



UNIVERSITY OF
PLYMOUTH
Peninsula Medical School

Simulation Project Training Evaluation Participant Feedback Questionnaire

This questionnaire is being circulated to all Simulation Project Training participants. It should take about 10 minutes to complete. You are free to decide whether to complete the questionnaire or not, as participation is entirely voluntary. Your responses will be kept anonymous and we will not ask for any personally identifying information.

By answering this short questionnaire, you are helping us to understand and evaluate what is good about the simulation training, and what could be improved for future training programmes. If you decide to participate in the questionnaire, apart from it being an opportunity to share your views and experiences, it is hoped that the evaluation will have wider benefits for future simulation training programmes. Your participation will contribute to our understanding of the quality, value and usefulness of this type of training and the findings will help to improve the development of future training materials and scenarios.

This evaluation is being led by Dr Claire Kelly from the Peninsula Medical School Quality Excellence Unit. If you have any questions or would like more information, please don't hesitate to contact Claire. Her email address is: Claire.kelly@plymouth.ac.uk.

If you have any concerns or complaints about the conduct of this study, please contact the Research Administrator, Faculty of Health Research Ethics and Integrity Committee, University of Plymouth, Level 2 Marine Building, Drake Circus, Plymouth PL4 8AA Email: FOHEthics@plymouth.ac.uk.

Your responses to the questions below will be kept anonymous; we will not ask you for any personal identification information, and no personal information will be shared outside of the evaluation team. Please be aware that as this questionnaire is completed anonymously, once you have submitted it, it will not be possible to remove your responses if you later decide that you no longer wish your views to be included. If you are happy to continue on this basis, please answer the questions below.

Once completed, please place the questionnaire in the 'Completed Questionnaires' box.

Many thanks.

What is your current job title/role?

Which training session did you attend today? (location and broad topic):

Date:

Evaluation questionnaire

1. Is this your first training session with this Simulation Project? (Please tick ONE box)

Yes this is the first session I have attended	No, I have attended another session on the SAME topic	No, I have attended another session on a DIFFERENT topic	Other (please add detail below)

Please tell us which other Simulation Training Project sessions that you have attended

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2. Why did you attend this simulation training? (Please tick all that apply)

Encouraged to attend by employer	Required to attend by employer	Chose to attend for personal progression	Wanted to try simulation training	Topics offered interested me	Other (please add detail below)

Additional comments

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3. Organisation of the Simulation Training

To what extent do you agree or disagree with the following statements? please tick one box only in each row. Please add any explanatory comments in the box at the end of each table.

ORGANISATION OF THE SIMULATION TRAINING	Strongly Agree	Agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
The location of the training was convenient						
The dates of the training fit well with my plans						
The length of the training session was appropriate						
The time allocated to the simulation element of the session was appropriate						
The time allocated to the discussion element of the session was appropriate						
The training session was well organised						

ORGANISATION OF THE SIMULATION TRAINING	Strongly Agree	Agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
The topics covered were of interest to me						
Any other comments you wish to make?						

4. Simulation training content and quality

To what extent do you agree or disagree with the following statements? please tick one box only in each row. Please add any explanatory comments in the box at the end of each table.

CONTENT AND QUALITY OF TRAINING	Strongly Agree	Agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
My previous knowledge was sufficient to understand the content of the session						
The content of the session was sufficiently enhanced with practical elements						
The content of the sessions was well illustrated with examples						
There were sufficient cross-links between the different elements in the session to create coherence in the programme						
The practical tools (simulation etc.) supported the session in a useful way						
The training materials were clear and well structured						
The speed of knowledge transfer was appropriate						
The training session content was rich and varied						
The atmosphere during the training was supportive and safe						
The training rooms were appropriate and comfortable						
Any other comments you wish to make?						

(continued overleaf)

5. Simulation training delivery

To what extent do you agree or disagree with the following statements? please tick one box only in each row (continued overleaf). Please add any explanatory comments in the box at the end of each table.

TRAINING QUALITY	Strongly Agree	Agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
The style of training was fluent and clear						
Difficult aspects were explained in a comprehensive way						
Training sessions appeared well prepared						
Participants had the opportunity to actively participate in the sessions						
Staff motivated participants to actively participate, for example by asking questions						
Trainers included enough time for discussion and questions						
Any other comments you wish to make?						

6. Impacts and benefits of Simulation Training

To what extent do you agree or disagree with the following statements? please tick one box only in each row. Please add any explanatory comments in the box at the end of each table.

IMPACTS AND BENEFITS OF THE TRAINING	Strongly Agree	Agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
My level of knowledge has improved as a result of attending the Simulation training						
My confidence in my knowledge and skills has improved as a result of attending the Simulation training						
My willingness to engage with the topics in my everyday work has increased as a result of attending the Simulation training						
I feel that attending the Simulation training was worthwhile						

(continued overleaf)

7. Your personal views

What did you particularly like about the Simulation Training?

What could be improved?

8. Impacts
What impact do you think your attendance at this Simulation Training will have on your everyday practice?

What about your future career?

(continued overleaf)

9. Future training opportunities

Are there any other interactions with patients that you find challenging in your everyday work, that you would like to see delivered using simulation-based training?

Thank you for participating in this questionnaire. Your responses will be kept confidential and used to support the improvement and development of the Simulation Training programme for future participants.

If you have any questions or would like more information, please don't hesitate to contact the Evaluation Lead, Dr Claire Kelly: Claire.kelly@plymouth.ac.uk