Mentoring Program Mentee Survey

Date: ________

Name: ____________________________________________

Credentials: ________________________________________

School/Department/Institution: __________________________

Number of years utilizing simulation: _____

Describe your overall experience with simulation:

List or describe your simulation training/education/certification completed:

Please rate your comfort level with each of the following components of simulation (1 is not comfortable and 5 is extremely comfortable):

- Preparation 1 2 3 4 5
- Pre-briefing 1 2 3 4 5
- Facilitating simulation 1 2 3 4 5
- Feedback 1 2 3 4 5
- Debriefing 1 2 3 4 5
- Evaluation 1 2 3 4 5
- Low fidelity 1 2 3 4 5
- High fidelity 1 2 3 4 5
- Standardized patient 1 2 3 4 5
- Hybrid 1 2 3 4 5
- In-situ 1 2 3 4 5
- Augmented/virtual reality 1 2 3 4 5
- Simulation Enhanced Interprofessional Education 1 2 3 4 5
Please reflect on and describe your experience in the following components of simulation. Provide specific examples to demonstrate your knowledge. *Please attach your responses to the components listed below to this application.*

1. Preparation (scenario development, scheduling, learning objectives, planning, fidelity level, supply/equipment availability, preparation requirements, piloting, evaluation)
2. Pre-briefing (expectations, learning objectives, role identification, learning environment)
3. Facilitation (focus, guidance, participant engagement, performance, time/length, evaluation)
4. Debriefing (model/plan, facilitating reflection, engagement, active listening, performance feedback, learning objectives, transfer of learning, summary)
5. Evaluation (experience, participants, curriculum, facilitators, intra- & inter rater reliability)

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JC-S/TH/Mentoring Program Planning Committee
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