

## FRCPC EMERGENCY MEDICINE RESIDENT SURVEY

DATE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

Level of training (please circle): PGY2 PGY3 PGY4 PGY5 other (specify)\_\_\_\_\_

**1) Have you used the following simulation training modalities in your residency training at any point? (please circle)**

- |   |     |    |        |
|---|-----|----|--------|
| 1. <b><u>Manikin based</u></b> high-fidelity simulations              | YES | NO | UNSURE |
| 2. <b><u>Standardized patient</u></b> based high-fidelity simulations | YES | NO | UNSURE |
| 3. Partial-task trainers (e.g. lumbar puncture torso)                 | YES | NO | UNSURE |

Please specify any other simulation modalities that you have used:

**2) As a resident, have you participated in simulations of the following clinical presentations? (please circle)**

- |                                     |     |    |        |
|-------------------------------------|-----|----|--------|
| 1. Airway Emergencies               | YES | NO | UNSURE |
| 2. Shock                            | YES | NO | UNSURE |
| 3. Adult Cardiac Arrest             | YES | NO | UNSURE |
| 4. Pediatric Resuscitations         | YES | NO | UNSURE |
| 5. Neonatal Resuscitations          | YES | NO | UNSURE |
| 6. Cardiac Emergencies              | YES | NO | UNSURE |
| 7. Respiratory Emergencies          | YES | NO | UNSURE |
| 8. Vascular Emergencies             | YES | NO | UNSURE |
| 9. Gastrointestinal Emergencies     | YES | NO | UNSURE |
| 10. Neurologic Emergencies          | YES | NO | UNSURE |
| 11. Endocrine/Metabolic Emergencies | YES | NO | UNSURE |
| 12. Infectious Diseases             | YES | NO | UNSURE |
| 13. Obstetrical Emergencies         | YES | NO | UNSURE |

Please indicate any other clinical presentations that you have experienced, in a simulation environment:

3)

a) In the **PAST YEAR**, how often have you participated in simulation for educational OR assessment purposes?

(please check closest approximation)

	Never
	Every week
	Every 2 weeks
	Every month
	Every 3 months
	Every 6 months
	Every year
	Other (specify)
	Unsure

b) If you are **FORMALLY EXAMINED** in a simulation environment, how frequently does this occur? (please check closest approximation)

	Never formally examined
	Every week
	Every 2 weeks
	Every month
	Every 3 months
	Every 6 months
	Every year
	Other (specify)
	Unsure

4) The following questions ask you to estimate how many hours you spend participating in simulation.

- a) In the **past year**, when **on-service** in Emergency Medicine, estimate the average number of **hours per month** you spent participating in simulation. \_\_\_\_\_ hours
- b) In the **past year**, when **off-service**, estimate the average number of **hours per month** you spent participating in **EM simulations**. \_\_\_\_\_ hours
- c) In the **past year**, when **off-service** estimate the average number of **hours per month** you spent participating in **off-service simulations** (e.g. anesthesia). \_\_\_\_\_ hours
- d) In the **past year**, estimate the **TOTAL number of hours** you spent participating in simulation. \_\_\_\_\_ hours

**5) In the PAST YEAR, what percentage of your time in simulation training (e.g. manikin-based high-fidelity, partial task-trainer, and/or standardized patient high-fidelity) has been spent in the following locations?**

1. In-situ (i.e. in the actual ED) \_\_\_\_\_ %
2. Hospital-based simulation lab \_\_\_\_\_ %
3. Off-site simulation lab (i.e. external to hospital) \_\_\_\_\_ %

TOTAL = 100%

**6) What percentage of the time do your high-fidelity simulations involve staff/students from other non-physician health care professions (e.g. RNs, RTs)? (please circle closest approximation)**

0%                      25%                      50%                      75%                      100%

**7) What percentage of the time do you train along side the following health care professionals during simulations? (please circle closest approximation)**

- |  |    |     |     |     |      |
|--|----|-----|-----|-----|------|
| 1. Registered Nurses                           | 0% | 25% | 50% | 75% | 100% |
| 2. Nurse Practitioners or Physician Assistants | 0% | 25% | 50% | 75% | 100% |
| 3. Paramedics                                  | 0% | 25% | 50% | 75% | 100% |
| 4. Respiratory Technologists                   | 0% | 25% | 50% | 75% | 100% |
| 5. Residents from other services               | 0% | 25% | 50% | 75% | 100% |
| 6. Medical Students                            | 0% | 25% | 50% | 75% | 100% |
| 7. RN students                                 | 0% | 25% | 50% | 75% | 100% |
| 8. Students from other health care professions | 0% | 25% | 50% | 75% | 100% |
| 9. Attending physicians                        | 0% | 25% | 50% | 75% | 100% |
| 10. Other (specify) _____                      | 0% | 25% | 50% | 75% | 100% |

**8) The amount of time dedicated to the following clinical presentations in your simulation training is \_\_\_\_\_ . (please circle)**

1. Airway Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

2. Shock

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

3. Adult Cardiac Arrest

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

4. Pediatric Resuscitation

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

5. Neonatal Resuscitation

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

6. Cardiac Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

7. Respiratory Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

8. Vascular Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

9. Gastrointestinal Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

10. Neurologic Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

11. Endocrine / Metabolic Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

12. Infectious Diseases

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

13. Obstetrical Emergencies

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

14. Other (specify) \_\_\_\_\_

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

15. Other (specify) \_\_\_\_\_

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

16. Other (specify) \_\_\_\_\_

*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

**9) Please circle your level of agreement with the following statements:**

1. I feel comfortable participating in simulation-based educational activities.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
2. I feel comfortable being examined in the simulation environment.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
3. The time dedicated to simulation-based activities during my residency meets my educational needs.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
4. My ability to care for real patients is improved because I have practiced similar situations through simulation training.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
5. I find the addition of multidisciplinary team members (RNs, RTs, other) helpful in simulation training.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
6. I would like greater multidisciplinary team member (RNs, RTs, other) participation in simulation training.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
7. I prefer simulation that is performed in situ (in the ED) compared to that performed in a simulation lab.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
8. I prefer simulation that is unannounced/surprise to that which is scheduled.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*
9. Simulation that is unannounced/surprise to that which is scheduled offers a clinically useful educational experience.  
*Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree*

**10) Where do you think your program needs to be improved with respect to simulation?**

**11) Please state any additional comments.**

Thank you for your participation!