**Riley Hospital for Children**

**Office Project Evaluation**

* + Simulation Date:
	+ Simulation Facilitator(s):
	+ Clinic:

Select your job description:

\_\_\_ Attending Physician

\_\_\_ Nurse practitioner/Physician Assistant

\_\_\_Nurse

\_\_\_Tech

\_\_\_Respiratory therapist

\_\_\_Office staff

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Simulation Evaluation:**

1. My orientation to the simulation event was adequate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |

1. The information and concepts addressed will change the way I practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |

1. The debriefing facilitator(s) was effective at conveying concepts and provoking thought.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |

1. After attending this event, I am more comfortable managing the most common pediatric outpatient emergencies.

Strongly disagree Disagree Neutral Agree Strongly Agree

**Learning Assessment**

1. Describe one aspect of teamwork that was new or reinforced for you today.
2. Describe one management technique, plan or concept that was new or reinforced for you today.

**Comments**

1. What worked well in this event?
2. What would you recommend changing to enhance learning?
3. Other comments: