## 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 <a href="mailto:Simulation Center">Simulation Center</a> website. Submit additional templates to <a href="mailto:HS-HumanSimulationSupportTeam@ucdavis.edu">HS-HumanSimulationSupportTeam@ucdavis.edu</a>. (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:
O Date(s) of Event:
○ Time(s) of Event:
O School/Department:
O IOR or Coordinator Information:
O Delivery/Technology Format:
C Learner Type
Number of Participants:
Number of Exam Rooms Needed:
Number of Debrief Rooms Required:

Q4.	I. Name(s) of onsite lead instructor(s) at event?		
Q5.	Total num	mber of learners?	
		Per Session – Multiple sessions during the day	
		Per Day – In total for day	
		earners be divided into groups or stations? Multiple learners per room)	
	O Yes		
	○ No		
Q7.	How will	learners be assessed?	
		Pre/Post Test	
		Individual Rating	
		Faculty Observation and Review	
		Other (Please Explain):	

Q8.	How will I	earners receive feedback?	
		Immediate Debrief	
		Follow-up Discussion	
		Written Evaluation	
		Other (Please Explain):	•
Q9.	Enter any	additional notes not covered above:	
Clir	nical Skills	s Examination Room Details	
Not	e: Standar	ist additional required equipment and set-up instructions. rd examination room equipment includes patient gown, drape, HEENT (head ose, and throat) instruments, and gloves.	,

## **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 ac	ctivity a graded assignment via the BLine system?	
O Yes		
O No		
	lents complete a follow-up assignment requiring the BLine engagement? PX Phase 2)	
O Yes		
○ No		

# Standardized Patients details. Q14. Do you require Standardized Patients (SPs) for the session? O Yes O 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? O Yes O No Q18. Please enter preferred demographics for Standardized Patient recruitment: Q19. Please list required skills for Standardized Patient to perform:

Q20. Is a Standardized Patient checklist required?	
○ Yes	
○ No	
Q21. Will the Standardized Patient be required to pro	ovide feedback during or after the session?
○ Yes	
○ No	
Q22. If yes, please select how the feedback will be p	provided:
○ Written	
○ Verbal	
O Both	
Other (Please Explain):	

2. Geriatric	ios you are planning: omplaining of abdominal pain patient with confusion nt with depression
○ Scenario/Simulation 1 _	
○ Scenario/Simulation 2 _	
○ Scenario/Simulation 3	
O Scenario/Simulation 4	
Scenario/Simulation 5	. 63
O 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.
<ul> <li>Standard Standardized Patient (SP) Program follow up process:</li> <li>Six weeks prior – Confirmation of request</li> <li>Four weeks prior – Update with projected availability of SPs, potential adjustments</li> <li>Two weeks prior – Final SP/model roster provided to client</li> <li>One week – SP training to be completed</li> </ul>
After submission of this form please complete the following templates:
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.
O I acknowledge Part 2 components to be submitted.