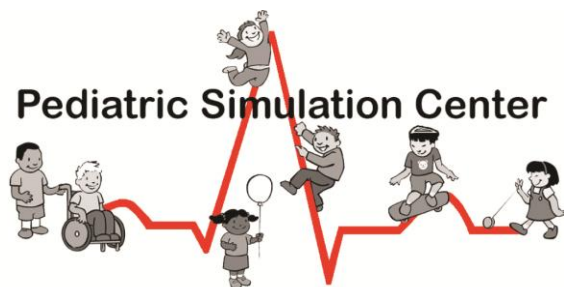




Pediatric Simulation Center Annual Report 2012



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Commitment

In 2012, there was much excitement in anticipation of the **opening of the Benjamin Russell Hospital for Children**. The Pediatric Simulation Center made a commitment to support the Children's of Alabama staff before, during, and after the transition. Many patient care areas were proactive in preparing for the coming changes in patient care, equipment, and facilities before the move ever occurred. As a result, simulation education began in February.

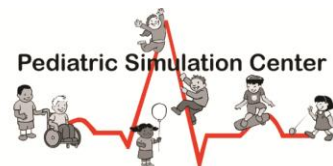
Summary of Transition Specific Simulation Education

Unit / Course	Hours of Simulation	Number of Learners
5 SE Nurses	4	18
7NW Nurses	6	24
BMT Transition	2	11
BU/6NW CA	1	5
Burn Unit Transition	1	5
CV Nursing	5.5	29
CV Resp Therapists	5	18
CVICU	5	74
ED Transition	21.5	195
EMS Open House	18	162
Grid Sims/10 Harbert	3.5	21
Liver Transplant Transport	2	3
Media Event / Trauma	3	80
Mock Code Transition	1	30
PICU Transition	15.5	108
Seizure sim / 10 Harbert	7.5	37
Total	101.5	820

From **February through September of 2012**, the Pediatric Simulation Center conducted **132 scenarios** to help prepare staff for the move, while regularly scheduled simulation courses continued to occur. In addition to regularly scheduled courses, **820 participants** simulated for 101.5 hours to prepare for the upcoming move to the new facility. Simulations were provided for patient care areas that would be caring for different patient populations after the move. In addition, in situ simulations were conducted for patient care areas in order to investigate work flow, location of supplies and equipment, and access to resources in their new environment.



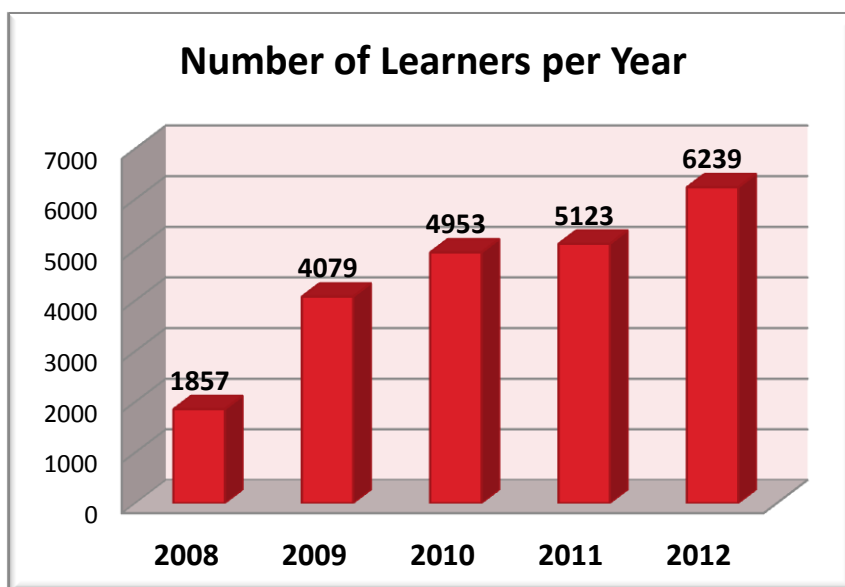
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Mission

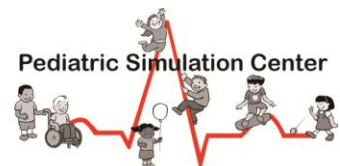
The Pediatric Simulation Center is committed to **improving patient care throughout Children's of Alabama**. Our mission is to integrate simulation throughout the hospital in a structured learning environment to promote excellence in clinical care, patient safety, and education for all pediatric health care practitioners and care teams.



In 2012, a total of **1,150 scenarios** were conducted resulting in **936 hours of simulation**. The Center saw **over 6,200 learners** bringing the cumulative number of learners to 22,251 since our opening in 2008. We anticipate celebrating our 25,000th learner in 2013 with an Open House for the hospital and the community.



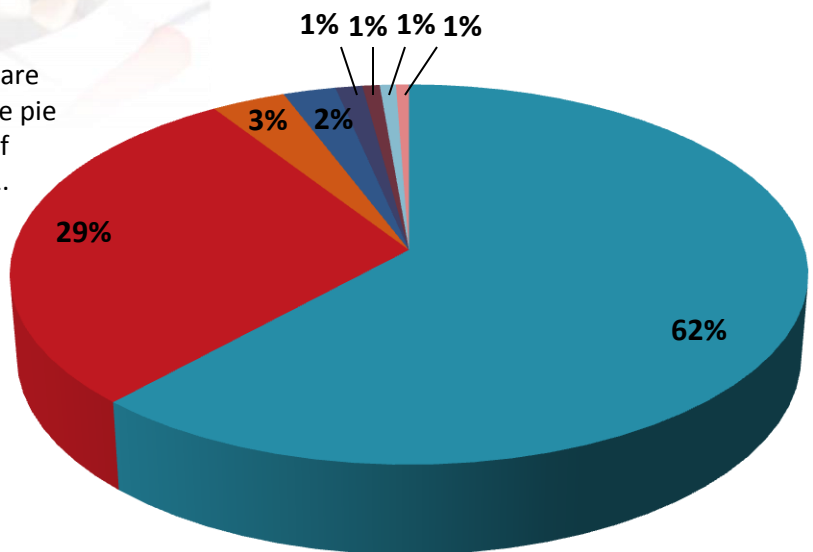
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Our Center is proud to train healthcare providers from many disciplines. The pie graph represents the percentages of practicing providers we saw in 2012.

- RN
- MD
- Clinical Assistant / Other
- Respiratory Therapy
- Radiology Tech
- Pharmacy
- Sleep Technologist
- Genetics



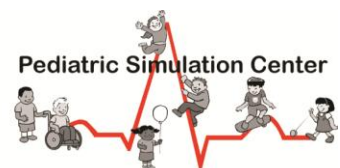
Responsibility

The Pediatric Simulation Center is dedicated to providing **quality simulation-based education** so our employees can be better at what they do – taking care of children. In 2012, we added several new programs for our staff.

- Simulation is now an integral part of **Pediatric Advanced Life Support** and **Neonatal Resuscitation** certification courses.
- First Five Minutes of a Code** training was provided on all inpatient nursing units with plans to expand to all shifts.
- Ward Simulations** led by hospitalist Lauren Nassetta, MD provides vital resident education on managing complicated patients.
- New simulation courses were developed for certified **nurse anesthetists, sleep technologists, cardiac nurses, burn unit nurses, emergency department nurses**, and nurses being certified to administer **chemotherapy**.



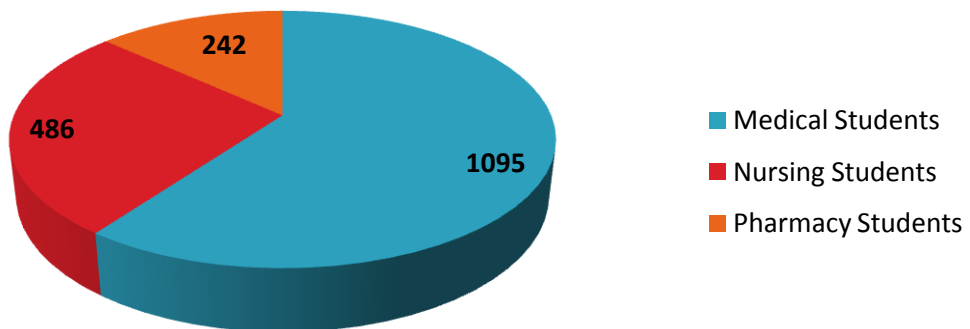
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Excellence

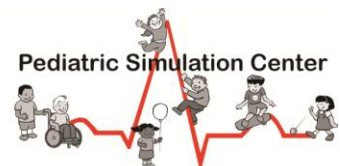
At the Pediatric Simulation Center, students from nursing, medicine, and pharmacy have the unique **opportunity to learn how to care for pediatric patients** in an innovative learning environment that promotes patient safety and mitigates time and chance. The Center sees students from UAB, Samford University, Jefferson State, Lawson State, Jacksonville State, and Wallace State Community Colleges. Instructional design experts collaborate with content experts to develop courses that meet the needs of students regardless of their level of experience. Simulation as a teaching technique allows all learners to strive for excellence.



In 2012, the Center provided simulation for **1,095 medical students**, **486 nursing students** (including undergraduate and graduate students), and **242 pharmacy students**. In 2013, we plan to include students from other disciplines such as respiratory therapy, genetic counseling, and social work.



