**Appendix C: Supervising Staff Physician Survey**

1. During the resident’s absence from the ED, did you have to intervene on their behalf for any patient care related matters that would normally be dealt with by the resident? Please circle either YES or NO

YES NO

* 1. If YES, how many times? \_\_\_\_\_\_\_
	2. If YES what intervention was required?
1. The resident’s absence from the department during the in-situ simulation study, was too long.

Strongly disagree

Disagree

Neutral

Agree

Strongly Agree

If you answered **agree or strongly agree**, please describe why you felt the absence was too long

1. In your opinion, did the resident’s absence negatively impact patient care in any way?

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

If you rated **agree or strongly agree**, please describe how the resident’s absence negatively impacted patient care.

1. Based on your experience today, what is your opinion regarding a plan for in-situ simulation to be regularly implemented within the residency program for training purposes?

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

1. Please describe any further comments you have regarding the in-situ simulation study

This survey is now complete. Thank you for your time in completing this survey. This data will be informative for the future development of a simulation curriculum within the Emergency Medicine Residency program.