CURRICULUM SUBMISSION

*Multiple Session Map and Resource Needs  
(MSM)*



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**Curriculum Title:**   
**Date:**

# Estimated Resources Needed

## Scheduling

|  |  |
| --- | --- |
| Select One: | |
|  | Event occurs on a single date: |
|  | Recurring identical Event  Please Describe: |
|  | Longitudinal |

|  |  |
| --- | --- |
| Estimated time for each scheduled Event (in hours): |  |
| How many Events per year: |  |
| Desired date for first event: |  |

## Scope

|  |  |
| --- | --- |
| How many learners per scheduled Event: |  |
| Total unique learners for one year: |  |
| Special accommodations for learner(s) needed: |  |

## Location

|  |  |
| --- | --- |
|  | Jump Simulation and Education Center |
|  | In-Situ (in clinical space)  Note here: |
|  | Off-Campus  Note here: |

## Jump Venues

(subject to availability)

|  |  |  |  |
| --- | --- | --- | --- |
| **CONFERENCE VENUES** | | | |
|  | Auditorium A&B |  | Conference Room A&B |
|  | Auditorium A |  | Lecture Hall |
|  | Auditorium B |  | Classroom A |
|  | Board Room A&B |  | Classroom B |
|  | Briefing Theater |  |  |
| **SIMULATION VENUES** | | | |
|  | Regional Transport Center |  | Virtual Patient Unit - SP |
|  | Virtual ICU |  | Virtual Patient Unit |
|  | Virtual Operating Room |  | Debriefing Room |
| **SKILLS LABS** | | | |
|  | Regional Transport Center |  | Workstation & Med Room |
|  | Anatomical Skills Lab   |  |  | | --- | --- | |  | Please check here if you are planning on displaying multimedia on Stryker monitors | |  | Virtual OR/Trauma Bay   |  |  | | --- | --- | |  | Please check here if you are planning on displaying multimedia on Stryker monitors | |
|  | Skills Lab |  | Virtual ICU |
|  | Virtual Reality Lab |  | Studio Apartment |
|  | Virtual Patient Unit |  |  |

## Personnel Resources (check all that apply):

Note: Instructors are expected to provide subject matter expertise and deliver content. Jump will provide technical personnel to operationalize your simulations.   
Please note any additional Jump personnel resources that may be needed:

|  |  |
| --- | --- |
|  | Assessment Personnel |
|  | Debriefing Facilitator |
|  | Standardized Participants (roles of patients, family members, clinicians) |
|  | Additional Technical Support  Please describe: |

## Multimedia Material Needs

|  |  |  |
| --- | --- | --- |
|  | Live Video Streaming to room within Jump | |
|  | Delayed video playback within Debrief Room | |
|  | Simulation Recording\* | |  |  | | --- | --- | |  | Review from Jump PC within 2 weeks | |  | Retaining video\*\* | |

\*If you wish to retain video, Jump requires that consents are obtained from all learners and participants recorded  
\*\*Jump only provides storage for 2 weeks

If video Recording Consent:

|  |  |
| --- | --- |
|  | **You will collect** **consents** permitting retention of simulation footage for each learner or participant. |
|  | You would like **Jump to provide consent forms** and assist in collecting them. |

Note: The Jump Simulation video recording consent form is located at the end of this document. Please print and duplicate as needed.