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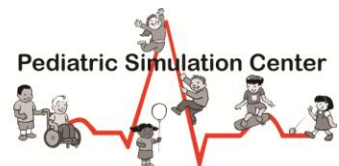


Teamwork

Healthcare is a team sport. In the Pediatric Simulation Center, **interprofessional healthcare teams** are afforded the opportunity to practice caring for patients in a realistic yet safe environment. Last year the Center welcomed many additional partners in simulation education. We worked with **Gastrointestinal** faculty to develop supplementary resident teaching and **Genetics** faculty to design innovative simulation sessions revolving around genetic counseling. We also supported the Department of **Obstetrics** in designing and leading simulations relating to perinatal and obstetric emergencies. The Center's faculty presented at university-wide forums sponsored by the **Office of Interprofessional Simulation** as well as **Research and Innovations in Medical Education** week. We also collaborated with the simulation staff at the Learning Resource Center and Quarterback Tower to provide logistical and programmatic support of interprofessional simulation experiences for students and staff alike.



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Community



In 2012, the Pediatric Simulation Center sought to **serve the community** by offering patient and family education courses, high school healthcare classes, community tours, teen trauma prevention courses, continuing education credits for Emergency Medical Service (EMS) personnel, and staff training courses for AirMed International.

The Center's community service education included the following:

Forty-nine home ventilator families participating in simulation training prior to discharge with the goal of preparing them for home care transition. In 2013, parents of all children being discharged with a new tracheostomy will participate in simulation training as well.

Simulation training and continuing education credits for **162 EMS personnel** during the EMS Open House in the ED. The EMS Open House was held in the new Emergency Department prior to the transition to acquaint EMS personnel with the new layout and procedures for transporting pediatric patients to the new facility. EMS personnel were given the opportunity during this open house to care for pediatric patients via simulation.

Hands on simulation experience for **17 McAdory and Mortimer-Jordan High School students** interested in healthcare careers. In 2013, we hope to encourage high school students interested in science, technology, engineering, and math careers by offering an intensive summer simulation experience.

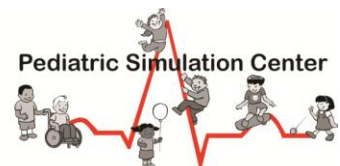
Trauma simulations every other month for a total of **49 high risk teen drivers** participating in the Trauma Prevention Program.

Participation in the Bibb County *Girls Engaged in Math and Science EXPO* introducing simulation and medical careers to **23 middle/high school students and 120 K-12 students**.

Collaboration with Corporate Communications to conduct **tours** for high school groups and other interested parties.



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Challenges

Last year, the most challenging issue for the Pediatric Simulation Center was a shortage of space to conduct and debrief simulation sessions. **Space constraints** prevented the Center from being able to fulfill every educational request. Many of the units requesting courses have **large numbers of nurses and physicians**, causing courses to be frequently repeated. We also began planning for new programs in 2012 that incorporated large numbers of learners such as the **new graduate nursing program**. We have planned to incorporate a set number of simulations into the new graduate nursing program, but space and time constraints will limit our simulation time with our new graduate nurses.

Schedule coordination among disciplines is another challenge. The most effective simulations combine nursing staff and in house physicians among others. Often times simulation staff have to “play the role” of the nurse or physician in a simulation due to scheduling conflicts.

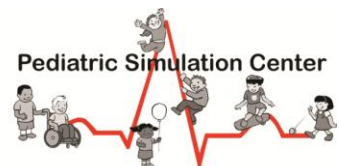
The Pediatric Simulation Center has hit its **max capacity**. Data from leading simulation centers across the nation suggest that staff spend 50% of their time teaching (facilitating simulations) and 50% of their time collaborating with clinical experts, developing new courses, researching best practices, scheduling, and maintaining supplies and equipment. The Center’s staff is currently spending 75% of their time facilitating simulations, leaving only 25% of the work week to develop new courses and programs. Strategies we are using to prevent staff burnout include training supplemental staff to develop additional simulation expertise.

High fidelity simulators have made enormous strides in their ability to replicate human systemic function. However, rapidly changing **simulation technology** requires much of our staff’s time to program scenarios, update software, and maintain the high fidelity simulators.

Despite our many challenges, the Pediatric Simulation Center continues to be a success story.



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Success Stories

Just prior to the move, the Pediatric Simulation Center led a **mock code on the crosswalk** that would be used for transporting patients on move day. Communication issues were identified and corrected in order to ensure patient safety on the day of the move. This is just one of our success stories from 2012. We encountered many success stories throughout the year.

*We learned the basic steps of how to perform in an emergency situation, what to do with seizures, and when to inject and how to inject the EpiPen. I feel like **my skills are improving**. This is my 2nd time here, it was a wonderful learning tool.*

- Interprofessional Radiology Course (MDs, RNs, & Techs)

*Teams divided and conquered; **this was a real SCU scenario**. We can do 2 codes at once!*

- Special Care Unit, Nursing Course

***Liked the teamwork approach!!** I learned different ways to establish airways and that two man bagging is best in difficult airways. **Liked the hands on attempts** at intubation, needle criche, LMA, etc. Learned the anesthesia phone number.*

-Pediatric Emergency Medicine, Attending Airway Course

*Learned to recognize TCA + EKG changes; to **keep the differential broad** with stridor. **Vocalize** what is going for all providers to know. Intubate early, even in sepsis.*

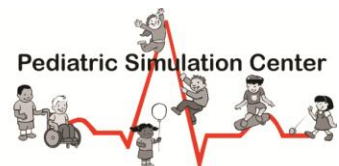
-Pediatric Intensive Care Unit, Resident Course

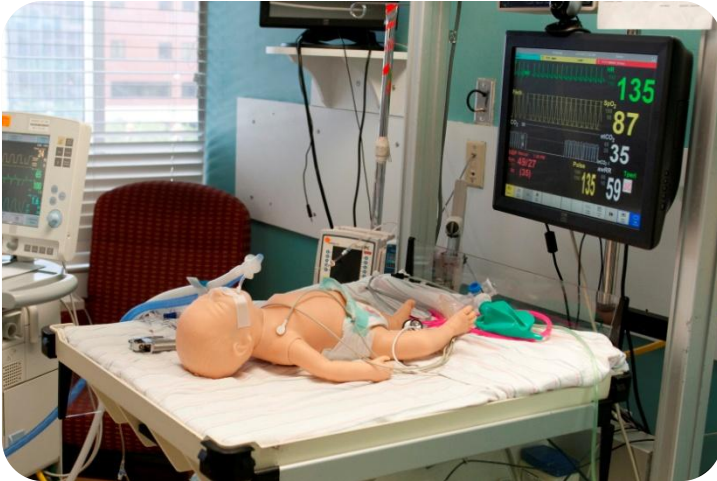
*Liked the actual experience and review session. We learned when to give meds, questions to ask, **when and when not to stop a seizure**. Really enjoyed talking to the attending about seizures.*

-Epilepsy Monitoring Unit, Nursing Course



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The Future

The future of the Pediatric Simulation Center will continue to depend upon the **combined support of leadership, faculty, and staff**. Our goals for 2013 and beyond include the following:

Continued involvement and added simulations in the **new graduate nursing program** to improve patient safety and nurse retention rates

Extension of our community service programs to include...

- tracheostomy and asthma **education classes for parents**, patients, and families
- education for **school nurses** in the K12 setting
- **summer day camps** for high school students who are interested in healthcare

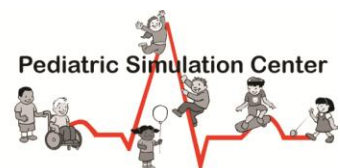
Opening a **24/7 Procedure & Skills Training Room** so staff can practice skills such as inserting IVs, lumbar puncture, and intubation at their convenience

Adding a **neonatal simulation room** to our Center to serve the many staff who provide care for neonates

As we now have waiting lists and at times have had to decline requests, we would like to acquire additional staff and space to accommodate our current need for simulation education. **Our goal for the future is to be able to accept every educational request we receive.**



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Faculty & Staff

Medical Director

Nancy M. Tofil, MD, MEd

Medical Co-Director

Marjorie Lee White, MD, MPPM, MEd

Nurse Educators

Amber Q. Youngblood, BSN, RN, CPN

J. Lynn Zinkan, MPH, RN, CPEN, CHSE

Director, Simulation Education & Research

Dawn Taylor Peterson, PhD, EdS, MEd

Adjunct Faculty

Steve Baldwin, MD, Pediatric Emergency Medicine

Kim Benner, PharmD

David Bernard, MD, Pediatric Emergency Medicine

Jenny Dollar, MD, Pediatric Anesthesiology

Shawn Gilbert, MD, Pediatric Orthopedics

Chris Jolliffe, RN, Sexual Assault Nurse Examiner

Collin King, MD, Pediatric Anesthesiology

Lauren Nassetta, MD, General Pediatrics

Amanda Soong, MD, General Pediatrics

Mary Worthington, PharmD

Supplemental Nursing Staff

Leslie Hallmark, RN

Tammy Pope, RN

Robin Prater, RN

Vicki Schinick, RN

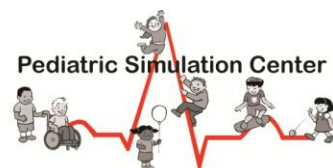
Carol Whisonant, RN

Kandi Wise, RN

Annitrice Young, RN



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Research

This page listing includes publications and presentations from 2012. For a comprehensive list of our publications and presentations, please visit www.childrens.org/PediatricSimulationCenter



Publications

Avis K, Lozano D, Youngblood AQ, Zinkan L, White ML, Tofil NM. High fidelity simulation training for sleep technologists in a pediatric sleep disorders center. *J Clin Sleep Med*. 2012;8(1):97-101.

Mitchell MS, White ML, King WD, Wang HE. Paramedic king laryngeal tube airway insertion versus endotracheal intubation in simulated pediatric respiratory arrest. *Prehospital Emergency Care*. 2012;16(2):284-288.

Youngblood AQ, Zinkan JL, Tofil NM, White ML. Multidisciplinary simulation in pediatric critical care: The death of a child. *Critical Care Nurse*. 2012;32(3):55-61.

White ML, Jones RL, Zinkan JL, Tofil NM. Transfer of simulated lumbar puncture training to the clinical setting. *Pediatric Emergency Care*. 2012;28(10):1009-12.

White ML, Gilbert S, Youngblood AQ, Zinkan JL, Tofil NM. High-fidelity pediatric simulation to improve postoperative patient care. *Journal of Bone & Joint Surgery*. In Press.

Oral Presentations

Jones NE, White M, Tofil N, Pickens M, Youngblood A, Zinkan L, Baker M. Disaster medical assistance team training using high fidelity medical simulation. Oral Presentation for National Association of Emergency Medical Providers, Tucson, AZ, January 2012. Award for best disaster research presentation.

Zinkan JL, Peterson DT, White ML, Youngblood AQ, Smith G, Parker WT, Tofil NM. High-fidelity simulation as part of teen trauma prevention program. Oral Presentation for Society of Trauma Nurses 2012 Annual Conference, Savannah GA, April, 2012.

Soong AD, Hines KC, Evans HH, White ML, Tofil NM, Zinkan JL, Youngblood AQ. Curriculum regarding grandparent caregivers for pediatric residents. Oral Presentation for the American Academy of Pediatrics National Conference and Exhibition, New Orleans, LA, October 2012.

Posters

Tofil NM, Niebauer JM, Peterson DT, Youngblood AQ, Zinkan JL, Lara D, Jakaitis B, Orr M, White ML. Breadth versus depth? Repeated versus mixed case selection in pediatric resident simulation. 12th Annual Meeting on Simulation in Healthcare, San Diego, CA, January 2012.

Tofil NM, Zinkan JL, Youngblood AQ, Stone J, Smola C, Hargrave S, Peterson DT, White ML. Ventilator caregiver education through the use of high fidelity pediatric simulators. 12th Annual Meeting on Simulation in Healthcare, San Diego, CA, January 2012.

Tofil NM, Hughes, JT, Harrington KF, Zinkan JL, Youngblood AQ, Peterson DT, Bartolucci AA, White ML. Teaching fellows to teach through the use of simulation. 12th Annual Meeting on Simulation in Healthcare, San Diego, CA, January 2012.

Shirk A, Baker M, Tofil NM, White ML, Zinkan JL. Disaster medical assistance team training using high fidelity medical simulation. Annual Meeting of the National Association of EMS Physicians, Tucson, AZ, January 2012.

Bishop A, Zinkan L, Tofil NM, White ML. Pediatric medical and trauma resuscitation survey. 2012 Southern Society for Pediatric Research Annual Meeting, New Orleans, LA, February 2012.

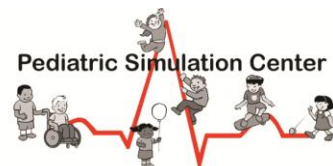
White ML, Jolliffe C, Youngblood A, Zinkan JL, Tofil NM, Bernard D. Forensic evidence collection in the simulated setting. Alabama Chapter of International Association of Forensic Nurses IAFN 1st annual Forensic Conference, Gulf Shores, AL, April 2012.

Strachan S, Tofil NM, Zinkan JL, Niebauer JM, Youngblood A, White ML. Development of interactive simulation video cases for medical students in the large group setting. International Association of Medical Science Educators Annual Meeting, Portland, OR June 2012.

Zinkan JL, Youngblood, AQ, Peterson, DT, White ML, Tofil, NM. Pediatric simulation from student to expert. International Nursing Association of Clinical Simulation and Learning Annual Conference, San Antonio, TX, June 2012.



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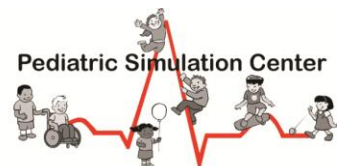


Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
Acute Care Nursing Transition Course	As requested	5-10	Unit Based Educators	Nurses, Staff
Acute Care Skills Lab	Quarterly	100+	Unit Based Nursing Educators	Nurses
Advanced Pediatric Life Support	Yearly	20-25	Emergency Medicine Faculty	Nurse Practitioners, Family Practice and Emergency Medicine Physicians and Pediatricians
After Hours Emergencies	As requested	2-8	Unit Based Nursing Educators	AH nurses and Physicians
Asthma Protocol Education	As requested	2-6	Tony Powers, RRT	Respiratory Therapists
Basic Airway Skills	Yearly	8-12	David Bernard, MD, Pediatric Emergency Steve Baldwin, MD, Pediatric Emergency	ED, PICU Fellows, Nurses, Respiratory Therapists
Care of the Ventilated Patient	As requested	3-8	Critical Care Unit Based Educators, Respiratory Therapy	Nurses, Respiratory Therapists
Burn Unit / Surgery Nursing Transition Course	As requested	10-15	Kelly Pinion-Smith, RN, Unit Educator	Nurses, BU/Surgery staff
Cardiovascular Nursing	As requested	3-10	Jeffrey Alten, MD, Pediatric Critical Care, Paula Midyette, RN, Unit Educator	CV Nurses, Nurse Practitioners, Pharmacy, Respiratory Therapists
CHAT PPAT CATS	As requested	6-15	Leslie Hayes, MD, Pediatric Critical Care, Carrie Norwood, RN, Jennifer Belyeu, RN, Robin Praytor, RN, Educator	All RN and RT on Rapid Response Team
Chemotherapy Certification	Monthly	4-7	Beth Benton, RN, CPON – Unit Educator	Nurses



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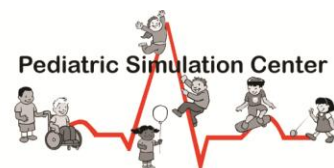
Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
Children's South Skills Lab	Yearly	100+	Robin Praytor, RN, Educator	Nurses
Clinical Assistant Program	As requested	2-6	Unit Based Educators	Clinical Assistants
Crisis Resource Management Course	Yearly	6	Nancy Tofil, MD Marjorie Lee White, MD	All new pediatric critical care and emergency medicine fellows
Critical Care Nursing Transition Course	As requested	4-20	Unit Based Educators	PICU, ED, CVICU, BMT Nurses, Nurse Practitioners, Physicians, Respiratory Therapists, CAs, Unit Clerks
CRNA Course	As requested	2-3	LeAnn Logan, CRNA	Children's of Alabama CRNAs
*Cross Cover Simulation Course	Twice a month	4-6	Nancy Tofil, MD, Marjorie Lee White, MD	MD, RN
CV Respiratory Therapy Transition Course	As requested	3-6	David Smith, RRT	Respiratory Therapists
Death and Dying Course	Yearly	35	Mark Knoper, Pastoral Care, Peggy Williams-Logan, LSW	All Emergency Medicine and PICU Fellows, Nurses, Chaplains, Social Workers
*Dialysis Nursing	As needed	15	Unit Based Educator	Dialysis Nurses
*ECMO s	As requested	10-20	Debbie Laney, RN	ECMO team (RN, MD, RT, etc)
ED Nursing Sims	Monthly	5-10	Lisa Maloney, RN Unit Educator	Nurses, CAs
Emergency Medicine Residents (UAB)	Quarterly	15-25	Marjorie Lee White, MD	EM Residents
EMS Facilities Course	x1	50-100	Marjorie Lee White, MD	EMS

* Courses with a red asterisk were offered in 2012 but were not requested and therefore not taught.



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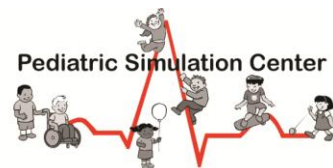
Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
Fellow Teaching	As requested	2-5	Fellows	Residents, Medical students
First Five Minutes of a Code	As needed	3-10	Lynn Zinkan, RN Amber Youngblood, RN	Nurses, CAs
Fixed Wing Critical Care Transport	As requested	8-10	Nancy Tofil, MD Marjorie Lee White, MD Lynn Zinkan, RN Amber Youngblood, RN	Private, corporate critical care transport RNs, RTs, and MDs
Foreign Body Removal for ENT Residents (conducted in Operating Room)	Yearly	15-20	Audie Wooley, MD, ENT, Brian Wiatrak, MD, ENT, Tabitha Bradley, RN	ENT Residents, OR nurses and OR staff
Forensic Evidence Collection in Sexual Assaults	Monthly	2-3	Chris Jolliffe, RN, Sexual Assault Nurse Examiner David Bernard, MD, Pediatric Emergency Medicine	Pediatric residents and medical students
GEMS (Girls Engaged In Math & Science)	Yearly	120	Lynn Zinkan, RN Dawn Taylor Peterson, PhD	1 st through 12 grade girls who are interested in pursuing a career in math or science
*General Inpatient Pediatric Service	As requested	2-4	Nancy Tofil, MD Marjorie Lee White, MD	Attending hospitalists
Genetic Counseling	6 sessions per semester	1	Lynn Holt, MSN, CGC	Genetic Counseling Graduate Students
Genetics Residents / Genetic Counselors	As requested	1-2	Nathaniel Robin, MD Lynn Holt, MSN, CGC	Genetics Residents and Genetic Counseling Graduate Students
Geriatrics in Pediatrics	Monthly	3-5	Amanda Soong, MD, General Pediatrics	Residents, Medical students
GI Simulation Course	Monthly	2-3	Jeanine Maclin, MD	Residents

