



Simulation Recurring Course Debrief Notes

Simulation and Advanced Skills Center – Nursing Simulation

Event Title: _____

Date: _____

My role is (name optional): _____

Facilitators/Instructors	Circle your response		
1. There was adequate time and space for the pre-brief	YES	NO	NA
2. The sign-in process went smoothly	YES	NO	NA
3. The simulation environment aligned with the curriculum	YES	NO	NA
4. The equipment functioned as anticipated	YES	NO	NA
5. The simulation event followed the agenda for the course	YES	NO	NA
6. There was adequate time to complete the simulation	YES	NO	NA
7. Simulation staff were helpful during the simulation	YES	NO	NA
8. There was adequate time and space to conduct an appropriate debrief	YES	NO	NA
9. The course evaluation process went smoothly	YES	NO	NA
10. The learning objectives could be taught with today's simulation	YES	NO	NA

➤ Please share specific comments for any “NO” responses:

➤ Suggestions to implement for future simulation, or changes needed in the curriculum:
