



UT Health Science Center: SIM113 SIM Learner Evaluation of Activity	
Version 1	Publication Date: 05/27/2022

No./Title: SIM 113 – Sim Learner Evaluation of Activity	Resp. Office: CHIPS Approval Body: CASA	Effective Date: 03/02/2021
Category: Academic	Last Review: 03/02/2021	Next Review: 03/02/2024
Contact: Executive Director CHIPS	 901.448.9746	 simulate@uthsc.edu
Related Policies:	SIM105- Sim Faculty-Facilitator Responsibilities	

POLICY

- 1) Simulation activities will be evaluated by learners in a systematic and routine manner.

DEFINITIONS

- 1) Lead Simulation Educator/ Faculty/Facilitator [referred to in this document simply as “Lead Faculty/Facilitator”]:The Simulation Educator/ Faculty/Facilitator that carries primary responsibility for the activity, serves as the main point of contact, and is responsible for recruiting other Simulation Faculty/Facilitators and content experts as needed
- 2) Learner - Student, resident, or healthcare professional engaged in a simulation-based educational or assessment activity

PROCEDURE

- 1) Simulation activity at CHIPS will be evaluated by Learners on a regular basis, as determined by the Directors of Education and/or Assessment.
- 2) After the simulation, Learners will complete the CHIPS Simulation Evaluation, attached as Appendix A, either as hard copy or electronically. To avoid survey fatigue and /or confusion with multiple requests, any other learner evaluation of the simulation educational event must be pre-approved by the Directors of Education and/or Assessment.
- 3) Learner Evaluations collected by hard copy will be entered into the electronic database by CHIPS staff.
- 4) Learner Evaluations will be reviewed by appropriate CHIPS Educational staff and, as needed, an improvement plan implemented.
- 5) A summary of Learner Evaluations will be sent to the Sim Educator/ Lead Faculty.
- 6) Under appropriate IRB approval, Learner Evaluation data may be used for scholarly activity.

APPENDICES:

Appendix A: CHIPS Simulation Evaluation

APPROVAL HISTORY

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Effective: March 2, 2021

Reviewed: March 2, 2021, CASA

Approved: March 6, 2021, Chief Academic Officer

Appendix A

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SIMULATION EVALUATION

1. I am a:

<p>STUDENT</p> <input type="checkbox"/> Dental <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> OT <input type="checkbox"/> Pharmacy <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> Other <i>(specify:)</i>	<p>RESIDENT</p> <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Dental <input type="checkbox"/> EM <input type="checkbox"/> IM <input type="checkbox"/> Med-Peds <input type="checkbox"/> Pediatrics <input type="checkbox"/> Surgery <input type="checkbox"/> Other <i>(specify:)</i>	<p>FELLOW</p> <input type="checkbox"/> Cardiology Cat <input type="checkbox"/> Cardiology IV <input type="checkbox"/> Endocrinology <input type="checkbox"/> Nephrology <input type="checkbox"/> Oncology <input type="checkbox"/> Peds EM <input type="checkbox"/> Pulm/CC <input type="checkbox"/> Other <i>(specify:)</i>	<p>HOSPITAL STAFF</p> <input type="checkbox"/> Nurse <input type="checkbox"/> OT <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> Resp Therapy <input type="checkbox"/> Other <i>(specify:)</i>
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2. Please indicate your agreement with the following statements	Agree	Neutral			Disagree
This experience will improve my performance in the actual clinic setting.	5	4	3	2	1
This debriefing and/or feedback was valuable.	5	4	3	2	1
The objectives for this simulation were met.	5	4	3	2	1
The instructor/faculty was effective in facilitating the simulation.	5	4	3	2	1
This simulation was a valuable learning experience.	5	4	3	2	1

3. Please indicate your agreement with the following statements	Agree	Disagree:	
		Too Short	Too Long
The length of time for the simulation was appropriate.			
The length of time for the debriefing and/or feedback was appropriate.			

4. Two things I liked about or learned from this simulation:

5. Two things I wish we had focused on or that could be improved:

6. Comments/Suggestions/Recommendations:

I do not wish for this anonymous information to be used for research or presentation.

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