**Simulation Evaluation Form**

Date of session:

Instructor:

Program / Location of Simulation:

Please rate the following statements on the scale provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Disagree** | **Somewhat agree** | **Agree** | **Strongly Agree** | **N/A** |
| The instructor created a safe learning environment |  |  |  |  |  |
| The purpose/learning objectives of this session were clear |  |  |  |  |  |
| The learning objectives of this session were achieved |  |  |  |  |  |
| The scenario(s) used were appropriate |  |  |  |  |  |
| The discussion and group debrief were valuable |  |  |  |  |  |
| Overall, I am satisfied with this session |  |  |  |  |  |

Have you participated in a simulation at MSH before? *(Circle one)*  Yes No

Please rate your comfort level participating in the **scenario**. *(Circle one)*

(uncomfortable) 1 2 3 4 5 (very comfortable)

Please rate your comfort level participating in the **debrief**. *(Circle one)*

(uncomfortable) 1 2 3 4 5 (very comfortable)

Please explain your ratings above.

List at least one thing you learned today that you will apply in **your clinical practice**.

Any suggestions for **improving the simulation experience**? Based on your clinical experience – do you have **suggestions** for any simulation experiences (ie. codes, clinical scenarios, policies/processes) that you would like to see offered? *(Use the back of this form if needed)*