

SIMULATION SUPPORT REQUEST FORM

Please complete this document to help us plan simulation based training and education in Child Health. The Starship simulation team can provide a range of types of support but simulation delivery should be led by a clinical service or team.

Once complete please email this form to trishw@adhb.govt.nz

Date of request:
Name of person making request:
Email contact:
Phone contact:

Please provide details of the simulation education:

Name of the education programme: _____

Facilitator and Co-facilitators names: _____

Who will the training be delivered to?

- Multidisciplinary team
 Medical
 Nursing
 Other (please specify) _____

Who is the education provider?

- Clinical service
 Nurse Educator
 Professional group
 University
 Other (please specify) _____

What are the objectives of the simulated education session?

- Skills training
 Team training
 Scenarios of algorithms
 University
 Other (please specify) _____

Who are the targeted participants and what is their general level of practice?

- Undergraduate
 Postgraduate
 Level 1 and 2 RNs
 House Officers and Registrars
 Level 3 and 4 RNs
 Senior Medical Officers
 Other (please specify) _____

What assistance do you require from the Simulation team?

- Curriculum development
- Partnered programme delivery
- Sim tech support
- Debrief support
- Equipment loan (please specify): _____
- Other (please specify) _____

Can you please provide a brief outline of the planned simulation session?

Duration of the programme (hours):
Date of proposed course:
Frequency:

Comments (optional):

Thank you for completing this request and returning it to Trishw@adhb.govt.nz