

Simulation Lab Booking Request Form



NOTE: Please save completed form, attach to e-mail and send to cicsl@viha.ca. Bookings will be confirmed once form is received. Please ensure all fields are filled in.

| CONTACT INFORMATION | | | |
|--|--------------------|---|---|
| Name: | | Department/Position: | |
| E-mail: | | Phone: | |
| SESSION INFORMATION | | | |
| Session Title: | | | |
| Session Facilitator: | | | |
| Requested Date/Time: Thirty minutes will be added to the beginning and end of the booking for set up and shut down. | Date(s) | | Start Time(s) |
| | End Time(s) | | |
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| Is this a recurring event? Please note: If you are booking multiple sessions without a regular pattern of recurrence, please fill out form and send date requests with form in email to cicsl@viha.ca . | | Recurrence pattern: Weekly: every _____ Monthly: every _____ Start date _____ End date _____ | |
| Type of Activity: (check all that apply) | | Orientation/Practice with Simulator Conference/workshop Simulation Demonstration Project Tour Clinical Teaching Procedural Skills Other (specify): _____ | |
| Is this session for research? (Please note: sessions booked for research will be required to provide copy of ethics approval, if applicable) | | Yes No | Is this session interprofessional? (Two or more disciplines learning with, from, and about each other) Yes No |
| Is this session revenue generating? Please see the CICSL Fee Structure for Affiliate and External Users (scroll to bottom of webpage) and contact CICSL Manager | | Yes No | |
| Institution Information: (check all that apply) | | UBC FoM Year _____ UVic School of Nursing Year _____ Island Health Interprofessional Team Training Other (please specify) _____ | |
| Number of Participants: (include facilitator, if interprofessional please list numbers for each group) <i>*Please see new occupancy limits below</i> | | | |
| Proposed Location(s): <i>Occupancy Limits of rooms provided in brackets</i> UBC Clinical Skills/conference rooms are not part of CICSL and must be requested by filling out the UBC Room booking form http://facilities.med.ubc.ca/room-booking/forms/room-form/ | | CA 236 Ward SIM lab (11) CA 238 Critical Care SIM lab (6) CA 241 OR SIM lab (6) CA 231 Debriefing Room (7) CA 135 Community Care/Task training room Other: _____ | |

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|--|--|---|
| Mannequin(s) Required: | SimMan 3G SimEssential SimMom Nursing Anne Simulator | SimJunior SimBaby Harvey |
| Equipment Required: | Crash Cart Defibrillator Difficult Airway Cart Pediatric Cart | Task Trainers: Procedural Cart Glidescope Other: |
| Additional Supplies Required: <i>It is expected that all disposable/consumable items will be brought in by the user group. CICSL has a small inventory of supplies which can be used if necessary. Lead time is required to obtain supplies that are not part of our inventory.</i> | | |
| <p>Tech Support Requirement: Please select one</p> <p>Self-Support</p> <ul style="list-style-type: none"> ○ User will turn on, prep, run and shutdown the equipment themselves. User must have taken Operations Workshop by Simulation Technologist. Operations training must cover the topics of: <i>Equipment Start Up, Basic Simulator Procedures, Basic Patient Monitor Procedures, and Equipment Shut Down</i> for all of the mannequins that will be operated. Optional <i>Advanced Simulator Procedures</i> training provided by consultation with Simulation Technologist. <p>Initial Setup and Self Support</p> <ul style="list-style-type: none"> ○ Techs turn on and prep the simulator. User is expected to run scenarios independently and must have taken Operations Workshop by Simulation Technologist. Operations Workshop must cover the topics of: <i>Basic Simulator Procedures, Basic Patient Monitor Procedures, and Equipment Shut Down</i> for all of the mannequins that will be operated. Optional <i>Advanced Simulator Procedures</i> training provided by consultation with Simulation Technologist. <p>Full Technical Support</p> <ul style="list-style-type: none"> ○ Full technical support is provided by turning on equipment, prepping, operating equipment during scenarios, and shut down. This support is only available by consultation with CICSL Manger, additional charges may apply. | | |
| What is your preferred location for operating? | Control Room | Inside SIM lab |
| <p>Terms and Conditions:</p> <ol style="list-style-type: none"> 1. Bookings no longer required must be cancelled well ahead of event date. Bookings with users who have not taken necessary Operations Training will result in cancellation. Charges may apply for late cancellations or no-shows and will be charged to your cost centre. 2. Rooms must be left in the condition and configuration in which they were found, including all equipment and furnishings in each room and in the classroom. Simulators may only be removed from the room by prior arrangement and must be returned immediately following in situ simulation events. 3. Any food remains must be placed in the garbage cans and caterers must be instructed to remove their serving items by the end of the day. Food or drink is only allowed in CA 231 and CA 135, there is absolutely no food or drink in the simulation rooms. 4. Simulators can only be used under the direction of facilitators who have been trained on and are competent with simulator operation, see <i>Tech Support Requirement</i> (above). Users may not perform operations on mannequin for which they have not been trained to do. Training should be arranged as soon as possible in advance of booking and is the responsibility of user to contact Centre to arrange. 5. Damages to Centre equipment are the responsibility of the user and may result in charges. 6. As CICSL continues to grow and expand, feedback from both our instructors and our learners is extremely important. In the simulation rooms you will find Instructor and Learner evaluation forms. Please fill these out at the end of the session and leave them in the “completed evaluations” slot. We really appreciate your feedback. | | |
| I have read and understand these terms and conditions. | | |