

Course or Event Request Form

RESTORE Policy

Simulation spaces adhere to the health clearance processes consistent with clinical spaces. This includes curriculum utilizing task training, manikins and standardized patients.

Processes include:

- Learners and instructors must follow the same health screening policy as clinical areas.
 - Clearance must be obtained prior to entering the Education Building and simulation spaces.
 - The simulation center on the third floor of the Center for Health and Technology requires a health screening:
 - “Daily dots” (i.e., different colored stickers handed out daily) are verified by course instructors and staff prior to initiation of classes.
 - Those learners and instructors without clearance must proceed to the hospital or ACC for formal clearance.
- Masks must be worn in the center at all times since education exercises cannot maintain physical distancing. Personal cloth masks or surgical masks are acceptable.
- The number of learners is limited per room to promote social distancing.

INSTRUCTIONS

This form is required to request all events in the simulation center. In addition, if your event includes a high-fidelity scenario, complete the scenario stem section on page 3 for each station.

Important Note: *Our communications and marketing specialist may come in at any time during your event to take photos and/or video. If you do not wish for your event to be publicized, please let us know when you submit this form. Please submit your completed form to hs-simcenter@ucdavis.edu.*

Date of Submission _____ Requested By _____

Contact Information

Name
Phone
Email

Event Coordinator

Faculty/Instructor of Record

Official Event Title _____

New Event? Yes No School/Department _____ Cost Center _____

Date(s) and Time(s) Requested _____

Note: This request will be reviewed, and a confirmation email will be sent to the coordinator and faculty/instructor of record.

Equipment Needs for Course Low-Fidelity/Task Trainer High-Fidelity Manikin

Setting for Event Adult Pediatric Neonate Acute Care Clinic OR

Other: _____

If your event does not involve education of learners, please provide the reason for your request (tour, filming, research, etc.)

On-site Coordinator(s) _____

Note: An on-site coordinator provided by the department making the request is required for courses with more than 15 learners or more than two stations.

EDUCATION-BASED TRAINING

Complete the following sections for all educational activities.

Target Audience

Anticipated Number of Learners _____ (Internal and/or External)

Learner Level(s) (e.g., medical students, residents, nurses, etc.)

Note: Simulation spaces have a maximum capacity of learners. For groups of more than eight, plan on multiple stations/rotations.

Course Agenda

Station	Start Time	End Time	Size of Group	Station Topic (e.g., suturing, code simulation, etc.)	Training Method (e.g., task station, patient scenario, etc.)	Faculty
1						
2						
3						
4						
5						
6						

Note: Lecture space can be reserved online at <https://somapp.ucdmc.ucdavis.edu/meded/scheduling/index.cfm>

Brief Course Outline

Learning Objectives *(required)*

- 1.
- 2.
- 3.
- 4.
- 5.

How will learners receive feedback? *(select all that apply)*

Immediate Debrief Follow-up Discussion Written Evaluation

How will learners be assessed? *(select all that apply)*

Pre/Post Tests Individual Rating Faculty Observation

Task Training Equipment Requested *(Note: Requester is responsible for consumable items)*

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all training supplies/equipment you plan to bring for training

_____	_____	_____
_____	_____	_____
_____	_____	_____

Audio Visual Support

A/V Presentation *(Note: Not compatible with Mac)* Panopto Recording B-Line Recording

SCENARIO-BASED TRAINING

Complete the sections below if your educational activity includes high-fidelity patient simulation.

Simulated Patient(s) Request

- Adult # _____ Peds # _____ Neonate # _____ Birthing Trainer
- Other _____

Scenario Stem

(e.g., Stem 1: Clinic setting, 64 y/o male, complaint of abdominal pain for 8 hours. PE: Pale, cool, diaphoretic, tachypnea, edema to lower extremities.)

Stem 1:

Stem 2:

Stem 3:

Stem 4:

Additional Notes

Additional Resources

(e.g., Require an ECG machine, defibrillator, ultrasound machine, etc.)

Next Steps:

- Please send your completed form to hs-simcenter@ucdavis.edu for processing.
- Your request will be reviewed, and a confirmation email will be sent to the coordinator and faculty/instructor of record.