

The Oklahoma Health Care Workforce Center and the
OU Clinical Skills Education & Testing Center Present...

THE SIMULATION PRE-CONFERENCE

Tuesday, May 24, 2011

You're invited to an exclusive, hands-on session that involves participation in pre-briefs, interactive scenarios and debrief simulation experiences with a trained facilitator. This is a unique opportunity to observe trained facilitators and learn from them.



1 - 1:15 pm	Welcome, Introductions & Instructions
1:15 - 2:15 pm	Scenario Choice 1*
2:15 - 3:15 pm	Scenario Choice 2*
3:15 - 3:30 pm	Break
3:30 - 4:30 pm	Scenario Choice 3*
4:30 - 5:30 pm	Round Table Discussion of Simulation Facilitator's Role
5:30 - 6:00 pm	Evaluation & Adjournment
6:00 - 7:00 pm	Tour of Simulation Lab / Networking Reception

**On the registration form (see page 3), attendees will choose 3 of the 4 scenario options listed below to participate in:*

OB Delivery/Newborn Deterioration
Pediatric Asthma
Neuro Deterioration with Standardized Patient Family Member
Diabetic Ketoacidosis (DKA)

I N T E G R I S
Health.

INTEGRIS Health is accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. Upon completion of this activity and submission of the program evaluation, participants will receive 4.5 contact hours.

Location

Clinical Skills Education & Testing Center
University of Oklahoma College of Medicine
940 NE 13th Street
Garrison Tower, Suite 6200
Oklahoma City, OK 73104
Telephone: (405) 271-2769

Simulation Lab Tour & Networking Reception

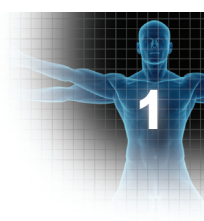
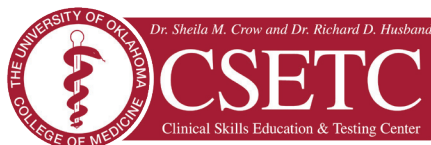
This networking opportunity is open to everyone and is free to attend! It starts at 6pm and ends at 7pm.

Deadline

Registrations must be received by May 9.
Seating is limited to the first 50 interested individuals.

Cost

\$50.00 per person



PARKING, DIRECTIONS & MAP

Tuesday, May 24, 2011

Address: OU Clinical Skills Education & Testing Cntr, 940 NE 13th St., Garrison Tower, Ste. 6200, Oklahoma City, OK 73104

It is important that you allow 20 minutes for parking and shuttle transportation!!!

Registration begins at 12:30pm and the pre-conference will start promptly at 1pm. **DO NOT PARK IN THE STONEWALL PARKING GARAGE!** Due to campus construction, the designated conference parking has changed to Parking Lot "O." See marked parking lot on map below:

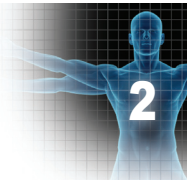
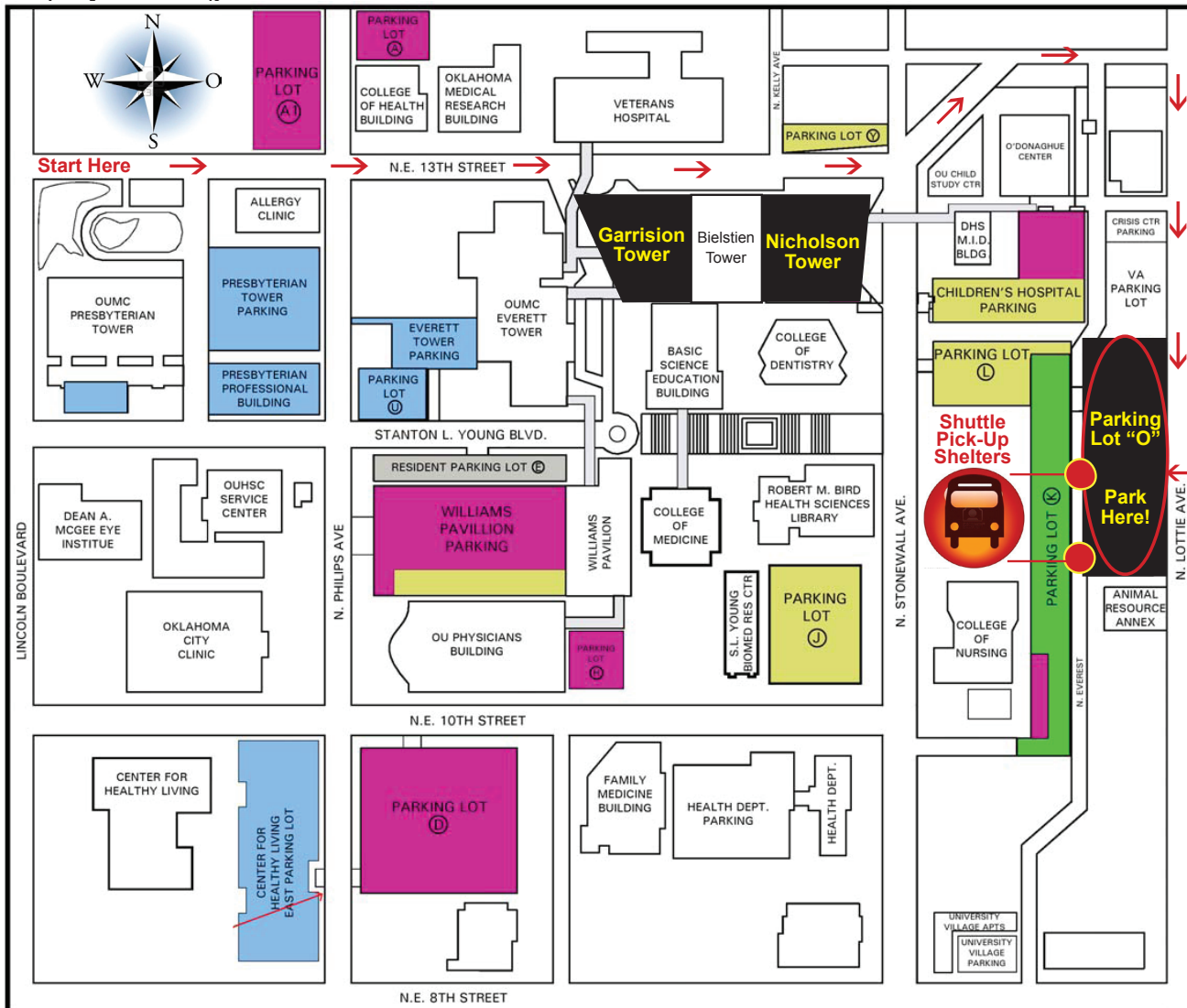
- Take NE 13th St. to N. Lottie Ave. (You will pass the following streets: Lincoln Blvd., Phillips Ave. and Stonewall Ave.)
- Turn right (south) onto N. Lottie Ave.
- Go past first parking lot entrance, which will read "VA Parking Only."
- Take the next right (west) turn into the parking lot. The gate will be open, so you will not pull a ticket.
- Park and then walk to the west side of the parking lot to one of the two shuttle pick-up shelters (marked on map).
- The shuttle runs every 10 minutes and will drop passengers in front of Nicholson Tower.

An Important Note... The pre-conference and the simulation conference are in different building locations.

Pre-Conference (May 24): After being dropped off by the shuttle in front of Nicholson Tower, attendees must go to Garrison Tower (It is a short 1/8 of a block walk and located one tower away from Nicholson Tower as indicated on the map in black/yellow.) In Garrison Tower, go to the elevators and go to the 6th Floor, Suite 6200, to the OU Clinical Skills Education and Testing Center.

Simulation Conference (May 25): In Nicholson Tower, go to the elevators and go to the 5th Floor. The elevators will open up into the lobby of the conference center where the registration table will be located.

Map of Parking Lot "O"



PRE-CONFERENCE REGISTRATION

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Please print or type all information.

This information will be used to prepare an attendee name badge.

Registrations may be e-mailed to Shayla Austin at shayla@ohcwc.com or faxed to (405) 319-8698 by May 9.

Name _____

Title _____

Organization _____

Mailing Address _____

City, State, Zip _____

Business Phone () _____ E-mail _____

Please rank the scenario options listed below by order of your preference from 1 to 4.
We will do our best to accommodate your top three selections.

- _____ OB Delivery/Newborn Deterioration
- _____ Pediatric Asthma
- _____ Neuro Deterioration with Standardized Patient Family Member
- _____ Diabetic Ketoacidosis (DKA)

Choose Your Payment Method:

(PURCHASE ORDERS WILL NOT BE ACCEPTED)

- I am paying by credit card and will pay on the event's secured website link below:

<http://www.okhealthcareworkforce.com/Conferences/SimConf5.htm>

- *I am paying by check # _____.

*If paying by check, make it payable to the "Oklahoma Health Care Workforce Center."
Please mail the check and completed registration form to: Oklahoma Health Care Workforce Center,
Attn: Shayla Austin, 655 Research Parkway, Suite 325, Oklahoma City, OK 73104.*



***Due to limited space, registrations will only be accepted with a full payment.
Requests for refunds must be received in writing before May 9
and a \$15 service fee will be charged.***

