

**Simulation Support Reservation Request**

Instructions

This form is required to be submitted at least four months prior to the session to initiate and guarantee a confirmation. Requests submitted between 1 and 4 months prior to the session will be scheduled on a space and resources availability.

**Important Note**: Requests for support must be completed 6 weeks in advance. Requests or alterations under 6 weeks require a second level of approval from one of the following:

* OME Sessions: Dr. Jennifer Plant – cc Assistant Dean Roy Rai
* SON Sessions: Jennifer J. Edwards – cc Assistant Dean Lisa Badovinac
* Hospital-based groups: Center for Simulation Medical Director- Dr. Ian Julie

Title of Session & Course Listing (if applicable)  
Example - NRS 420, OME Intersessions: Day 3; EM Nursing Skills Day

Contact details for IOR/faculty/facilitator   
Name  
Email  
Phone/Pager Number

Contact details for course coordinator/curriculum planner  
Name  
Email  
Phone Number  
  
  
Who is the lead contact for this request?  
   
  
School/Department responsible for course IOR/faculty/facilitator.  
  
Description of learners. Please select all that apply.  
 SON- MEPN students OME- MD students  
 Allied Health Professional External learner (non-UCDH)  
 SON- Nurse Practitioner students  
 GME- Resident Research participants  
 Other SON- Physician  
 Assistant students Registered Nurses  
  
Total number of learners for this course?  
  
**Date and time scheduling**   
Please enter 1st date choice for this session:  
Calendar

Description automatically generated  
  
   
Please enter 2nd date choice for this session:  
Calendar

Description automatically generated

Example - enter name of lead contact if not listed as IOR or coordinator

Example -OME, SON, or Dept of Pediatrics, etc.

Preferred start time for the session?  
 A.M. (8:00 am - 12:00pm)

P.M. (1:00pm - 5:00pm)

All Day (8:00am - 5:00pm)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 hour | 2 hours | 3 hours | 4 hours | 5 hours | 6 hours | 7 hours |  |
| Select  number  of hours required for training session |  |  |  |  |  |  |  |  |

No Preference  
  
Estimated training time frame for the training session.

Does this session occur over multiple days?

Yes

No  
  
If yes, please explain.  
Example - This is over a 3-day period or first and third Monday

**Make-up scheduling requests**Will there be a pre-scheduled make-up day?  
 Yes  
 No  
Please enter 1st date choice for this session:  
Calendar

Description automatically generated  
  
Please enter 2nd date choice for this session:  
Calendar

Description automatically generated  
  
  
**We will contact you to schedule the make-up scheduling session.**

Do you require Human Based clinical examination room(s) for your course?  
Example: room BIMH 2200 and CERC   
 Yes  
 No

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1-8 exam rooms | 8-12 exam rooms | > 12 exam rooms |
| Select number of  clinical skills  exam rooms required for training session |  |  |  |

**Human Based: Clinical Skills room resources**  
This section involves room BIMH 2200 & CERC   
How many Human Based clinical skills training rooms are required:  
  
How many learners per examination room?

Preferred delivery/technology format?  
 In-person (all participants are on site)  
 BLine Checklist  
 Hybrid (ex: Zoom and BLine)  
 BLine recording  
 Distance Learning  
 BLine monitoring

# Human Based Training: Standardized Patient and/or Model resources

Are you using Human Standardized Patients (SP)?

(Note: actor or physical examination model)

Yes

No

How many SPs are needed per training day?

Are you requesting Human models for the training event?

(Note: actor or physical examination model)

Yes

No

How many models are required for the training event?

Do you require any additional simulation training rooms?

Yes

No

Do you require additional training devices?

Example - Ultrasound equipment, VR trainer, Anesthesia machine, EKG machine

Yes

No

If yes, please list additional training devices below:

Please list space preferences that support education goals, please explain why.

Example - Moore Hall or CERC to be proximate to didactic session

Is this activity a required component of curriculum  
 Yes

No

**Task training and full-body manikin rooms resources**This section includes CHT 3301, BIMH 3500, BIMH 3510, and In- situ session

How many training rooms needed for the training session.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 room | 2 rooms | 3 rooms | 4 or more |
| Select number of training spaces required for the training session. |  |  |  |  |

How many learners per training room?

Do you require task training equipment for your training session?

Yes

No

What types and quantity of task trainers are needed?

Link to resources: [Simulation training equipment](https://health.ucdavis.edu/simulation/)

**Full-body manikin resources**

Do you require a full-body manikin(s)?

Example - Adult, child, toddler, neonate, or birthing.

Yes

No

Will the learners engage with the manikin and require a scenario?

Yes = the learners listen to lung sounds, observe vital sings, or the manikin speak

No = will it be a prop and no vital signs required

What type(s) of full-body manikin is needed?

Link to resources: [Simulation training equipment](https://health.ucdavis.edu/simulation/)

Do you require additional training devices?

Example - Ultrasound equipment, VR trainer, Anesthesia machine, EKG machine

Yes

No

If yes, please list additional training devices and quantity below:

Link to resources: [Simulation training equipment](https://health.ucdavis.edu/simulation/)

This completes Part 1 of the request process. The Simulation Center scheduling team will review and assign space, equipment, and staff for your session. The team will send you the Simulation Support Request Part 2 to obtain greater details to support your session/event.

I understand Part 2 is required to be submitted at least 6 weeks prior to the scheduled event and will include completion of all templates upon submission. (ex: SP checklist, scripts, exam flow, scenarios, and/or equipment requirements).  
NOTE: [Simulation Center Resources](https://health.ucdavis.edu/simulation/scheduling/index.html)

I acknowledge Part 2 components and timelines.  
  
Thank you for completing Simulation Support Reservation Request. You will receive an acknowledgement within 3 business days following submission from your Part 1 request form. If you have not received it in 3 business days, please reach out to Sim Center. Your space assignment will be completed no later than 3 months from the date of the event.



Part 1.6