

Evaluation form

Simulation details

| | |
|--------|-----------|
| Title: | |
| Date: | Duration: |
| Venue: | |

| | Strongly disagree | | Neutral | | | Strongly agree | |
|---|-------------------|---|---------|---|---|----------------|---|
| The content area is relevant to my job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I can make a difference in my job by using what I have learned. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have clear ideas about how I can use the new skills and knowledge. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I intend to use the new skills and knowledge. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I felt adequately prepared going into the simulation activity. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| The background information (i.e. PowerPoint slides) gave me the necessary knowledge to participate in the simulation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| The debriefing helped me to understand key learnings from the simulation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | Too basic | | Just right | | | Too complex | |
|--------------------|-----------|---|------------|---|---|-------------|---|
| The content was... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

How can learnings from this activity be applied to your practice?

General comments: