

# SIMULATION CENTER



## Charleston Area Medical Center

This course was reviewed and approved by the Curriculum Review Committee on:

\_\_\_\_\_

### Course Intake Form

Gatekeeper and/or Simulation Clinical Educator:

| Client Information    |                   |
|-----------------------|-------------------|
| Department            | or Organization   |
| Dept. Name:           |                   |
| Dept. Number:         |                   |
| Division:             | City: State: Zip: |
| Contact Phone Number: | Telephone:        |

| Program Information                        |                         |
|--|-------------------------|
| Target Audience:                           | Number of Participants: |
| Simulation Description:                    |                         |
| Special Needs:                             |                         |
| Specific Equipment or Supplies (if known): |                         |

Course Approved:  Yes  No

Comments on approval/disapproval:

### **CLAR Rooms**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Conference Room 130 A | <input type="checkbox"/> Debrief 3 Room 124         | <input type="checkbox"/> Large Procedure 3 Room 226 |
| <input type="checkbox"/> Conference Room 130 B | <input type="checkbox"/> Debrief 4 Room 126         | <input type="checkbox"/> IP Sim Lab 3 Room 231      |
| <input type="checkbox"/> Conference Room 130 C | <input type="checkbox"/> Training 1 Room 255        | <input type="checkbox"/> IP Sim Lab 4 Room 229      |
| <input type="checkbox"/> Conference Room 130 D | <input type="checkbox"/> Training 2 Room 254        | <input type="checkbox"/> IP Sim Lab 5 Room 227      |
| <input type="checkbox"/> M. Debrief 1 Room 151 | <input type="checkbox"/> Debrief 5 Room 252         | <input type="checkbox"/> IP Sim Lab 6 Room 225      |
| <input type="checkbox"/> M. Debrief 2 Room 152 | <input type="checkbox"/> Debrief 6 Room 253         | <input type="checkbox"/> IP Sim Lab 7 Room 224      |
| <input type="checkbox"/> OP Sim Lab 1 Room 141 | <input type="checkbox"/> Conference Room 210        | <input type="checkbox"/> IP Sim Lab 8 Room 221      |
| <input type="checkbox"/> OP Sim Lab 2 Room 143 | <input type="checkbox"/> Procedure Sim Lab 1 RM 239 | <input type="checkbox"/> Sim Conference Room        |
| <input type="checkbox"/> OP Sim Lab 3 Room 144 | <input type="checkbox"/> Debrief 1 Room 125         | <input type="checkbox"/> M. Debrief 4 Room 233      |
| <input type="checkbox"/> OP Sim Lab 4 Room 146 | <input type="checkbox"/> Debrief 2 Room 127         | <input type="checkbox"/> M. Debrief 5 Room 232      |
| <input type="checkbox"/> OP Sim Lab 5 Room 147 | <input type="checkbox"/> Procedure Sim Lab 2 RM 238 | <input type="checkbox"/> Large Procedure 1 Room 213 |
| <input type="checkbox"/> OP Sim Lab 6 Room 148 | <input type="checkbox"/> Procedure Sim Lab 3 RM 236 | <input type="checkbox"/> Large Procedure 2 Room 230 |
| <input type="checkbox"/> IP Sim Lab 1 Room 145 | <input type="checkbox"/> Procedure Sim Lab 4 RM 237 | <input type="checkbox"/> Classroom 1 Room 312       |
| <input type="checkbox"/> IP Sim Lab 2 Room 149 | <input type="checkbox"/> M. Debrief 3 Room 234      | <input type="checkbox"/> Classroom 2 Room 313       |

### **Simulators**

- Dead Weight Man
- Pediatric HAL
- Sim Baby
- SimNewB
- Sim Man Classic
- Sim Man Essential
- Sim Man3G
- Sim Mom
- Trauma Man

### **Quantity (1-5)**

### **Task Trainers**

- |   |  |
|---|--|
| <input type="checkbox"/> Airway Manakin                 | <input type="checkbox"/> Joint Injection – Elbow           |
| <input type="checkbox"/> Airway Training Manakin        | <input type="checkbox"/> Joint Injection – Shoulder        |
| <input type="checkbox"/> Arterial Stick Arm             | <input type="checkbox"/> Joint Injection – Wrist           |
| <input type="checkbox"/> Aspiration Knee                | <input type="checkbox"/> Lumbar Puncture Trainer           |
| <input type="checkbox"/> Baby Hippy                     | <input type="checkbox"/> Male Cath Sim                     |
| <input type="checkbox"/> Baby IV                        | <input type="checkbox"/> Midscapular Thoracentesis Trainer |
| <input type="checkbox"/> Bandaging Sim                  | <input type="checkbox"/> Ostomy Care Sim                   |
| <input type="checkbox"/> Blue Phantom Central Line      | <input type="checkbox"/> Paracentesis Ultrasound Trainer   |
| <input type="checkbox"/> Breast Exam Trainer            | <input type="checkbox"/> Pelvic Exam Trainer               |
| <input type="checkbox"/> Female Cath Sim                | <input type="checkbox"/> Peter PICC Line                   |
| <input type="checkbox"/> Foley Cath Trainer             | <input type="checkbox"/> Prostate Exam Trainer             |
| <input type="checkbox"/> Infant Airway Training Manakin | <input type="checkbox"/> Spinal Simulator                  |
| <input type="checkbox"/> Infant Trach Care              | <input type="checkbox"/> Venous Baby Head                  |
| <input type="checkbox"/> Injection Training Hands       |  |

**Training Systems**

- FLS (Funda. In Lap Surg)
- Heart Sounds Harvey
- iPads

- LapSim System
- Sonosim Ultrasound Trainer
- Vital Sim

|   |
|---|
| <p><b><u>Medical Equipment:</u></b></p>           |
| <p><b><u>Other Equipment or Supplies:</u></b></p> |
| <p><b><u>Faculty/Instructor Needs:</u></b></p>    |
| <p><b><u>Set-up Description:</u></b></p>          |
| <p><b><u>Additional Notes:</u></b></p>            |

Program Area:

- |   |  |
|---|--|
| <input type="checkbox"/> Ambulatory & Outpatient Services | <input type="checkbox"/> Trauma Services             |
| <input type="checkbox"/> Professional Nursing             | <input type="checkbox"/> Advanced NP                 |
| <input type="checkbox"/> Residency                        | <input type="checkbox"/> Community Outreach          |
| <input type="checkbox"/> Medical Students                 | <input type="checkbox"/> Multi-Unit/Multi-Discipline |
| <input type="checkbox"/> External Programs                |  |

Initiation Date:

Target Date for First Course:

Target Schedule:

- One time event
- Short term series
- Irregular
- Weekly
- Bi-weekly
- Monthly
- Quarterly
- Annual
- Other: Varies depending on new hire nursing numbers.

Is this course linked to the strategic plan:  Yes  No

Please provide the area of impact:

- Patient Safety
- Health Outcomes
- Regulatory Compliance
- Other

If other, explain:

Anticipated personnel and cost impact:

- A. Estimated development hours from Center for Simulation clinical educators
- B. Estimated development hours from sim tech and admin support
- C. Estimated development time from other Center personnel
- D. Annual estimated Set-up and Tear-down hours by Center staff
- E. Annual estimate of all Center event time

F. Annual estimate of consumable supplies

G. Will new equipment including manikins be required?  Yes  No

If yes, detail the items and costs.

### **Instructional Design Process**

1. Needs Analysis/Rationale – Select how need was determined and provide explanation:

Check all that apply.

- Observed performance deficits.
- Improve ability in achieving local or organizational performance metrics such as mortality and morbidity, Serious Safety Events, or other patient related outcomes.
- New procedures, medications, equipment, locations, or processes
- New knowledge (such as protocol changes)
- Regulatory and accreditation requirements
- Organizational goals or initiatives
- Learner self-assessment of personal education needs (surveys or focus groups)
- Improving educational methodology of existing course
- Improve employee, student, or medical staff recruitment, satisfaction, and retention.
- Expert opinion
- Research specific goal (testing new device or procedure)
- User request
- Other:

Explanation:

2. Learner profile

a. Audience for this course?

b. What entry behaviors are required of learners for this course?

c. Are there any prerequisites?

3. Context of learning

a. How will this learning be applied?

b. In what context does the learning need to take place? Examples – Will this be in-situ or lab/classroom based?

c. Will this be a single discipline group or multidisciplinary?

d. Will this be a task simulation, complex scenario, or full team immersion simulation?

4. Learning Goals and Objectives: – What are the educational objectives of this course?

5. Assessment strategy – How will you determine a learner's success at meeting educational objectives?

6. Is simulation the best instructional strategy to meet these objectives?  Yes  No

If yes, explain why:

Check all that apply.

Objectives are higher level objectives (Application level or higher)

Simulator able to provide necessary fidelity to meet objectives.

Learning objectives require some level of experimentation on the part of the learners.

- Learning objectives include testing systems capabilities.
- Learning objectives require a contextual application of knowledge and skills.
- Active reflection (debriefing) essential to meeting objectives and reinforcing learning.
- Learners expected to respond better in an active learning environment.
- Group interaction and communications are key objectives.

Additional explanation (if needed):

If no, explain how this course will be referred to a more appropriate developer:

7. What mode of simulation is most appropriate?

Check all that apply.

- High technology manikin (such as Sim Baby)
- Low technology manikin (such as Megacode Kid)
- Standardized patient or other actor
- Task trainer (such as IV insertion trainer)
- Hybrid simulation (such as real person combined with task trainer)
- Virtual skills trainer (such as Accutouch)
- Screen-based simulator (Such as AHA Online PALS)
- Other:

(7 cont.) Explain why:

Check all that apply.

- Objectives require high technology for clinical assessment purposes.
- Objectives focus on task training only.
- Objectives focus on teamwork in addition to clinical interventions.
- Objectives require a high level of physiologic fidelity.
- Simulator event log essential to meeting objectives.

Additional explanation (if needed):

8. What instructional or adjunctive materials or other cognitive performance aids will need to be provided or developed for this course?
9. How will this course be delivered (such as simulation only, combination of classroom and simulation, or online learning module followed by simulation)?
10. For ongoing or multiple event courses, what sub-topics are expected for the course series?

| <b>To be completed by LSTC Staff Only</b> |                   |                |                    |                    |
|---|-------------------|----------------|--------------------|--------------------|
| LSTC Contact:                             | Date in ResSched: | Planning Date: | Walk Through Date: | Confirmation Date: |
|   |                   |                |                    |                    |