Texas A&M International University

College of Nursing and Health Sciences - Dr. F. M. Canseco School of Nursing

Simulation Evaluation

Course Number/Name: __

Semester/Year: _____

Name or Focus of Simulation:

Total Completing Survey:_

Criteria: **What is my perception of the simulations?**	**Disagree**	**No Opinion**	**Agree**
1. I understand the purpose and objectives of the simulations.			
13. The scenarios resembled a real-life situation.			
2. The simulations provided a variety of ways to learn the material.			
3. I had a chance to work with my peers during the simulations.			
14. The simulations helped me learn to prioritize.			
4. The debriefing sessions were helpful as a learning activity.			
15. I was able to participate in the debriefing sessions			
16. The feedback was constructive.			
5. The simulations will help me better care for healthcare clients.			
6. The simulations made me feel more confident in caring for healthcare clients.			
Comments:			