

CSL Reservation Form

Today's Date: _____

Sorrell Clinical Simulation Lab

To reserve space in the Clinical Simulation Lab, please complete the information below as completely as possible and return to Marlese Grant at mgrant@unmc.edu. Please note that due to volume, this information must be received at least four weeks in advance.

Your Name: _____ Phone: _____

College/Department/Program: _____

Requested Date(s) of Instruction: _____ Times? _____

Primary Faculty and contact info: _____

Project Name: _____ (e.g. M1 OSCE, Nursing course number, etc.)

Participants? (e.g. M1s, P3s, residents, etc.) _____

Number of students: _____ instructors: _____

Rooms would you like to use: ___ Exam Rooms (16) ___ Hospital Lab,

___ Simulation room(1 or 2) and/or ___ Large Classroom (seats 32)

Video-Recording? Y ___ N ___

A meeting or phone conference with CSL staff is required for any simulation exercises involving manikins, trainers and/or Bline recording. Please contact Marlese Grant at 559-8550 for an appointment.

A. During the scheduled meeting, if using B-Line, please be prepared to discuss the following with encounter developers:

1. Will the encounters be video captured?
2. Do you have a single case or a number of cases?
3. How many students?
4. Will you use standardized patients?
5. Will the students or the standardized patients be filling out checklists or other evaluation materials?

B. If doing High-fidelity simulation, please be prepared to discuss the case you want to use and be able to furnish learning objectives, case structure and whether or not you want it filmed.

~ For lab description and reservation guidelines, please go to: www.unmc.edu/sorrellcsc ~
