

## Simulation Session Evaluation: Suspect, Positive, and Palliative COVID-19 Resident Case

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Please note when filling out this evaluation, that there are three different parts in these simulation scenarios. We invite you to provide feedback on the case you participated in.

<input type="checkbox"/> <b>Part 1: A suspect case of COVID-19 where the resident is experiencing COVID-19 symptoms.</b>	
<b>Please circle the number that most closely reflects your opinion.</b> 1-Strongly disagree   2- Disagree   3- Neutral   4- Agree   5-Strongly agree	
After attending the simulation, I am more confident:	
1. In my ability to support our residents when there is a suspected COVID-19 case.	1   2   3   4   5
2. In my understanding of when and how to place a resident on droplet and contact precautions.	1   2   3   4   5
3. In my ability to safely don and doff PPE.	N/A   1   2   3   4   5
Would you recommend this simulation to a colleague?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please share your thoughts about attending this simulation.

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<input type="checkbox"/> <b>Part 2: A suspect case of COVID-19 where the resident's COVID-19 swab returns positive.</b>	
<b>Please circle the number that most closely reflects your opinion.</b> 1-Strongly disagree   2- Disagree   3- Neutral   4- Agree   5-Strongly agree	
After attending the simulation, I am more confident:	
1. In my ability to care for a positive COVID-19 resident.	1   2   3   4   5
2. In my ability to care for a resident on droplet and contact precautions.	1   2   3   4   5
3. In my ability to support a COVID-19 resident who is transferring to a cohort unit.	1   2   3   4   5
4. In my ability to safely don and doff PPE.	N/A   1   2   3   4   5
Would you recommend this simulation to a colleague?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please share your thoughts about attending this simulation.

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**Part 3: A positive COVID-19 case that becomes palliative and passes away at your facility.**

**Please circle the number that most closely reflects your opinion.**  
1-Strongly disagree 2- Disagree 3- Neutral 4- Agree 5-Strongly agree

After attending the simulation, I am more confident:	
1. In my ability to care for a resident with COVID-19 who is palliative.	1 2 3 4 5
2. In my ability to safely handle a deceased resident with COVID-19 symptoms.	1 2 3 4 5
3. In my ability to safely don and doff PPE.	N/A 1 2 3 4 5
Would you recommend this simulation to a colleague?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please share your thoughts about attending this simulation.

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Thank you for completing this evaluation. We appreciate your insights.

Upon completion, please return to your COVID-19 Coach or simulation facilitator.

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