



Kirkpatrick Evaluation of a LTC COVID-19 Simulation Experience

Based on Kirkpatrick's Four Levels of Learning, this tool serves to gather the impacts of your simulation experience. Please forward to cicsl@viha.ca. Thank you.

Simulation Scenarios	<input type="checkbox"/> A suspect case of COVID-19 where the resident is experiencing COVID-19 symptoms. <input type="checkbox"/> A suspect case of COVID-19 where the resident's COVID-19 swab returns positive. <input type="checkbox"/> A positive COVID-19 case that becomes palliative and passes away at your facility. <input type="checkbox"/> Long term care communication of a potential COVID-19 case. <input type="checkbox"/> Long term care interprofessional team huddle.	
Reaction	What did you think and feel about the simulation?	
Learning	What knowledge, skills and attitudes were reinforced and or did you acquire?	
Behavior	On return to your care facility, what change in behavior[s] were you able to apply because of the simulation?	
Results	Please describe how this change affected either the residents, and or the delivery of care.	
Consent	May we share your story?*	May we reference your name?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identity	Name:	Role:

* Sharing may include having your story used in CICS�-related training and communications. No financial gain will result from the use of your story. Please contact cicsl@viha.ca if you have any questions.

