

# Mid-Year Simulation Survey 2018

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## Start of Block: Survey Description

Q1

This survey is designed to assess your satisfaction with the simulation, your confidence in the related knowledge and skills, and the development of your identity as a physician. This survey will take approximately 5 minutes to complete.

If you have any questions or concerns about this survey, please contact Dr. Matthew Tews at (706) 721-9945.

## End of Block: Survey Description

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## Start of Block: Demographics

Q2 Identifying Number (the number assigned to you at the beginning of the day)

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Q3 Age

▼ 20 or younger (1) ... 40 or older (21)

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Q4 Gender

Female (1)

Male (2)

Prefer to self-describe (3) \_\_\_\_\_

I choose not to disclose my gender (4)

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Q5 Race (select all that apply)

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Native Hawaiian or Other Pacific Islander (4)
- White (5)
- I choose not to disclose my race (6)

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Q6 Ethnicity

- Hispanic or Latino (1)
- Not Hispanic or Latino (2)
- I choose not to disclose my ethnicity (3)

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Q7 Did you have any hands-on clinical experience prior to the start of medical school (excluding shadowing)?

- No (1)
- Yes (please describe) (2) \_\_\_\_\_

**End of Block: Demographics**

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### Start of Block: Clerkships

Q8 Which clerkship block did you just complete?

- Internal Medicine/Neurology/Psychiatry/Surgery (1)
  - Family Medicine/OB-GYN/Pediatrics (2)
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Q9 Which clerkship did you most recently complete?

- Elective (1)
- Family Medicine (2)
- Internal Medicine (3)
- Neurology (4)
- OB-GYN (5)
- Psychiatry (6)
- Pediatrics (7)
- Surgery (8)

### End of Block: Clerkships

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### Start of Block: Satisfaction

Q10 Please indicate your level of agreement with the following statements.

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
This simulation was a valuable learning experience. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information I learned in the <u>group orientation</u> was clearly presented. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instruction I received during the <u>in-room briefing</u> prior to the simulation prepared me to successfully navigate the scenario. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood my role within the simulation clearly. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The simulation portrayed a realistic clinical environment. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The simulation provided a safe, low-stakes environment for me to apply my knowledge and skills. (6)

The debriefing after the simulation allowed me to reflect in a meaningful way (e.g., on my performance, skills, or assumptions). (7)

End of Block: Satisfaction

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Start of Block: Self-Efficacy

Q11 Please indicate your level of agreement with the following statements.

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Neither agree nor disagree (4)	Somewhat disagree (5)	Disagree (6)	Strongly disagree (7)
I am confident in my ability to recognize an asthma exacerbation. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to interpret lung sounds in an asthma exacerbation. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to manage an asthma exacerbation. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to prioritize orders in an emergency situation. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I know when to ask for help during an emergency situation. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Self-Efficacy

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**Start of Block: Identify Formation**

Q12 This simulation was designed to give you the feeling of patient ownership. Describe what and where you felt you had ownership.

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Q13 This simulation was designed to give you experience assuming the role of a physician. Describe how this experience contributed to your identity as a physician.

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Q14 If you did not feel like the simulation contributed to your feelings of patient ownership or identity as a physician, please explain why.

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**End of Block: Identify Formation**