



Event Request Form

Clinical Evaluation Center

The West Virginia School of Osteopathic Medicine

Please print:

Today's Date:	
Primary Contact (Name, Email, Phone):	
Secondary Contact (Name, Email, Phone):	
Start Date:	
Event Start Time and Duration:	
Set-up Date and Time:	
Frequency:	
End Date:	
Clinical Evaluation Center (on-site):	
Off Campus:	
Notes:	

For faculty outside of WVSOM, please submit a current CV for each faculty member participating.

Type of Learner	Year of Study (circle)	Number of Participants
Medical Student	1 2 3 4	
Resident	1 2 3 4 5	
Other	1 2 3 4	

Is any part of this training a research project? (You will need to supply a copy of your institute's IRB approval.)

General Summary:

Learning Objectives (What do you expect learners to get out of this experience?):

Assessment Tools (i.e. check-off list, questionnaire, etc.):

Please check all that apply

Rooms: (indicate # of rooms)

- Training _____ (6 available)
- Exam _____ (24 available)
- Classrooms _____ (3 available)
- Orientation/ Debriefing _____ (8 available)
- Task Trainer Room (1 available)

Grand Hall (1-4)

- ALL
- 1
- 2
- 3
- 4

Please note this can be utilized as 1 large room or divided to suit your needs. If you are requesting more than one room would you like the divider open_____ or closed_____?

Please list the hours you will need the Grand Hall doors open: _____

**Typical setup for the grand hall will be round tables with 7 chairs. If you need a different set up please describe below.*

Description of Setup:

When reserving the Grand Hall the requestor will be responsible for clearly listing all set-up needs in the designated area above and for placing any necessary work orders for Media Services.

Case Requirements:

- Standardized (Live) Patients (SPs) Number needed _____**
- EHR**

Task Trainers:

- | | | |
|---|--|---|
| <input type="checkbox"/> Airway Management Trainer | <input type="checkbox"/> Ear Examination Simulator | <input type="checkbox"/> OtoSim w/Pneumatic Otoscopy Trainer |
| <input type="checkbox"/> Arterial Puncture Wrist | <input type="checkbox"/> Ear Diagnostic Trainer | <input type="checkbox"/> Pat Pressure Ulcer Model |
| <input type="checkbox"/> Arthrocentesis Knee Model | <input type="checkbox"/> Elbow for Joint Injection | <input type="checkbox"/> Pediatric Multi-Venous IV Arm Kit |
| <input type="checkbox"/> Birthing Simulator PROMPT (standard) | <input type="checkbox"/> Family Planning Educator | <input type="checkbox"/> Pelvic Teaching Model |
| <input type="checkbox"/> BP Sim | <input type="checkbox"/> Fetal Demise Models | <input type="checkbox"/> Prostate Examination Simulator |
| <input type="checkbox"/> Breast Self-Examination Model | <input type="checkbox"/> Foot & Ankle for Joint Injection | <input type="checkbox"/> Rectal Examination Trainer |
| <input type="checkbox"/> Breast Strap on Models | <input type="checkbox"/> Hand & Wrist for Joint Injection | <input type="checkbox"/> Seymour Butts Wound Care Model |
| <input type="checkbox"/> Central Line Trainer | <input type="checkbox"/> In growing Toenail Trainee Kit | <input type="checkbox"/> Shoulder for Joint Injection |
| <input type="checkbox"/> Central Line Man | <input type="checkbox"/> Injection Arm (advanced) | <input type="checkbox"/> Sigmoidoscopic Examination Simulator |
| <input type="checkbox"/> Central Venous Cannulation System | <input type="checkbox"/> Intradermal Injection Simulator | <input type="checkbox"/> SimSeize |
| <input type="checkbox"/> Chest Tube Manikin | <input type="checkbox"/> IV Demonstration Arm (Disposable) | <input type="checkbox"/> SonoSim |
| <input type="checkbox"/> Chester Chest Model 2400 | <input type="checkbox"/> IUD Insertion Model Units | <input type="checkbox"/> Catheterization Trainer (Advanced) |
| <input type="checkbox"/> Colonoscopy Training Model | <input type="checkbox"/> Knee for Aspiration MK 2 | <input type="checkbox"/> Suture Practice Arm |
| <input type="checkbox"/> Cricothyrotomy Simulator | <input type="checkbox"/> Lumbar Puncture Simulator II (Adult) | <input type="checkbox"/> Testicular Model |
| <input type="checkbox"/> CPR-ACTAR 911 Heads | <input type="checkbox"/> Lumbar Puncture Simulator (Pediatric) | <input type="checkbox"/> Trauma Man System |
| <input type="checkbox"/> CPR-Baby Anne Trainers | <input type="checkbox"/> Male Multi-Venous Access Arm Kit | <input type="checkbox"/> Ultrasound Vascular Access Trainer |
| <input type="checkbox"/> Dorsogluteal IM Injection Models | <input type="checkbox"/> Male Multi-Venous IV Training Arm Kit | |
| | <input type="checkbox"/> NG Tube and Trach Care Trainer | |

Simulators:

- Laerdal Vita-Sim Adult (medium fidelity-quality heart & lung sounds- 2 available)
- Laerdal Vita-Sim Pediatric (medium fidelity-quality heart & lung sounds 2 available)
- Newborn (interactive with pulses & respirations)
- Laerdal Adult 3-G (high fidelity w/automated drug recognition system- 3 available)
- CAE (METI) ECS (high fidelity- 2available)
- CAE (METI) ECS Pediatric (high fidelity IO site)
- CAE METI Man (wireless bilateral IV sites- 2 available)
- CAE Lucina (birthing simulator)
- METI I-Stan (bilateral IV sites, sterna, and tibial IO sites)
- Harvey (Cardiopulmonary Trainer)
- Noelle (Birthing simulator)
- Caesar (Trauma Patient Simulator)
- Guamard Baby Hal (1 year old pediatric simulator- 2 available)
- Guamard Baby Hal (Newborn Simulator)

Additional Resources:

- Administrative Staff Support
- Audio-Visual Staff Support
- Video Recording of Event
- Live Observation by Faculty
- Live Feedback Faculty → Learners
- Immediate Feedback SPs → Learners
- Immediate Student Review
- Debriefing
- DVD Screening
- Moulage for Standardized Patients/Simulators
- Specific Software/Computer Requirements; please list:
- Other (medical instruments, supplies, consumables, etc.), please list:

Please email completed form to:

CEC Operations Manager

CEC@osteo.wvsom.edu

WVSOM CEC

P: 304.647.6415

F: 304.793.6815

Received in CEC _____