, which anatomy do you plan to visualize? _____

Will your department faculty be attending the session? *

_____ Yes - If yes, who? _____

_____ No

Will you need faculty development/training?

_____ Yes (In the space below, please enter number of faculty, desired date, equipment/supplies needed)

_____ No

Do you need Equipment & Supplies? If yes, indicate how many of each item below * _____ Yes _____ No

Patient Simulator

_____ Laerdal SimMan 3G (3)

Part Task Trainer

_____ Harvey (2)

_____ Arterial Arm Trainer (1)

_____ Condom Model (2)

_____ Eye Trainer (1)

_____ Male Pelvis (2)

_____ Prostate (3 sets)

_____ Male Rectal (2)

_____ Female Pelvis (4)

_____ Strap on Breast (1)

_____ Breast (with or without pathology) (6)

_____ Pelvic Evacuation (2)

_____ Birthing Simulator (1)

_____ Newborn Anne (1)

_____ Pediatric Lumbar Puncture (1)

_____ Lumbar Puncture (5 sets)

_____ Anatomical Model

_____ Heart

_____ Brain

_____ Male GU

_____ Breast

_____ Skeleton

Kits

_____ Chest Tube Kit (1)

_____ Foley Kit (3)

_____ Intubation Kit (1)

Ultrasound Machines

_____ Sonosite M-Turbo (3)

_____ Phased Array Probe (1)

_____ Linear probe (1)

_____ Curvilinear (1)

Virtual Simulator

_____ SonoSim (3): computer based
ultrasound simulator

Please list any additional supplies not listed above that are needed for this event:

Describe how the areas will need to be set up and any special configurations you may require:

Additional comments pertaining to this overall request:

For internal use only

Request Received _____ Assessment Received _____ SP training documents Received _____