

Simulations as a Teaching Technique and Basics of Moulage

The teaching technique of simulation enhances the transition from classroom to field performance. This session explores techniques for retention of information, cognitive skills such as analysis, synthesis and evaluation, and affective skills. The participant will create, conduct, and evaluate a patient simulation.

The moulage lesson is designed to prepare the participant to create basic wounds and skin conditions for classroom simulations using live patient models.

Dates	Days	Times	Registration encouraged by
May 14, 2010	Monday	8:00 AM – 5:00 PM	May 7, 2010
October 18, 2010	Friday	8:00 AM – 5:00 PM	October 11, 2010

Location: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

Prerequisites: • Internet access

Tuition: \$100.00 (Each participant will receive a basic moulage supply kit)

Text: None

Faculty: Twink Dalton has been active in the prehospital field for many years, writing articles and lecturing. She began as an emergency department RN and faculty member of Creighton's Prehospital Education program, Trauma Nurse Coordinator for St. Joseph Hospital in Omaha, EMS Education Coordinator for the Omaha Fire Department, and is now the Director, EMS Division for Mountain View Fire Department in Longmont, Colorado.

Education Credit: continuing education units

Registration: Registration encouraged by the date listed above to reserve your space. Send your registration form and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment must be enclosed with registration to confirm a seat in the class.

Cancellation: Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

Simulations as a Teaching Technique and Basics of Moulage Registration Form

Dates you would like to register for:

Last Name	First Name	M.I.
Address	City	State
Home Phone	Cell Phone	HealthONE EMS Membership #
Work Phone	Email	Last 4 SSN
Agency		

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card #		Exp. Date	/
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Cardholder Name		Signature	
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We must have your expiration date and signature to accept payment with a credit card. **Amount Enclosed** \$

Check Money Order Cash PO#

How did you hear about this course?