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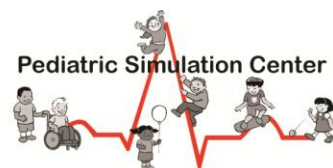
Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
GRID / Seizure Simulation Course	As requested	6-15	Monisha Goyle, MD Jeffrey Blount, MD	Nurses
Hematology / Oncology Nursing	As requested	5-8	Beth Benton, RN, Unit Educator	Nurses
Home Ventilator Emergencies for Caregivers	As requested	2-3	Donna Slayton, RN, Pediatric Pulmonary , RN, Pediatric Pulmonary, Brandon Weems, RRT	Parents of children requiring home ventilators
Hospital Mock Codes	Monthly	10-20	Nancy Tofil, MD	Entire Code Team (MD, RN, RT, Pharmacy, etc)
*Infusion Therapy Emergencies	As requested	2-6		Infusion Nurses
Inpatient Ward Simulation Course	Monthly	12-15	Lauren Nassetta, MD	MD, medical students on inpatient ward teams
Intern Cross-cover	Yearly	22	Chief Residents, Nancy Tofil, MD, Marjorie Lee White, MD	All new pediatric interns
Intern Pediatric Skills Course	Yearly	22	Nancy Tofil, MD Marjorie Lee White, MD	All new pediatric interns
Introduction to Health Professions	As requested	4-50	Simulation Center Staff	High School and College Students
*Intubation Workshop	As requested	30	Nancy Tofil, MD, Marjorie Lee White, MD	Medical students
IV Therapy	Monthly	3-6	Angela Lee, RN	Nurses
Medical Student CV & Pulmonary Modules (1 st & 2 nd yr students)	Yearly	100-175	Marjorie Lee White, MD, Nancy Tofil, MD	1 st and 2 nd year medical students
Neonatal Intensive Care Unit Nursing	Every 3 weeks	2-8	Tammy Pope, RN, Educator, Dr. Coghill, Neonatology	Nurses and Nurse practitioners
Neonatal Resuscitation Program	As requested	2-20	Tammy Pope, RN, Neonatal Intensive Care Unit	Nurses, Physicians, Respiratory Therapists

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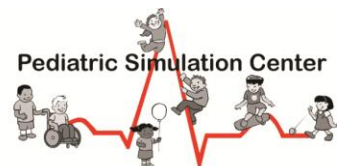


Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
New Hire Nursing Assessment Skills	Quarterly	10-40	COA Education Council	Newly hired nurses
Nursing Service Orientation	Twice Monthly	2-20	Joan Carlisle, DSN, RN, Debra Stewart, MSN, RN, Lynn Zinkan, MPH, RN, Amber Youngblood, RN	Newly hired nurses
OB/GYN Workshop	Yearly	20-30	John Woods, MD, OB/GYN	PEM Fellows, EM Residents and interested nurses
Pediatric Advanced Life Support Course	Monthly	50-90	Terri Coco, MD, Pediatric Emergency Medicine, Debra Stewart, RN	Healthcare personnel
Pediatric Anesthesia Course	Monthly	2	Jenny Dollar, MD, Anesthesiology Collin King, MD, Anesthesiology	UAB anesthesia residents during pediatric rotations
Pediatric Blood Pressure Measurement	As requested	2-10	Lynn Zinkan, RN Amber Youngblood, RN	Psychiatry assistants, clinical assistants, Clinic nurses
Pediatric Clerkship Course	Weekly	6-10	Abdul Latiff, MD, Endocrine, Nancy Tofil, MD, Marjorie Lee White, MD	UAB third year medical students during inpatient pediatric rotation
Pediatric Emergency Medicine Airway Course	Yearly	3-10	David Bernard, MD, Pediatric Emergency Medicine Steve Baldwin, MD, Pediatric Emergency Medicine	PEM Fellows, Faculty, Respiratory Therapy
Pediatric Emergency Medicine Attending	As requested	2-3	Marjorie Lee White, MD	ED Attendings
Pediatric Emergency Medicine Fellows	As requested	4-10	Marjorie Lee White, MD	PEM Fellows
Pediatric Emergency Medicine Residents	Monthly	4-10	Marjorie Lee White, MD	PEM Residents, Medical students
Pediatric Intensive Care Unit Faculty Course	As requested	8-15	Nancy Tofil, MD	PICU Attendings, Fellows



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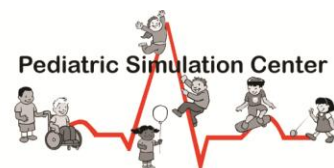
Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
Pediatric Orthopedic Course	Monthly	2-3	Shawn Gilbert, MD, Orthopedics	UAB orthopedic residents during their pediatric rotations
Pediatric/Neonatal Critical Care Transport Course	As requested	2	Jason Peterson, RN, Critical Care Transport	RN, RT
PICU Course	Weekly	4-10	Nancy Tofil, MD	PICU residents, Nurses, Pharmacists
PICU Nursing	Quarterly	10-30	Delicia Mason, RN, Unit Educator	PICU nurses
Prematriculation Students	Yearly	15-30	Nancy Tofil, MD Marjorie Lee White, MD	Pre-med students
Renal Simulation Course	Monthly	2-4	Daniel Feig, MD, Nephrology	Residents
*Respiratory Therapy Course	As needed	2-4	Craig Wooten, RRT	Required for all RTs
Resuscitation Course	Weekly	3-10	Marjorie Lee White, MD, Nancy Tofil, MD	Interns, Nurses, Pharmacy, PICU & ED Fellows
RNICU Mock Code	As requested	10-15	Alain Cuna, MD	Residents, Nurses, Respiratory Therapists
Samford Pharmacy Course	Yearly	20-150	Kim Benner, PharmD, Mary Worthington, PharmD, University Jennifer Beall, PharmD, University	Pharmacy students from Samford University
School Nurse Course (K12 RNs)	As requested	2-50	Lynn Zinkan, RN Amber Youngblood, RN	Nurses
Sedation Course	Quarterly	3-6	Mark Buckmaster, MD, Pediatric Critical Care, Jud Barber, MD, Pediatric Emergency Medicine	Physicians, Nurses, staff participating in sedation
*Seizure management	Yearly	4-50	Sula Gillespie, CPNP	Nurses

* Courses with a red asterisk were offered in 2012 but were not requested and therefore not taught.



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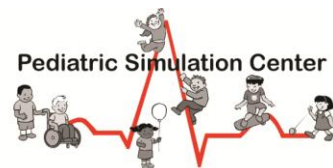
Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
Simulation for Radiologists	Yearly, as requested	3-6	Stuart Royal, MD, Pediatric Radiology	For all attending radiologists, UAB radiology residents, radiology moonlighters and radiology technologists, and radiology nurses
Simulation for Sleep Technologists	Yearly	3-4	David Lozano, MD, Pediatric Pulmonary	Sleep Technologists
Sociology Course	Monthly	1	Lori Bateman	PICU and ED Faculty and Fellows
Solid Organ Transplant Transport Course	As requested	4-6	Jennifer Thomas, RN Unit Educator	Critical Care Transport Team
Special Care Nursing	As requested	4-10		Nurses
Special Topics Course	Biannually	9	Marjorie Lee White, MD	UAB second year medical students
*Sterile Field Management	As requested	2-10	Lynn Zinkan, RN Amber Youngblood, RN	Any staff
Surgical Airway Skills	Yearly	8-12	David Bernard, MD, Pediatric Emergency Valerie Davis, MD, Pediatric Emergency	ED, PICU Fellows, Nurses, Respiratory Therapists
Trach Ed Training	As requested	30	Alyssa Cooper, RN Unit Educator	Nurses
*Tracheostomy Workshop	As requested	10-20	Donna Slayton, RN, Pediatric Pulmonary , RN, Pediatric Pulmonary Cheryl Jones, RRT	School Nurses
Trauma Prevention Program	Every other month	10-20	Geni Smith, RN, Trauma Coordinator	Teen participants

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Course Offerings

Simulation Course	Frequency	Learners per Session	Consultant	Types of Learners
Trauma Simulation Course	Monthly	15-20	Beverly Chaignoud, MD, Pediatric Surgery	Trauma team (MD, RRT, RN, pharmacy, chaplain, social worker, radiology tech, etc)
UAB NP Simulation Course	As requested	15-25	UAB SON Faculty	Nurse practitioner students
UAB Nursing Graduate Transition Course	As requested	5-6	UAB SON Faculty	Nursing students
Undergraduate Nursing Students	As requested	2-8	Various Nursing Instructors	Nursing students



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