# TABLETOP EXERCISE PARTICIPANT FEEDBACK FORM

(add date)

(add Name of HCC)

Please enter your responses in the form field or check box after the appropriate selection. Comments below will not be attributed and should reflect your personal thoughts, versus agency "official" position.

Name (Optional):		
Title (Optional):		
Agency/Organization Type (e.g., CAH, Hospital, EMS)		
Role:	Player 🗌	Observer 🗌

# Part I: Burn Planning Recommendations and Corrective Actions for <u>Your</u> <u>Facility or Entity</u>

1. Based on the exercise discussion, list your entity's top three strengths.

1.	
2.	
3.	

2. Based on the exercise discussion, list the top three areas of improvement for your entity.

1.	
2.	
3.	

#### Participant Feedback Form

3. Based on the exercise discussion, list the action items that should be taken to address the areas of improvement previously identified for your entity. For each action item, indicate if it is a high, medium, or low priority.

Corrective Action	Priority

4. Based on the exercise discussion, list the policies, plans, and procedures that should be developed, revised, or reviewed for your entity. Indicate the priority level for each.

Item for Review	Priority

## Part II: Burn Planning Recommendations and Corrective Actions for <u>Your</u> <u>Healthcare Coalition (HCC)</u>

1. For the following two questions, please rank your level of familiarity with the HCC role in a burn emergency by circling or checking the appropriate box, according to this scale:

1	2	3	4	5
No familiarity		Some familiarity		Very Familiar

a. <u>Prior to</u> the exercise, what was your level of understanding of the coalition's role in a burn mass casualty incident response?

1 2	3	4	5	
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b. <u>After the</u> exercise, what is your understanding of the coalition's role in a burn mass casualty incident response?

1 2	3	4	5
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2. Based on the exercise discussion, list your HCC's top three strengths.

1.	L.	
2.	2.	
3.	3.	

3. Based on the exercise discussion, list the top three areas of improvement for the HCC.

4. Based on the exercise discussion, list the action items that should be taken to address the areas of improvement previously identified for the HCC. For each action item, indicate if it is a high, medium, or low priority.

Corrective Action	Priority

5. Based on the exercise discussion, list the policies, plans, and procedures that should be developed, revised, or reviewed for the HCC. Indicate the priority level for each.

Item for Review	Priority

### Participant Feedback Form

6. Please rank the following action items in terms of importance to the HCC from least important (1) to most important (6).

Action Item	Rank Order
Update plans and policies according to After Action findings	
Conduct a meeting with HCC partners to further discuss next steps	
Conduct another tabletop exercise after planning and policy updates are completed	
Conduct a Functional or Full-Scale Exercise	
Conduct burn care education for healthcare facilities in the HCC	
Purchase additional equipment	
Other activity	

## Part III: Assessment of Exercise Design and Conduct

7. Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree				Strongly Agree	
The exercise was well structured and organized.	1	2	3	4	5	
The facilitation supported testing the exercise objectives.	1	2	3	4	5	
The exercise scenario was plausible and realistic.	1	2	3	4	5	
The PowerPoint presentation helped the participants understand and become engaged in the scenario.	1	2	3	4	5	
The Situation Manual used during the exercise was a valuable tool throughout the exercise.	1	2	3	4	5	
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5	
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5	

8. What changes would you make to this exercise? Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.