

Simulation Evaluation

Course/Event Name: _____ Date: _____

I am a (circle one):			
Student of:	Doctor of Osteopathic Medicine	Nursing	
	Physician's Assistant	Occupational Therapy	Physical Therapy
	External to TUN		

Graduating Month/Year: _____

	Agree	Neutral	Disagree		
The learning experience was valuable	5	4	3	2	1
The debriefing was valuable	5	4	3	2	1
This experience will improve my skills in actual clinical setting	5	4	3	2	1
The objectives for this event were relevant to my education	5	4	3	2	1
The objectives for this event were met	5	4	3	2	1
I feel more confident in my skills because of this learning experience	5	4	3	2	1

Additional comments:
