



American Board of Cardiovascular Perfusion

555 E. Wells Street, Suite 1100
 Milwaukee, WI 53202
 (414) 918-3008

SIMULATION CASE VERIFICATION FORM

PARTICIPANT'S INFORMATION:	
Participant's Name and ABCP #	
Date of Simulation Activity	
Simulation Instructor's Name	
Facilitator's ABCP #	
Facilitator's Work Email Address	
ABCP Recognized Center Where Activity Occurred	
SIMULATION INFORMATION:	
1. Simulation course	
2. Location	
3. Type of simulator used	
4. Simulated Scenario(s): Select all that apply	<input type="checkbox"/> Disaster Management <input type="checkbox"/> Clinical Education <input type="checkbox"/> Skill Enhancement <input type="checkbox"/> Product Evaluation <input type="checkbox"/> Clinical Competency <input type="checkbox"/> Other:
5. Simulation date and simulation Start/End Time	
CCP SIMULATION FACILITATOR EFFECTIVENESS:	
1. Pre-simulation Instructions were clear and to the point	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
2. CCP Simulation Facilitator demonstrated mastery of simulation scenarios	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
3. CCP Simulation Facilitator debriefed participant at end of simulation	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
4. CCP Simulation Facilitator was responsive to participant's concerns	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

SIMULATION INSTRUCTIONAL METHODS:	
1. The simulation instructional material was well organized.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
2. Pre-simulation lecture was relevant to the simulation exercise.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
3. The instructional methods simulated the concepts well	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
4. Simulator equipment realistically mimicked a "life-like" setting	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
5. Achievement of simulation objectives were met	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
ACHIEVEMENT OF OBJECTIVES:	
1. Overall impression of simulation exercise	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
2. Overall impression of simulation equipment	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
3. Overall impression of simulation facility	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
4. Overall impression of facilitator	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
COMMENTS:	