**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](mailto: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 B**

**Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Do you require guidance to develop your Needs Assessment and/or Objectives?***

* ***Yes***
* ***No***

***Do you require guidance to develop assessment strategies for your students and / or your educational activity?***

* ***Yes***
* ***No***

**1. Needs Assessment:**

* **General training requirements**
* **Literature review**
* **Recommended by experts**
* **Quality assurance surveys**
* **Maintenance of skills**
* **Other, if so please describe**

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**2. Objectives:**

**Please provide the learning objectives for this session.**

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**3. Assessment of learner performance**

**Please describe your assessment plan for the learners. What assessment instruments will be used? e.g. pre and post test, self-evaluation, checklist, group debriefing**

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**4. Program / Session Evaluation**

**How will you assess your educational activity? We will provide you with a standard evaluation form to which you are welcome to add criteria for evaluation.**

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***Please include a copy of your planned agenda with this form.***