# Simulation Effectiveness Tool

**Course:**_____ **Date:**_____ **Instructor:**_____ **Name (Optional):**_____

Please rate the following statements on the scale provided. Mark NA if you have no experience with the statement.

| | Do Not Agree | Somewhat Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|
| The instructor's questions helped me to think critically | 0 | 1 | 2 | NA |
| I feel better prepared to care for real patients | 0 | 1 | 2 | NA |
| I developed a better understanding of the pathophysiology of the conditions in the SCE | 0 | 1 | 2 | NA |
| I developed a better understanding of the medications that were in the SCE | 0 | 1 | 2 | NA |
| I feel more confident in my decision making skills | 0 | 1 | 2 | NA |
| I am more confident in determining what to tell the healthcare provider | 0 | 1 | 2 | NA |
| My assessment skills improved | 0 | 1 | 2 | NA |
| I feel more confident that I will be able to recognize changes in my real patient's condition | 0 | 1 | 2 | NA |
| I am able to better predict what changes may occur with my real patients | 0 | 1 | 2 | NA |
| Completing the SCE helped me understand classroom information better | 0 | 1 | 2 | NA |
| I was challenged in my thinking and decision-making skills | 0 | 1 | 2 | NA |
| I learned as much from observing my peers as I did when I was actively involved in caring for the simulated patient | 0 | 1 | 2 | NA |
| Debriefing and group discussion were valuable | 0 | 1 | 2 | NA |

**Comments:** _____

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