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| --- | --- | --- | --- |
| Class Section: |  Instructors: |  |  Time: |
| SIM Staff: |  |   | Date: |

# Facilities and equipment

* Have you been in the Center for Simulation prior to today?
* Were you familiar with the equipment and operations of the Interdisciplinary Center for Simulation?
* Did you feel comfortable with the equipment and environment provided?
* Was the appropriate equipment available for your use in the Simulation?

# Training opportunity

* Do you feel that this was a realistic scenario? Why?
* Do you feel that this was a good training opportunity? Why?
* Do you believe that this experience will help you in your clinical practice? How?
* Do you have any suggestions for improving scenarios in the future?
* Would you like to have more Simulation time?

# Prebrief

* Was there a pre-briefing prior to your simulation experience and were the goals and expectations made clear?
* Were the goals and expectations provided and realistic?
* How could we better prepare you for success in the Center for Simulation?

# Debriefing

* Was a debriefing of the simulation provided? Were video recordings utilized?
* Was the debriefing effective in providing you an opportunity to review your performance in the simulation?
* Do you feel that the debriefing provided a learning opportunity to allow you to improve your performance?

# Staff

* Were the Center for Simulation staff professional and organized?
* Did they provide meaningful feedback and help you gain a better understanding of your experience?