Simulation Support Request Intake Form: Part 2 Human Simulation

Instructions:
Submission of the Part 2 form is required at least 6 weeks prior to the session. To complete the request process, it must include all necessary templates found on the Simulation Center website. Submit additional templates to HS-HumanSimulationSupportTeam@ucdavis.edu (e.g., standardized patient checklist, scripts, exam flow, scenarios, and equipment requirements).

Human Simulation Space, Equipment and Support team assignment:

Official event title:
Date(s) assigned for event:
Time(s) assigned for event:
School/Department:
IOR/Faculty/Facilitator:
Coordinator:
Delivery/Technology format:
Number of learners:
Lead simulation staff assigned:
Course location assigned:
Clinical exam rooms assigned:
Part 1 survey ID
Q3. Please list any relevant changes that occurred from the above information:

- Official Event Title: __________________________________________________
- Date(s) of Event:    __________________________________________________
- Time(s) of Event:    __________________________________________________
- School/Department: __________________________________________________
- IOR or Coordinator Information: _________________________________________
- Delivery/Technology Format: ___________________________________________
- Learner Type _______________________________________________________
- Number of Participants:  ______________________________________________
- Number of Exam Rooms Needed:  ______________________________________
- Number of Debrief Rooms Required: _____________________________________
Q4. Name(s) of onsite lead instructor(s) at event?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Q5. Total number of learners?

☐ Per Session – Multiple sessions during the day
☐ Per Day – In total for day

Q6. Will the learners be divided into groups or stations?
(Example: Multiple learners per room)

☐ Yes
☐ No

Q7. How will learners be assessed?

☐ Pre/Post Test
☐ Individual Rating
☐ Faculty Observation and Review
☐ Other (Please Explain):

__________________________________________________
Q8. How will learners receive feedback?

☐ Immediate Debrief

☐ Follow-up Discussion

☐ Written Evaluation

☐ Other (Please Explain):

________________________________________________________________________________

Q9. Enter any additional notes not covered above:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Clinical Skills Examination Room Details

Q10. Please list additional required equipment and set-up instructions. Note: Standard examination room equipment includes patient gown, drape, HEENT (head, eyes, ears, nose, and throat) instruments, and gloves.

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________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
BLine Related Details

Q11. Please select BLine support requirements.

- [ ] None (self-support)
- [ ] Session Announcement
- [ ] Live Monitoring of SP/Student encounter
- [ ] Review Recorded Training Event
- [ ] Checklist Standardized Patient
- [ ] Checklist Student Interstation/Exercise
- [ ] Checklists Faculty
- [ ] Student Evaluation/Grading
- [ ] Video Release to Learner/Faculty
- [ ] Other (Please Explain):
  ____________________________

Q12. Is this activity a graded assignment via the BLine system?

- [ ] Yes
- [ ] No

Q13. Will students complete a follow-up assignment requiring the BLine engagement? (e.g., CPX Phase 2)

- [ ] Yes
- [ ] No
**Standardized Patients details.**

Q14. Do you require Standardized Patients (SPs) for the session?

- [ ] Yes
- [ ] No

Q15. Please indicate the number of Standardized Patients to recruit:

________________________________________________________________

Q16. Please indicate length of each Standardized Patient session in hours:

________________________________________________________________

Q17. Is the Standardized Patient required to be onsite?

- [ ] Yes
- [ ] No

Q18. Please enter preferred demographics for Standardized Patient recruitment:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Q19. Please list required skills for Standardized Patient to perform:

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________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Q20. Is a Standardized Patient checklist required?

- Yes
- No

Q21. Will the Standardized Patient be required to provide feedback during or after the session?

- Yes
- No

Q22. If yes, please select how the feedback will be provided:

- Written
- Verbal
- Both

- Other (Please Explain):

__________________________________________________
Q23. Please list clinical scenarios you are planning:
Example: 1. Female complaining of abdominal pain
2. Geriatric patient with confusion
3. Adolescent with depression

- Scenario/Simulation 1 __________________________________________________
- Scenario/Simulation 2 __________________________________________________
- Scenario/Simulation 3 __________________________________________________
- Scenario/Simulation 4 __________________________________________________
- Scenario/Simulation 5 __________________________________________________
- Scenario/Simulation 6 __________________________________________________
- Scenario/Simulation 7 __________________________________________________
- Scenario/Simulation 8 __________________________________________________
**Physical Exam Model** (Non-actors used for examination purposes exclusively)

Q24. Do you require physical examination models?

- [ ] Yes
- [ ] No

Q25. Please indicate the number of models to recruit:

_________________________________________________________________________

Q26. Please indicate length of each model per session in hours:

_________________________________________________________________________

Q27. Please describe procedure performed with model:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Q28. Please include additional instructions for model engagement below:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

The Standardized Patient Program will contact you if additional information is required.

Standardized Patient (SP) Program follow up process:
- Six weeks prior – Confirmation of request
- Four weeks prior – Update with projected availability of SPs, potential adjustments
- Two weeks prior – Final SP/model roster provided to client
- One week – SP training to be completed

After submission of this form please complete the following templates:
- Scripts (Faculty/SP/Learner)
- Exam Flow
- Grading Rubrics
- Additional Notes as Required

Please send to: HS-HumanSimulationSupportTeam@ucdavis.edu

You will receive confirmation from the assigned Simulation Support team member once received. A follow-up meeting may be scheduled for further discussion.

☐ I acknowledge Part 2 components to be submitted.