



**Approved Simulation Course: Schedule Request Form**

Now that you have planned the educational goals and content for your program and your simulation course has been approved, we look forward to assisting you in producing a dynamic and realistic educational experience for your learners.

So that we can schedule your sessions, please provide us with the details we need to confirm dates, times, location, equipment and support needs for your sessions.

|  |            |               |
|--|------------|---------------|
| <b>Program/Course Title</b>  |            |               |
|  |            |               |
| <b>Course Number (see bottom of Approved New Course Request Form):</b>   |            |               |
| <b>Course Director Contact Information</b>   |            |               |
| Name   | Department | Clinical Role |
| Telephone  | Email      | Today's Date  |
| <b>Number of Participants Per Session</b>  |            |               |
| Learners:  |            |               |
| Other hospital personnel:  |            |               |
| Non-hospital personnel (eg., vendors, non-hospital instructors, standardized patients, etc --please specify):  |            |               |
| <b>Date(s) Requested</b>   |            |               |
| Proposed Launch Date:  |            |               |
| 1 <sup>st</sup> Choice Session Date(s):  |            |               |
| 2 <sup>nd</sup> Choice Session Date(s) if 1 <sup>st</sup> choice unavailable:  |            |               |
| Day of the Week (if recurring):   Monday   Tuesday   Wednesday   Thursday   Friday   |            |               |
| Calendar Dates:  |            |               |
| <b>Start/End Times Requested</b>   |            |               |
|  |            |               |
| <b>Location(s) Requested</b>   |            |               |
| Check all the apply:   |            |               |
| <ul style="list-style-type: none"> <li><input type="radio"/> Learning Laboratory Clinical Suite (4 patient bays)</li> <li><input type="radio"/> Learning Laboratory Debriefing Room (seats 10)</li> <li><input type="radio"/> Learning Lab Skills Room (2 patient bays &amp; debriefing table for 8)</li> <li><input type="radio"/> Simulation OR (Edwards 113)</li> <li><input type="radio"/> In-Situ Clinical Space (please specify location)</li> <li><input type="radio"/> Other (please specify)</li> </ul> |            |               |
| <b>Equipment Requested</b>   |            |               |
|  |            |               |

Please list the specific mannequins, task trainers, supplies, and other equipment that you are requesting from the Learning Lab. Please reference [Learning Lab Equipment List](#):

Please list all of the equipment and supplies that your department will be providing:

Please list any equipment and supplies that are being provided or loaned by a third party (eg., vendors):  
Will vendors be present during your session?

*Note that OR infection control protocols prevent staff from removing items from the ORs, using them in the Simulation OR in Edwards 113, and then returning them to the ORs.*

**Staff Support Requested**

Sim Specialist Support for Session:

Administrative Support

**Audio Visual Requested**

Does the session need to be recorded?    Yes    No

Will a recording be used for debriefing?    Yes    No

Does the debriefing need to be recorded?    Yes    No

Will recordings for used for research purposes: Yes    No

If yes, is IRB required:  Yes IRB # \_\_\_\_\_  No

Please reference the [Learning Lab Policy on Video Recording, Retention, and Disposal](#).

**Comments**

Thanks very much for providing this information. All proposals are reviewed by the Learning Lab staff, so we will be in touch with you shortly if there are any issues we will need to discuss or clarify in scheduling your session(s).

**Please submit form to: [mghsimulation@partners.org](mailto:mghsimulation@partners.org).**

*For administrative use*

**Learning Lab Notes/Comments/Edits**

|  |
|--|
|  |
|--|

Scheduled Date(s):

Sessions Scheduled thru: \_\_\_\_\_ Sessions must be rescheduled starting: \_\_\_\_\_

Note that the Learning Lab schedules sessions for a single academic year (AY) at a time (July-June). Any approved dates or recurring sessions are approved for a specific period of time and then must be renewed and/or rescheduled for the subsequent academic year. The calendar opens in January of each year for the upcoming AY - ie, scheduling sessions for AY2018 (July 2018-June 2019) opens in January 2018.

Processed by \_\_\_\_\_ Date \_\_\_\_\_



## Equipment List

The items listed here are the resources owned and maintained by the MGH Learning Laboratory for use in simulation-based training sessions. Availability depends on overall scheduling at the Lab, and we will work with you to determine the right choices of equipment for a productive learning experience. We are always pleased to discuss and clarify options for training sessions you are designing, or to explore other equipment needs, in addition to the items listed here.

If you need any additional information or clarification about specific pieces of equipment or wish to discuss your equipment needs with one of the Lab's Simulation Specialists, please contact the Lab at 617-643-8228 or by email at [mghsimulation@partners.org](mailto:mghsimulation@partners.org).

### Full-Body Mannequins:

|                                |                            |
|--------------------------------|----------------------------|
| SimMan 3G (1)                  | SimNewB Mannequin (2)      |
| SimMan Essential Mannequin (8) | Meti Mannequin, Adult (3)  |
| SimJunior Mannequin (3)        | Meti Mannequin, Junior (1) |
| SimBaby Mannequin (2)          |                            |

### Task Trainers (1 of each unless otherwise indicated):

|                             |                        |
|-----------------------------|------------------------|
| Scrub Mannequin             | TEE/TTE CAE Ultrasound |
| NewB LP Trainer             | GI-Bronch Mentor       |
| Airway Head, Adult (2)      | Fiber Optic Scope      |
| Airway Head, Baby           | Blue Phantom IJ (4)    |
| Vascular Simulator, Mentice | Foley Trainer, Male    |
| Ultrasound (2)              | Foley Trainer, Female  |
| Virtual Ultrasound          | I/O Kit (5)            |

### Moveable Medical Equipment:

|                             |                           |
|-----------------------------|---------------------------|
| Patient Beds/Stretchers (6) | Airway Cart, Pedi         |
| Wheelchairs (2)             | Code Cart, OR Adult       |
| OR Table                    | Code Cart, Hospital Adult |
| Anesthesia Machine (3)      | Code Cart, Hospital Pedi  |
| Airway Cart, Adult          | Code Cart, Empty (2)      |

### Miscellaneous:

|                 |                      |
|-----------------|----------------------|
| Hazmat Suit (2) | Portable AV Cart (5) |
|-----------------|----------------------|

### Through partnerships and collaboration, MGH Learning Lab may also be able to access:

Gaumard  
Thoracotomy Trainer (3)  
Para Trainer  
LP Trainer (2)  
Artline Trainer (2)  
TraumaMan Mannequin (3)  
Central Line IJ (2)  
Femoral (2)

