STCC
Springfield Technical Community College
SIMS MEDICAL CENTER

SIMS Schedule Request

Welcome to the SMC Simulation Request Form. Please complete either the Recurring or Single Simulation section based on your needs. Examples on page 2 will guide you in filling out the form correctly. Once finished, email this form along with your scenario request to scheduling@simsmedicalcenter.com

Professors Name:_____ Department: _____

Reoccurring Simulations							
Class	Day of the week:	Start Date:	End Date:	Start Time:	End Time:	Scenario Name:	No. Of Students:

Single Simulations:					
Class	Date:	Start Time:	End Time:	Scenario Name:	No. Of Students

Examples:

Reoccurring Simulation:

Class	Day of the week:	Start Date:	End Date:	Start Time:	End Time:	Scenario Name:	No. Of Students:
NUR 110	Tuesday	9/2	10/2	9:00a	11:30a	Transition in Care	22
NUR 201	Wednesday	10/3	12/3	9:00a	2:00p	Brian Miller - Wound Care	12

In this example every Tuesday from Sept to Oct @ 9:00a Nursing would run the Transitions in Care Simulation.

Additionally every WED from October to December @ 9am Nursing would run the Wound Care Scenario.

Single Simulations:

Single Simulations:					
Class	Date:	Start Time:	End Time:	Scenario Name:	No. Of Students
HSC 110	4/10/2024	9:00a	11:30a	Intro to Simulation & Vitals	10
HSC 110	5/10/2024	9:00a	11:30a	Donning & Doffing PPE	10
HSC 110	6/10/2024	9:00a	11:30a	Legal, Ethical, Safety	10

In this example HSC has scheduled 3 simulations across the semester to cover HSC 110's simulations needs.