## Jump Equipment Requested

(check all that apply/subject to availability):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **JUMP EQUIPMENT** | | | | | | |
|  | Pediatric Crash Cart | | | |  | Adult Patient Bed |
|  | Adult Crash Cart | | | |  | Isolette |
|  | Neonatal Crash Cart | | | |  | Giraffe Bed/Infant Warmer |
|  | Lifepak 20 | | | |  | Pediatric Crib |
|  | Alaris Smart Pump with brain | | | |  | Gurney/Stretcher |
|  | Alaris PCA Pump | | | |  | Exam Room Chair |
|  | Alaris Smart Pump Module | | | |  | ALSi |
|  | Portable Headwalls Choose an item. | | | |  |  |
| **MANIKIN / Adult** | | | | | **MANIKIN / Peds** | |
|  | Laerdal SimMan | | | |  | MegaCode Kid |
|  | SimMan Essential | | | |  | SimJunior |
|  | SimMan 3G | | | |  | SimBaby |
|  | SimMom | | | |  | SimNewB |
|  |  | Auto-Delivery System for SimMom | | |  | Nursing Anne |
|  | MegaCode Kelly | | | |  | Premature Anne |
|  | SimManALS | | | |  |  |
| **TASK TRAINERS/EQUIPMENT** | | | | | | |
|  | Trauma Man | | | |  | Trauma Child |
|  | Harvey Heart | | | |  | Peds IO Trainer |
|  | Arterial Stick Arm | | | |  | Peds IV Arm |
|  |  | Light Skin |  | Dark Skin |  | IV Torso |
|  | Paracentesis Trainer | | | |  | Adult Male IV Arm |
|  | Thoracentesis Trainer | | | |  | Adult Female IV Arm |
|  | Infant Intubation Head | | | |  | Trach/Chest Tube Manikin |
|  | Child Intubation Head | | | |  | CVC Trainer (head, neck ,torso) |
|  | Adult Intubation Head | | | |  | Central Line Man with Head |
|  | Adult Intubation Head- Restricted Airway | | | |  | Lumbar Puncture Baby (Simulab) |
|  | Baby STap | | | |  | CVC Trainer (femoral) |
|  | Nita Newborn | | | |  | Cath/Anal Trainer |
|  | Male Cath Trainer | | | |  | Female Cath Trainer |
|  | Simbionix Laparoscopic Trainer | | | |  | Simbionix Surgical Trainer |
|  | Chester Chest | | | |  | FLS Trainer |
|  | EKG Machine | | | |  | GI Bronch Trainer |
|  | Cric Simulator | | | |  | Mama Natalie |
|  | Central Line Man | | | |  | Adult Lumbar Puncture (epidural trainer) |
|  | Trauma Man Surgical Abdomen | | | |  | Newborn Annie |
|  | Adult CPR Chest | | | |  | Child CPR Chest |
|  | Baby CPR Trainer | | | |  | AED Trainer |

Note: The above lists include equipment available from Jump. Additional items will need to be provided by course instructors.

|  |  |
| --- | --- |
| **CADAVRIC NEEDS** | |
|  | Cadaveric Torso with Cephalus |
|  | Cadaveric Spine |
|  | Cadaveric Torso with Cephalus |
|  | Cadaveric Cephalus |
|  | Tissue Preparation Fee |
|  | Shipping and Handling |

# Additional Resources

Please indicate and/or list any additional documents that will be included with this curriculum:

|  |  |
| --- | --- |
|  | PowerPoint Presentations |
|  | References/Articles |
|  | Supplemental Handouts |
|  | Other Multimedia (please describe): |
|  | Other (please describe): |

Description of additional material:

|  |
| --- |
|  |

# Multiple Session Map

CURRICULUM TITLE:

DATE:

If multiple patients or technologies are involved in the session or event, please fill out the table below. If not needed, may delete this page.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TIME BLOCK | Session 1. | | Session 2 | | Session 3 | | Session 4 | |
| Location. | | Location. | | Location. | | Location. | |
|  | GROUP | FAC | GROUP | FAC | GROUP | FAC | GROUP | FAC |
| *09:00 – 10:00* |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Total Hrs: |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TIME BLOCK | Session 5. | | Session 6 | | Session 7 | | Session 8 | |
| Location. | | LOCATION | | LOCATION | | LOCATION | |
|  | GROUP | FAC | GROUP | FAC | GROUP | FAC | GROUP | FAC |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Total Hrs: |  |  |  |  |  |  |  |  |

**KEY: CS** = Case Scenario **SG** = Small Group Discussion **SS** = Skills Station **FAC** = Faculty Member/Instructor (initials)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Session Name / Number | Simulation Technology & Equipment | Number of learners | Moulage | Multimedia | Attachment(s)  Y/N | AV Needs |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |