

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

DEMOGRAPHIC INFORMATION	
Course: Training Dates/Times (year and month requesting): Specialty: Activity Type: Course Educator/Faculty/Director:	<div style="margin-bottom: 10px;"> <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: _____ </div> <div style="margin-bottom: 10px;"> <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 </div> <div> Name: _____ Contact info: _____ </div>
COURSE INFORMATION	
Course/Event Description: Needs Assessment (gap between where you are and where you want to be): <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 _____	
List Learning Goals and Objectives: 1. _____ 2. _____ 3. _____ 4. _____	
Number of participants: _____	
Sim Faculty support needed: Block calendars	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teaching methodology: (check all that apply)	<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

OVER

<p>Classroom Equipment Needs: (check all that apply)</p> <p><input type="checkbox"/> Whiteboard & Markers</p> <p><input type="checkbox"/> Computer (Laptop)</p> <p><input type="checkbox"/> WebEx, Zoom or Teams Meeting</p> <p><input type="checkbox"/> PowerPoint Presentation</p> <p><input type="checkbox"/> Record session</p> <p>The following is only to be used if multiple classrooms reserved:</p> <p><input type="checkbox"/> 1Monitor <input type="checkbox"/> 2Monitors <input type="checkbox"/> 3Monitors</p> <p>Simulation Room Setup Needs: (with greatest possible detail and specificity explain how the room should look prior to the start of your session including, equipment in the room)</p>	<p>Expectations:</p> <p>It is expected that the educator will email learners at least a week in advance to have them set up their LearningSpaceEnterprise 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.</p>
<p>FOR SIMULATION STAFF USE:</p> <p>User Group:</p> <p>Activity:</p> <p>Case:</p> <p>Room(s):</p> <p>Resources:</p>	

Submit completed form to: tesaann.smith@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 tesaann.smith@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:** _____