

Appendix II

Post-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)

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Executive staff | <input type="checkbox"/> Radiology | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> ED doctor | <input type="checkbox"/> ED nurse | |
| <input type="checkbox"/> Other doctor | <input type="checkbox"/> Other nurse | <input type="checkbox"/> Observer |
| <input type="checkbox"/> 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** MIMMS course **ever?** (select one)

YES / NO

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

YES / NO

4. Now you have completed the simulation training, how **confident** do you feel about undertaking your role during **another** disaster simulation scenario? (circle one option)

1 not confident at all

3 neutral

5 very confident

1

2

3

4

5

5. Now you have completed the simulation training, how would you rate your **skills** to undertake your role during **another** disaster simulation scenario? (circle one option)

1 not skilled at all

3 neutral

5 very skilled

1

2

3

4

5

6. Now you have completed the simulation training, 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

7. Did you find the simulation a valuable training exercise? (select one)

YES / NO

Comments:
