

Pediatric Simulation Evaluation Participant Feedback Survey

Part I: General Information

1. Today's Date: _____
2. Are you a/an:

<input type="checkbox"/> Attending <input type="checkbox"/> Fellow: (circle one) NICU or PICU <input type="checkbox"/> Resident	<input type="checkbox"/> Nurse Unit: _____ <input type="checkbox"/> Respiratory Therapist Unit: _____ <input type="checkbox"/> Other: (please specify): _____
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3. What **type of simulation** did you participate in?

<input type="checkbox"/> NRP <input type="checkbox"/> PALS	<input type="checkbox"/> Mock code/In-situ (specify location): _____ <input type="checkbox"/> Scheduled simulation
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4. How **many simulations** (including mock codes) **have you participated in before?**

<input type="checkbox"/> None; this was my first simulation <input type="checkbox"/> 1-2 prior simulations	<input type="checkbox"/> 2-3 prior simulations <input type="checkbox"/> 4 or more prior simulations
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Part II: General Evaluation

Please rate your simulation experience using the following scale.

		1 Unacceptable	2 Poor	3 Adequate	4 Good	5 Excellent
5.	The instructions / orientation you received prior to simulation start	1	2	3	4	5
6.	The quality of the simulation scenario	1	2	3	4	5
7.	The realism of the challenges faced during the scenario	1	2	3	4	5
8.	The value of the simulation experience for the teamwork training	1	2	3	4	5
9.	The value of the simulation experience for technical skills training	1	2	3	4	5
10.	The value of the debriefing in providing an opportunity to have your voice heard and address issues that occurred during the simulation	1	2	3	4	5
11.	The time allotted for the simulation training	1	2	3	4	5
12.	The overall simulation training experience	1	2	3	4	5

Part III: Teamwork Evaluation*

Please answer the following questions about the simulation experience. Please rate conservatively. Most teams that have not worked extensively together do not consistently demonstrate many of the qualities described in the scale.

		0 Never or rarely	1 Inconsistently	2 Consistently
13.	A leader was clearly recognized by all team members.	0	1	2
14.	The team leader assured maintenance of an appropriate balance between command authority and team member participation.	0	1	2
15.	Each team member demonstrated a clear understanding of his or her role.	0	1	2
16.	The team prompted each other to attend to all significant clinical indicators throughout the procedure/intervention	0	1	2
17.	When team members were actively involved with the patient, they verbalized their activities aloud.	0	1	2
18.	Team members refer to established protocols and checklists for the procedure/intervention.	0	1	2
19.	Team members repeated back or paraphrased instructions and clarifications to indicate that they heard them correctly.	0	1	2
20.	All members of the team were appropriately involved and participated in the activity.	0	1	2

*Adapted from the TEAM scale: Cooper S, Cant R, Porter J, Sellick K, Somers G, Kinsman L, Nestel D. Rating medical emergency teamwork performance: development of the Team Emergency Assessment Measure (TEAM). Resuscitation. 2010 Apr; 81(4):446-52.

Part IV: Open-ended Evaluation

Please answer the following questions about the simulation experience. Feel free to use the back if you need extra space.

1. Name at least **one thing you will take away** from the simulation that will affect your practice.

2. What did you find **most valuable in terms of your own practice?**

3. What is **something you would like to see done differently** with the simulation training? Is there anything you would recommend changing to make more applicable to your practice?
