

WRHE Resident Simulation & Procedure Skills Lab Request Form



Purpose

This form is used by residents to request simulation-based education sessions, procedure skills training, or custom lab experiences within the WRHE Simulation Center and Procedure Skills Lab. Requests will be reviewed by Simulation Faculty and scheduled based on availability, educational value, and alignment with ACGME competencies.

Resident Information

Name: _____

PGY Level: PGY-1 PGY-2 PGY-3 PGY-4 PGY-5

Program: _____

Email: _____

Phone (optional): _____

Type of Request

Please select all that apply:

Simulation Scenario (high-fidelity/clinical case simulation)

Procedure Skills Training (task trainer / hands-on practice)

POCUS Training (Butterfly iQ or ultrasound-based session)

Team-Based Simulation (interprofessional / code / crisis resource management)

Assessment / Competency Evaluation (skills validation)

Other: _____

Requested Topic / Skill

Primary Skill or Scenario Requested:

Examples (if applicable): central line placement, chest tube insertion, sepsis management, ACLS scenario, airway management, trauma resuscitation, suturing, ultrasound FAST exam, etc.

Clinical Objective

What do you hope to achieve or improve?

- | | |
|--|--|
| <input type="checkbox"/> Technical procedural skill | <input type="checkbox"/> Communication / team leadership |
| <input type="checkbox"/> Clinical decision-making | <input type="checkbox"/> Patient safety / error prevention |
| <input type="checkbox"/> Emergency response / critical care management | <input type="checkbox"/> Other:
_____ |

Brief description of learning goal:

Level of Experience

How comfortable are you with this skill currently?

- | | |
|---|---|
| <input type="checkbox"/> No prior experience | <input type="checkbox"/> Performed independently (seeking refinement) |
| <input type="checkbox"/> Observed only | <input type="checkbox"/> Advanced refresher / mastery-level training |
| <input type="checkbox"/> Performed with supervision | |
-
-

Group or Individual Request

- | | |
|---|--|
| <input type="checkbox"/> Individual learner | If group, list participants (if known):
_____ |
| <input type="checkbox"/> Small group (2–5 residents) | _____ |
| <input type="checkbox"/> Large group (simulation team / multi-disciplinary) | _____ |
-
-

Preferred Timing

Preferred Month/Date Range:

Time Preference: Morning Afternoon Evening Flexible

Equipment or Setup Needed (if known)

- | | |
|--|---|
| <input type="checkbox"/> High-fidelity mannequin (SimMan / SimMom) | <input type="checkbox"/> Laparoscopic trainer (ENDO/LAP Mentor) |
| <input type="checkbox"/> Task trainer (central line, airway, suturing, etc.) | <input type="checkbox"/> Ultrasound (Butterfly iQ) |
| | <input type="checkbox"/> Standard simulation room setup |
| | <input type="checkbox"/> Not sure (please advise) |
-

Faculty / Scenario Requests (Optional)

If you have a specific faculty member or scenario type in mind:

Additional Comments

Please include any relevant details, prior experiences, or customization requests:

Acknowledgment

I understand that submission of this request does not guarantee scheduling and is subject to simulation center availability and educational review.

For Simulation Center Use Only

Date Received: _____	Assigned Faculty: _____
Reviewed By: _____	Notes:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified	_____
Scheduled Date: _____	_____

