

Weill Cornell Medicine NewYork Presbyterian Simulation Center
EM Theme Day Request Form

| | | |
|---|--|---|
| Date of Request: MM / DD / YYYY | Requestor: | Title: |
| Date of Theme Day: MM / DD / YYYY | Time (start) : am/pm (end) : am/pm | Email: |
| Participants (projected - select all that may apply): Residents <input type="checkbox"/> Fellows <input type="checkbox"/> Faculty <input type="checkbox"/> RN's <input type="checkbox"/> NP's <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Respiratory Therapists <input type="checkbox"/> Technicians <input type="checkbox"/> Child Life <input type="checkbox"/> EMT/Medics <input type="checkbox"/> Med students <input type="checkbox"/> Nursing students <input type="checkbox"/> PA students <input type="checkbox"/> Other _____ | | |
| Number of participants (projected): 1-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> >60 <input type="checkbox"/> Exact number (if known): _____ | | |
| PLANNED EDUCATIONAL ACTIVITIES (complete all that apply below) | | |
| CLINICAL CASE SIMULATION(s): Please send your cases to the sim center <u>1 week</u> before the date | | |
| TOPIC: | | ADULT <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> |
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| TOPIC: | | ADULT <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> |
| SKILLS SESSION(s): Please finalize your plans with the sim center <u>1 week</u> before the date | | |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| WORKSHOP(s): Please finalize your plans with the sim center <u>1 week</u> before the date | | |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| TOPIC: | | AV Laptop <input type="checkbox"/> Monitor <input type="checkbox"/> |
| LEARNING OBJECTIVES (describe below) | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

ASSESSMENT STRATEGIES: (select all that may apply)Team performance Cognitive skills Psychomotor skills Behavioral skills Formative Summative Uncertain NONE **FACULTY INSTRUCTORS:**

| | | |
|--------------|---|--------|
| NAME: | Debriefing Training: YES <input type="checkbox"/> NO <input type="checkbox"/> | Email: |
| NAME: | Debriefing Training: YES <input type="checkbox"/> NO <input type="checkbox"/> | Email: |
| NAME: | Debriefing Training: YES <input type="checkbox"/> NO <input type="checkbox"/> | Email: |
| NAME: | Debriefing Training: YES <input type="checkbox"/> NO <input type="checkbox"/> | Email: |

RESIDENT LEADERS:

| | | |
|--------------|-------------|-----------------|
| NAME: | PGY: | Responsibility: |
| NAME: | PGY: | Responsibility: |
| NAME: | PGY: | Responsibility: |
| NAME: | PGY: | Responsibility: |
| NAME: | PGY: | Responsibility: |

| ITEM DESCRIPTION | QTY. |
|-----------------------------|------|
| CONFERENCE FURNITURE | |
| Chairs | |
| Tables | |
| Whiteboard | |
| AUDO-VISUAL | |
| Video recorder | |
| Projector & Screen | |
| Flatscreen Monitor | |
| Computer Monitor | |
| Soundsystem (speakers) | |
| Microphone | |
| Laptop computer | |
| Tablet computer | |

Comments:

*Please submit this form to kec9012@med.cornell.edu **4 WEEKS** prior to your Theme Day.*

Thank you! We look forward to working with you!