**Participants’ Evaluation | COVID-19 TTX**

*Your feedback will assist us to maintain and improve the quality and relevance of future simulation exercises.*

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| --- | --- | --- | --- | --- |
| **1. SIMULATION OBJECTIVES***Please circle your response to each statement.* | I Strongly Disagree | I Disagree | I Agree | I Strongly Agree |
| **Were the following simulation objectives achieved:** |
| 1. Share information on the progress of your preparation, including response capabilities, plans and procedures to identify and respond to an imported case of COVID-19 in your country.
 | 1 | 2 | 3 | 4 |
| 1. Identify areas of interdependence between health actors and other sectors
 | 1 | 2 | 3 | 4 |
| 1. Conduct gap analysis based on the WHO Operational Readiness Benchmarks for COVID-19
 | 1 | 2 | 3 | 4 |
| 1. Develop an action plan to enhance your level of readiness, based on the WHO Operational Readiness Benchmarks for COVID-19
 | 1 | 2 | 3 | 4 |
| 1. Review the operation management process for a suspected COVID-19 case.
 | 1 | 2 | 3 | 4 |
| 1. Confirm arrangements for notification, coordination and internal communications before and after the confirmation of a COVID-19 case.
 | 1 | 2 | 3 | 4 |
| 1. Confirm procedures related to the management of a suspected cases before and after laboratory confirmation
 | 1 | 2 | 3 | 4 |
| 1. Review plans to clarify lines of accountability (roles & responsibilities) and communication to enable a timely, well-coordinated and effective response.
 | 1 | 2 | 3 | 4 |
| 1. Review the requirements of public health laboratories and funding
 | 1 | 2 | 3 | 4 |
| 1. Review risk and media communications.
 | 1 | 2 | 3 | 4 |
| **2. SELF PREPARENESS***Please circle your response to each statement.* |  |  |  |  |
| 1. I’m more familiar with the current plans, information, guidelines, documentation, administrative rules and tools available to manage an outbreak of COVID-19
 | 1 | 2 | 3 | 4 |
| 1. I’m better prepared to act and respond appropriately according to my role
 | 1 | 2 | 3 | 4 |
| **3. SIMULATION FACILITATION***Please circle your response to each statement.* |  |  |  |  |
| 1. The simulation scenario covered what I expected it to cover.
 | 1 | 2 | 3 | 4 |
| 1. The Facilitation was effective.
 | 1 | 2 | 3 | 4 |
| 1. The logistical set up was appropriate.
 | 1 | 2 | 3 | 4 |

1. **PLEASE CHOOSE YOUR RESPONSE TO THE FOLLOWING STATEMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. The duration of the simulation was right for me:
 | □ Yes | □ No, too long | □ No, too short |
| 1. The pace of the simulation was right for me:
 | □ Yes | □ No, too fast | □ No, too slow |

1. **HAVE YOU ANY SUGGESTIONS ABOUT HOW THIS SIMULATION COULD BE IMPROVED?**

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1. **FURTHER COMMENTS**

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***Thank you for your feedback.***