**Booking a Paediatric Simulation-Based Educational Session**

Scheduling of educational activities and events must be done by completing a Session Form. Booking a simulation-based educational activity is a **three -step process**.

**Step one**: In order to facilitate the planning of your learning activity, please complete **Session Form A**. Depending on where you intend to hold the learning activity forward the completed form to the following coordinator:

MCH In-situ: mchsimadm@gmail.com, 514-228-4444 #242

Shriners In-situ / Shriners Simulation Center: sdelisle@shriners.mcgill.ca, 514-282-8259

**Step two**: The Simulation Coordinator will contact you to confirm the date time of your booking.

**Step three**: Then once the date and time are confirmed you will be asked to complete **Session Form B.**

Any changes or corrections required for any session must be made in writing and require submitting a second form detailing the changes being requested.

Please note “Change” or “Correction” or “Cancellation” in the **Course Title.**

If you have any questions about the process please contact the Simulation Coordinators

**Session Form A**

**Course Information**

|  |  |
| --- | --- |
| Course Title |  |
| Date requested |  |
| Time requested |  |
| Place Sim educational activity being held | * Shriners Paediatric Simulation Centre
* Shriners In Situ:

Clinical Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Montreal Children’s Hospital In Situ

Clinical Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Head Faculty or Instructor |  |
| Contact Info: email & phone number |  |
| Department or Organization |  |
| Participants | * Nurses
* RTs
* Interprofessional (please list)
* Residents
* Students
* Attending Staff/Faculty(McGill)
* Other
* Non Hospital or McGill affiliated
 |
| Number of participants |  |
| Number of stations |  |
| Is it an Accredited CME event? | * Yes
* No
 |
| Is there Catering. Contact LToupin@shrinenet.org for all Shriners catering  | * Yes
* No
 |
| Is there Industry support for this educational activity? If yes, please provide details. | * Yes
* No
 |

**Resources Required**

|  |  |
| --- | --- |
| Rooms | * Conference Room
* Skills Lab
* Debriefing Room
* Computer Room
* Other
 |
| Is live recording/feed of this activity required? | * Yes
* No
 |
| Is recorded feed required for the debrief? | * Yes
* No
 |
| Equipment/Instruments | * High fidelity mannequin adult/pediatric/baby
* Low fidelity mannequins (able to chest compress / intubate)
* iPad monitor system
* Task Trainers
* Cadavers
* Animal tissue
* Surgical instruments
* Saw bones
* Other
 |
| Do you require Videoconferencing? | * Yes
* No
 |

**Is this a Research project? YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_**

* REB Approval
* REB Pending

***The REB approval letter must be submitted to the Coordinator of the Simulation Centre. A copy of the participants’ signed consent forms, if the research is being conducted using the learners of the simulation activity, must be left with the Coordinator of the Simulation Centre.***