

# Simulation Observation and Debriefing Survey

AAA



## Kobayashi Simulation Survey

**Unit:**

\* must provide value

**Type of Unit**

**Date of Simulation**

M-D-Y H:M

\* must provide value

insert the date you completed the activity

**Failed Simulation**

- Yes  
 No

**Free text of observation**

**Observer Gathered Data**

**Is the CIC audibly alarming?**

\* must provide value

- yes  
 no  
 unable to determine

**Did you notice anyone interact with the CIC in some way?**

\* must provide value

- yes  
 no  
 unable to determine

**Could you see what task they were engaged in when they received the alarm?**

\* must provide value

- Yes  
 No  
 Unsure

**Did they look at the phone?**

\* must provide value

- Yes  
 No  
 Unsure

**Did they silence the phone?**

\* must provide value

- Yes  
 No  
 Unsure

**What is your general impression of the floor during time of simulation?**

**(Calm, slightly chaotic but manageable, moderately chaotic, very chaotic etc)**

\* must provide value

**Where is RN carrying the ASCOM? (chest, hip, etc)**

**Observer remarks for Simulation - use this space to discuss unique qualities of this sim, lessons learned, commentary in general**

### Debriefing

**What caused the end the simulation?**

**Did anyone respond to the alarm by 10 minutes time?**

- Yes  
 No

### Debriefing with Bedside RN

**Last Name of Bedside RN**

**First Name of Bedside RN**

**What was the source of the notification?**

\* must provide value

- Phone  
 CIC  
 Shadow monitor  
 Other

**How did you prioritize the alarm vs your other tasks?**

**Do you have your ascom set to beeps or vibrate? What are your thoughts of the tone of the alarm, do you recall what the message said?**

**Do you have any suggestions for improvements for the alarm system?**

**Where you covering anyone else's patients at the time?**

Yes

No

\* must provide value

Submit