



LTC COVID-19 Simulation Session Evaluation: Interprofessional Team Huddle

Date: _____ Time: _____ Location: _____

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 enhance communication regarding a suspect COVID-19 resident during a care and service team huddle.	1 2 3 4 5
2. In my ability to initiate infection control protocols.	1 2 3 4 5
3. In my understanding of documentation requirements.	1 2 3 4 5
4. In my ability to enhance care and service team collaboration.	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.

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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