



### SIMULATION COURSE EVALUATION

I am a: *(circle one)*

Hospital Staff, Nurse  
 Hospital Staff, Physician  
 Hospital Staff, RT  
 Hospital Staff, Pharmacy  
 Hospital Staff, Radiology Tech  
 Hospital Staff, PT/OT  
 Hospital Staff, RD  
 Hospital Staff, Other *(specify)*:  
 \_\_\_\_\_

Resident, Medicine  
 Resident, Emergency Med  
 Resident, Anesthesiology  
 Resident, Pediatrics  
 Resident, Surgery  
 Resident, Pharmacy  
 Resident, Other *(specify)*:  
 \_\_\_\_\_

Student, Nursing  
 Student, Medicine  
 Student, Health Professions  
 Student, Optometry  
 Student, Dentistry  
 Student, Social Work  
 Student, Other *(specify)*:  
 \_\_\_\_\_

	Agree ↔		Neutral ↔		Disagree	
This experience will improve my performance in actual clinic setting.	5	4	3	2	1	
This simulation was a valuable learning experience.	5	4	3	2	1	
This debriefing was a valuable learning experience.	5	4	3	2	1	
The objectives for this simulation were met.	5	4	3	2	1	
I would recommend this simulation to others	5	4	3	2	1	

	Agree	Disagree, Too Short	Disagree, Too Long
The length of time for the simulation was appropriate.			
The length of time for the debriefing was appropriate.			

**Two things I liked/learned today:**

**Two things I wish we had focused on or that could be improved:**

**Comments/Suggestions/Recommendations:**

I do not wish for this anonymous information to be used for research or presentation.