##

**COVID19 L&D Drills Evaluation Form**

# **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Profession**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please evaluate:** **Excellent Above Average Average Below Average Poor**

Overall Course

Quality of Drills

Quality of Debriefings

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate the following:** | **Strongly Agree** |  **Agree** |  **Neutral** | **Disagree** | **Strongly Disagree** |
| I learned things that will help me better care for a pregnant woman on labor and delivery with suspected COVID19 |  |  |  |  |  |
| I can better apply strategies to escalate care for a pregnant woman with suspected COVID19 according to my institutional guidelines |  |  |  |  |  |
| I gained skills regarding how to keep myself and my colleagues safe by limiting exposure while caring for a patient with suspected COVID19 |  |  |  |  |  |
| I know where my PPE equipment is on my unit |  |  |  |  |  |
| I learned valuable team organization skills to help our communication and coordination |  |  |  |  |  |
| **This activity met stated objectives\*\*** |  |  |  |  |  |
| **This activity will have an impact on how I practice\*\*** |  |  |  |  |  |

Please note anything we did well or that we should change:

*Thank you so much for participating! Stay safe and healthy!*