

CSTAR Insitu Booking Request Form

Please email this form and a copy of your scenario to: CSTARinfo@lhsc.on.ca

CONTACT INFORMATION		
	Person(s) booking the event	Person(s) on site during the event
Contact Name		
Email		
Phone Number		
Department / Organization		
Date of the Application		

EVENT INFORMATION	
A. Event name	
B. Event date(s) and time(s)	
C. Event location	
D. Have you worked with CSTAR in the past?	<input type="checkbox"/> Yes — date of last session: _____ <input type="checkbox"/> No

Simulation Instruction Design	
<p>A. Needs Assessment Simulation activities should be planned to address the identified needs of the target audience with a specific area, topic or problem.</p> <ul style="list-style-type: none"> What is the problem you are attempting to assess or resolve? What are the potential gaps in knowledge, attitudes or skill? 	
<p>B. Desired Learners List all of the learners for this simulation /activity. Interprofessional simulation is highly encouraged and CSTAR will help to facilitate with leadership.</p>	
<p>Role:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Junior Residents <input type="checkbox"/> Senior Residents <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> Respiratory Therapists <input type="checkbox"/> Allied Health <input type="checkbox"/> Personal Support Workers Other: 	<p>Specialty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anesthesia & Perioperative Medicine <input type="checkbox"/> Clinical Neurosciences <input type="checkbox"/> Critical Care <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> ENT <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery Other:

<p>C. Overall Objectives</p> <p>Please list the process improvement objectives and learning objectives (knowledge, skills and attitudes) for this event. Keep in mind that objectives should be measurable. <i>If you are booking a series of events please give overall objectives, recognizing that each scenario will have specific objectives.</i></p>
1.
2.
3.
4.
5.
<p>D. Evaluation of Performance / Competency</p> <p>Please provide a description of your evaluation plan or a copy of your evaluation form(s). <i>CSTAR staff can help with evaluations and can build online evaluations for you.</i></p> <ul style="list-style-type: none"> • How will you determine that the Learning Objectives have been met? • How will learners get feedback on their performance?
<p>E. Instructors</p> <p>Please list all instructors who will be involved in delivering the activity. <i>Please note that CSTAR recommends that primary instructors have education in simulation design and delivery.</i></p>

OTHER INFORMATION	
A. Audiovisual Recording	<input type="checkbox"/> Yes; CSTAR to provide equipment and record* <input type="checkbox"/> Yes; I will provide my own equipment and record* <input type="checkbox"/> No audiovisual required <small>*Must collect participant consent using the Release for Photographs, Digital Images and Video Recordings; and submitted signed copies to CSTAR for our records.</small>
B. CME credits	<input type="checkbox"/> Yes; CSTAR to complete application <input type="checkbox"/> No CME required

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SUBMIT FORM