Follow-up Survey

	Follow-up Survey Email address:				
1.					
2.	l clearly unders 5 Strongly agree	4	ose of the simu 3	lation worksho 2	p. 1 Strongly Disagree
3.	lf not already, 5 Strongly agree	4	ite the simulatio 3	n in my setting 2	/ teaching. 1 Strongly Disagree
4.	The simulatior 5 Strongly agree	4	reased my knov 3	vledge of simu 2	lation teaching. 1 Strongly Disagree
5.	The content pr 5 Strongly agree	4	equate. 3	2	1 Strongly Disagree
6.	l felt confident 5 Strongly agree	4	on knowledge a 3	after taking the 2	workshop. 1 Strongly Disagree
7.	The facilitators 5 Strongly agree	4	lgeable. 3	2	1 Strongly Disagree
8.	The facilitators 5 Strongly agree	4	pared and deliv 3	ered content pr 2	rofessionally. 1 Strongly Disagree
9.	The facilitators 5 Strongly agree	4	ny participation 3	in the worksho 2	op. 1 Strongly Disagree
10. Have you implemented simulation in your teaching? Yes No					
11. If yes, please describe your experience.					
10 During the implementation what are some of the shellow request for all Discover					

12. During the implementation, what are some of the challenges you faced? Please list them here.

- 13. If you had challenges, how had you overcome these challenges during the implementation?
- 14. Did the workshop help you in the implementation of the simulation teaching? If yes, then describe how.
- 15. What factors facilitated the implementation of simulation in your setting/teaching? Please describe.
- 16. Would you like such a workshop/training in future? Yes No
- 17. If yes, please let us know which topic you would like to be included in the future. Please specify:
- Would it be ok to contact you in future for a focused group interview regarding your simulation-based practices?
 Yes
 No