

UKHC SIMULATION CENTER NEW EVENT APPLICATION

Your Name:

(Clinical Simulation Event Director)

Name of Event:

Your Department:

Your Email:

Phone Number:

Names and emails of additional event clinical event educators:

Desired Date(s) & Time(s) (proposed, not guaranteed)

Date(s)

Times(s) *Enter Start to End*

Please note that if staff are required to directly run simulations, a 15-minute break will need to be built in every 4 hours. Simulation center hours are 8am-5pm; we close 1 hour for lunch (this is set for 12pm-1pm, but may be adjusted on an individual basis depending on Simulation Center schedules).

Additional Date(s) if needed

What type of Simulation event are you requesting?

Education, Training, Assessment
Interdisciplinary Team Training
Tour

CME/CE Conference
COM outreach feeder program
Patient Safety/Quality Event Staff

Marketing/Media
Other

Number of Learners:

Who are your learners? *(Check all that apply)*

Medical Students MS1 MS2 MS3 MS4

Residents/Fellows *(Specialty or Dept)*

PGY1 PGY2 PGY3 PGY4 PGY5

MD/DO Faculty & Staff *(Specialty or Dept)*

Nursing Staff *(Specialty or Dept)*

APPS NP CRNA CNS PA Other:

PA Students

Paramedics

Other: *(Please Specify)*

What do you hope to accomplish from this simulation event? Please provide a a brief description.

What educational, competency, certifications or healthcare needs does this program address?

Scope of Simulation Training *Check all that apply*

Psychomotor (skills & Behavior)

Cognitive (knowledge)

Affective (Attitudinal)

Team Training

Other:

Describe what the learners will be doing.

How will you determine if the instructional goal and/or objectives are achieved through this event?

Written evaluation

Expert observation in the simulated setting

Expert observation in a clinical setting of skills after the simulation education/training

Other:

A/V options: *(Live Feed is only available within the UKHC Sim Center.)*

No A/V

Live Feed

Filmed Session

Filmed Session with playback during debriefing

What type of simulation is needed?

Task Training (such as CVL)

Standardized Patient or Actor

Mid Level technology Manikin (such as ACLS/CPR feedback trainer)

High technology patient simulator manikin

Unsure

Do you expect to use any Code Carts, Simulated Drugs or any Kits(such as a CVL Kit) possibly containing drugs?

Yes

No

Unsure

Will a new Clinical Simulated Experience (CSE) for a high technology patient simulator need to be written and programmed? (a minimum eight week lead time is required from receipt of the completed clinical event storyboard prior to the event)

Yes

No

Unsure

I understand that completion of this Request application constitutes a request, not a confirmation, and that UK Healthcare Simulation Center has up to 3 weekdays to review and respond.

I understand that this request does not mean that the UK HealthCare Simulation Center is available on the requested date and time.

I understand that the simulation event director and/or approved clinical instructors will be on-site and directly precept the simulation event for the entire duration and all listed instructors are clinical content experts with demonstrated understanding of any simulation equipment they request to use. The Simulation Center staff will provide an orientation on the equipment prior to the program.

I understand that for student and resident interest groups, a clinical faculty or approved clinical educator must be present at all times to precept the event. Students and resident groups without an approved preceptor will not be admitted.

I understand that the UK HealthCare Simulation Center upholds the policy that all events start on time and last only through the time reserved.

I understand that the UK HealthCare Simulation Center upholds the policy that all approved event cancellations must be submitted 48 hours prior to the event start time.

I have read and understand the above statements (please check the box) and print your name