



### 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 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 Session Date(s):		
Day of the Week (if recurring): Monday Tuesday Wednesday Thursday Friday		
<b>Start/End Times Requested</b>		
<b>Location(s) Requested</b>		
Check all the apply:		
<input type="checkbox"/> Learning Laboratory Clinical Suite (4 patient bays available) Indicate # of bays needed: _____		
<input type="checkbox"/> Learning Laboratory Debriefing Room (seats 10)		
<input type="checkbox"/> Learning Lab Skills Room (1 patient bay & debriefing table for 8)		
<input type="checkbox"/> Simulation OR (Edwards 113)		
<input type="checkbox"/> In-Situ Clinical Space (specify location):		
<input type="checkbox"/> Other (please specify):		

### Equipment Requested

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

Do you require Sim Specialist Support for Session?  Yes  No

If yes, number of Sim Specialist requested: \_\_\_\_\_

### 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**

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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.

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 (2)	Meti Mannequin, Junior (1)
SimBaby Mannequin (1)	Lucinda Birthing Mannequin (1)

### 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 (3)
Vascular Simulator, Mentice	Foley Trainer, Male
Ultrasound (2)	Foley Trainer, Female
Virtual Ultrasound, SonoSim	I/O Kit (2)
Paracentesis Trainer	Artline Trainer (2)
Lumbar Puncture Trainer	Ultrasound IV Arm, Adult (3)
Femoral Line Trainer	IV Arm, Child
Cricotracheotomy Trainer (2)	

### 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)	CMAC
Defibrillator (2)	Glidescope

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

Gaumard
Thoracotomy Trainer (3)

\*Different skin tones available for the adult mannequins. Please enquire about availability.