

**Judith & Marvin Herb Family Simulation Center @ NCH
COURSE/EVENT INTAKE FORM**

DEMOGRAPHIC INFORMATION	
<p>Course: Course Dates & Times : Specialty:</p> <p>Activity Type:</p> <p>Course Educator/Faculty/Director:</p>	<p> <input type="checkbox"/>Fellow <input type="checkbox"/>Resident <input type="checkbox"/>APP <input type="checkbox"/>Nursing <input type="checkbox"/>PT/OT <input type="checkbox"/>RT <input type="checkbox"/>IPE <input type="checkbox"/>External <input type="checkbox"/>Administrative <input type="checkbox"/>Physicians Other: _____ </p> <p> <input type="checkbox"/>Task Trainer/Skill <input type="checkbox"/>Research <input type="checkbox"/>Anatomage Table <input type="checkbox"/>Tour/Community Event <input type="checkbox"/>Immersive Interactive Room <input type="checkbox"/>Simulation/Scenarios </p> <p>Name: _____ Contact info: _____</p>
COURSE INFORMATION	
<p>Course/Event Description:</p> <p>Needs Assessment (gap between where you are and where you want to be):</p> <p> <input type="checkbox"/> Recent event (M&M, near-miss, sentinel event) <input type="checkbox"/> Recent review (RCA, SWOT analysis, Quality Control/Fall Out Patient, CRN report) <input type="checkbox"/> Guideline & protocol change <input type="checkbox"/> New equipment <input type="checkbox"/> Skill training <input type="checkbox"/> Accreditation/program standards <input type="checkbox"/> Professional development <input type="checkbox"/> Curriculum development <input type="checkbox"/> Other _____ </p> <p>List Learning Goals and Objectives:</p> <p>1. 2. 3. 4.</p>	
<p>Number of participants:</p>	
<p>Sim Faculty support needed: Block calendars</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Teaching methodology: (check all that apply)</p>	<p> <input type="checkbox"/> Manikin-based with scenario(s) <input type="checkbox"/> Task Trainer _____ <input type="checkbox"/> Didactic/Debrief <input type="checkbox"/> Standardized patient <input type="checkbox"/> Immersive Interactive Room <input type="checkbox"/> Interprofessional <input type="checkbox"/> Anatomage Table </p>

OVER

Equipment needs:

How would you like the room set up?

Expectations:

It is expected that the educator will email learners at least a week in advance to have them set up their Learningspace App on their phone to generate a QR code (instructions located on simulation center web site on NCH). Please instruct learners to show up at least 15 minutes early to allow time to check in if it is their first time.

FOR SIMULATION STAFF USE:

User Group:

Activity:

Case:

Room(s):

Resources:

Submit completed form to: tesaannsmith@nchmd.org or hope.goodwin@nchmd.org

Note: Rooms are subject to change based on availability of resources and events.
Allow a two (2) week notice to cancel any events.

Email simulation@nchmd.org with any further questions. We will respond to your request within 48 business hours. Please bring a jacket as the Simulation Center is very cold. Please allow ample time to check in.

Final approval by Simulation staff: _____ **Date:** _____