

Appendix I

Pre-simulation survey

Please insert linking code 2 digit birth date / first and last initial of your street name.

_____/____

1. What was your role during the disaster simulation? (select one)

Executive staff

ED doctor

ED nurse

Other nurse

Other doctor

Observer

Radiology

Pharmacy

Other - please specify _____

2a. Have you completed an **emergency/ disaster** medical management course (MIMMS) **ever?** (select one)

YES / NO

2b. Have you completed an **emergency/disaster** MIMMS in the **last 3 months?** (select one)

YES / NO

3a. Have you completed a **hospital** medical management course **ever?** (select one)

YES / NO

3b. Have you completed a **hospital** medical management course in the **last 3 months?** (select one)

YES / NO

4. How would you rate your **confidence** about effectively undertaking your role during the disaster simulation scenario? (circle one option)

1 not confident at all

3 neutral

5 very confident

1

2

3

4

5

5. How would you rate your **skills** in effectively undertaking your role during the disaster simulation scenario? (circle one option)

1 not skilled at all 3 neutral 5 very skilled
1 2 3 4 5

6. How would you rate your **knowledge** about effectively undertaking your role during the disaster simulation scenario? (circle one option)

1 not knowledgeable at all 3 neutral 5 very knowledgeable
1 2 3 4 5