

Simulation Program, Unity Health Toronto

Booking Request Form

In order to facilitate the planning of your simulation-based learning session, please complete this booking request form and submit it to SimulationProgram@unityhealth.to. The simulation team will review your request and may need to meet with you to discuss your specific simulation requirements.

Important Info:

- All education materials must be submitted a week prior to the event.
- Submitting this form does not guarantee a reservation.
- Booking requests will be confirmed via email within two working days.
- Booking includes one Simulation Specialist (who will run the equipment, set up the space and be a facilitator for the session) as well as all equipment associated with the booked room.

Hours of Operation:

Monday - Friday 8:00 a.m. – 5:00 p.m. (excluding statutory holidays). (Booking of the Centre outside regular business hours is based on resource and staff availability.)

Session Details:

| Simulation Activity Title: | | | |
|--|-------------------------|--|--|
| Date(s): | | | |
| Time: (start & end) | | | |
| | | | |
| | | | |
| Requester Information: | | | |
| Requester Name: | | | |
| Requester Email: Telephone: | | | |
| Main Faculty / Educator / Lead / Principal Investigator: | | | |
| Program / Division / Department: | | | |
| | | | |
| Select Simulation Site: | (select all that apply) | | |
| ☐ St. Michael's | | | |
| ☐ St. Vilchaers ☐ St. Joseph's | | | |
| ☐ Providence | | | |
| ☐ Providence | | | |
| Intention: (select all that a | pply) | | |
| ☐ Tour | | | |
| ☐ Education/Other Simulat | | | |
| ☐ Scholarship and Resear | ch | | |

Simulation Requirements

Facility Requirements: Select all that apply (see page 6 for additional information)

| St. | Michael's (S | SMH): | St. Joseph's (SJHC): | | Providence (PHC): |
|-----|---|--|--|------|---|
| | Simulation OR Simulation The Skills Lab Debriefing Roo Simulation Trai In Situ (please | om ining Room (LKS 235) | ☐ Sunnyside, (Classroom 5) ☐ In Situ (please specify): | | ☐ Sim Lab (Room 208) ☐ In Situ (please specify): |
| | SMH Equipm | ent: (select all that apply) | SJHC Equipment: (select all that apply) | | Prov Equipment: (select all that apply) |
| | Endoscopy/Brond Birthing Simula Intubation Mar CPR Trainers Other (please | ikin Box Trainer Virtual Reality Simulator choscopy Virtual Reality Simulator ator nikins specify): ected Number of Lea | arners/Participants: | | Pump Trainers (Alaris and CADD) Other (please specify): |
| | | strongly encourage you to Nursing Staff | to consider how you might make your s | simu | llation interprofessional |
| | | Nursing Students | | | |
| | | Health Disciplines Staff (| please specify discipline): | | |
| | | Health Disciplines Studer | nt (please specify discipline): | | |
| | | | <u> </u> | | |
| | | Undergraduate Medicine | | | |
| | | Postgraduate Medicine Staff Physicians | | | |
| | | Patients and families | | | |
| | Ц | External (please specify) | | | |
| | | Other (please specify): | | | |
| | | | | | |

| Sess | sion Rationale: | | |
|------|---|-------|-----|
| | CanMEDS Competencies Safety/QI Competencies Continuing Education Needs Assessment Results Other (please specify): | | |
| | | | |
| Sess | sion Objectives: | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Eval | uation Details: | | |
| | ou have your own program evaluation form? s, please attach) | ☐ YES | □NO |
| | ou have your own instructor evaluation form? s, please attach) | ☐ YES | □NO |
| Have | you performed a needs assessment? | ☐ YES | □NO |
| Add | itional Requirements: | | |
| | kind of assistance will you need from the sime Assistance in developing scenarios and activities Assistance in selecting the appropriate space for Assistance with session debriefing Simulation Specialists Simulation Educators Research Support All of the above | i | |

Please provide information on any other specific requirements (e.g. equipment, room set-up):

Scholarship and Research (Fill out this section only if applicable to you) **Proposed Project Title: Anticipated Time Requirements:** Start date (dd/mm/yyyy): Number of sessions: Time per session: *Protocol (required): Please attach a 1-2 page protocol summary including: Scholarly/research question(s) Background rationale and brief literature review Description of the project and methods to be used in its development and evaluation Description of the potential for impact on the program and externally Does the scholarship or research align with any of the following: (select all that apply) ☐ How or why *in situ* simulation 'works' ☐ Competency-based training and/or assessment ☐ Patient Safety and/or Quality Improvement (e.g., using *in situ* simulation to identify safety threats) ☐ Integrating simulation-based and workplace-based training and/or assessment ☐ Other (please specify): **Purpose** What are the data being used for? ☐ Course requirement/research project (e.g., MEd, Master Teacher, etc.) ☐ Internal use, Safety/QI ☐ Independent research project or question ☐ Other (please specify): How will the data/results be used or disseminated?

| Have you or someone on your team conducted simulation research before? YES NO If yes, who on your team has the experience to conduct this research? 1. 2. 3. 4. Do you have existing research capacity or support? YES NO If yes, please specify: 1. 2. 3. 4. |
|---|
| 1. 2. 3. 4. Do you have existing research capacity or support? YES NO If yes, please specify: 1. 2. 3. |
| 2. 3. 4. Do you have existing research capacity or support? YES NO If yes, please specify: 1. 2. 3. |
| 3. 4. Do you have existing research capacity or support? YES NO If yes, please specify: 1. 2. 3. |
| 4. Do you have existing research capacity or support? ☐ YES ☐ NO If yes, please specify: 1. 2. 3. |
| Do you have existing research capacity or support? YES NO If yes, please specify: 1. 2. 3. |
| 1. 2. 3. |
| 2. 3. |
| 3. |
| |
| 4. |
| |
| Research Ethics |
| Has formal REB approval been sought or granted? ☐ YES ☐ NO |
| If not, please indicate the reasons: |
| |
| If yes, please provide the protocol reference number and specify the REB body you applied for: |
| |

Please complete this request form and submit along with any additional attachments to: simulationprogram@unityhealth.to

Do you have a research budget? ☐ YES

(If yes, please attach)

Please note that your request for research and 1-2 page protocol will be reviewed by our Research Director and committee. We will be in touch once we have reviewed your application.

Simulation Program - Room Descriptions

Room Descriptions - St. Michael's Hospital

| Room Name | Room Photo | Room Descriptions |
|---------------------------------------|------------|--|
| Simulation Operation Room | | Fully-equipped operating room Easily converted into an obstetric operating room, emergency trauma suite or any clinical setting This room uses a computer driven manikin to recreate medical scenarios Holds 10 – 20 learners |
| Simulation Theatre | | Smaller version of the Simulation OR It can be adapted to become a variety of hospital settings including a ward room, a labour and delivery room, an intensive care unit, an emergency room or other clinical settings Holds up to 10 learners |
| Surgical Skills Lab | | Over a dozen workstations where learners practice various basic and advanced procedures using synthetic models or animal organs Features various virtual reality trainers for surgical and endoscopic procedures Holds up to 30 learners with AV capabilities including a projector, sound system etc. |
| Debrief Room | | A small conference room equipped with a projection screen and monitor that allows live streaming of simulation activities A space to debrief simulations and allows learners to review recordings of the simulation activities Holds up to 10 learners |
| Simulation Training Room (LKS 235) | | A small classroom equipped with a manikin, hospital bed, television and computer. Ideal for teaching small groups of learners in a "hands on" learning environment Holds up to 10 learners |

Room Descriptions - Providence

| Room Name | Room Photo | Room Descriptions |
|-----------------------|------------|--|
| Sim Lab (Room 208) | | This large facility can be divided into two separate teaching spaces. The first section is ideal for hands on skills training, and classroom style learning. The second can be adapted to become a variety of hospital settings in which learners practice with computer driven manikins. This space holds 10-12 learners on each side, or a total of 25 |

Room Descriptions – St. Joseph's Health Centre

| Room Name | Room Photo | Room Descriptions |
|--------------------------|------------|---|
| Sim Lab (Classroom 5) | | This large classroom features over a dozen workstations where learners practice various simulation skills and participate in classroom style learning. It is equipped with synthetic models and audio/visual capabilities such as a projector and sound system Holds up to 16 learners |