**Appendix 1.** SURVEY (includes retrospective pre-post component).

After having completed the pediatric disaster/Code Orange simulation day:

Please circle:

I have been in practice for:

**1-5 years**

**5-10 years**

**10-15 years**

**>15 years**

**Male / Female**

**I have / have not** previously participated in a real code orange response involving the treatment of patients/ casualties

**I have / have not** previously participated in a code orange simulation

**I have / have not** previously participated in a code orange simulation involving standardized patients and high fidelity models

Please respond to the following statements where

1=strongly disagree and 6= strongly agree

|  |  |  |  |
| --- | --- | --- | --- |
|  | Statement | Prior to the pediatric code orange workshop | After the pediatric code orange workshop |
| 1 | I can decide when it is indicated to declare a Code Orange level 1 or 2 at the Montreal Children’s Hospital | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 2 | I can describe the physical location of the various code orange treatment areas of the Montreal Children’s hospital ER | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 3 | I can describe the difference between conventional ER triage and disaster triage | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 4 | I understand the dynamic nature of disaster triage (i.e. triage depends on the resources available and the number of casualties expected) | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 5 | I can apply START appropriately to children >8 | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 6 | I can apply JUMPSTART appropriately to children <8 | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 7 | I can identify black, red, yellow and green categories of triage, and use the color tagging system | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 8 | I know to re-triage patients (using conventional emergency room triage methods) on arrival in a code orange treatment area (i.e. red/ yellow/ green) | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 9 | I know to arrange transfer to the appropriate treatment area by calling ER control desk | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 10 | I can apply the principle of “stabilize and dispose” in the context of a code orange (i.e. limited definitive treatment in the ED) | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 11 | I can make appropriate treatment decisions rapidly given the code orange context | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 12 | I can prioritize resources in a code orange context to maximize survival vs maximizing individual outcome | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 13 | I can document injuries and treatments succinctly | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 14 | I can anticipate and plan within circumstances | 1 2 3 4 5 6 | 1 2 3 4 5 6 |
| 15 | I feel confident in my ability to respond to a multiple/mass casualty incident | 1 2 3 4 5 6 | 1 2 3 4 5 6 |

|  |  |  |
| --- | --- | --- |
| 1 | The pediatric disaster/ code orange simulation day was valuable to my learning | 1 2 3 4 5 6 |
| 2 | The debriefing during each session was conducted with professionalism, was respectful for the participant and constructive | 1 2 3 4 5 6 |
| 3 | The simulation provided life-like medical scenarios with real-time stressors | 1 2 3 4 5 6 |

I enjoyed the following aspects of the workshop the most:

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I enjoyed the following aspects of the workshop the least:

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Would you like future simulations to include a more important multidisciplinary component? (i.e. including nurses/ PCA’s, respiratory technicians, clerks, functioning in their true roles) List some reasons for/ against.

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I would like the following issues to be covered in a pediatric disaster code orange simulation day for PEM staff and fellows in the future:

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Would you recommend this workshop to future colleagues?

Y / N

This workshop should be an essential component of my PEM continued medical education?

Y / N