

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE

EXERCISE EVALUATION GUIDES[[1]](#footnote-1)

Exercise Evaluation Guides (EEG) provide a consistent tool to direct exercise observation and data collection[[2]](#footnote-2). Each EEG is organized by objective, applicable capability, and applicable tasks. The EEGs are structured to capture information specifically related to the evaluation requirements developed by the Exercise Planning Team.**Evaluators should complete all assigned EEGs and submit them to the Lead Evaluator at the conclusion of the exercise.** Decorative Line

**How to Use This Document*:*** *This document serves as a template, with local planners customizing the specific objectives, capabilities and associated tasks. Highlighted sections, including the gray boxes, contain instructions, examples, or placeholders to facilitate the completion of this document. These sections should be removed or modified as appropriate prior to finalizing this document. This document is entirely dependent on the capabilities, objectives, and tasks chosen by your facility/agency/jurisdiction. As such, it will require customization to meet the needs of your exercise.*

| **Evaluator Name:** [Name]**Evaluator Title: [**Title] | **Evaluator Agency: [**Agency]**Evaluator Phone/Email:** [Phone/Email] |
| --- | --- |

## **Exercise Host:** [Name and address of jurisdiction/agency/organization hosting the exercise]

## **Type of Exercise:** ❑ Tabletop [Date of Exercise]

##  X Functional [Time of Exercise]

## ❑ Full Scale

❑ Other:

# EXERCISE CRITERIA

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| --- |
| 1. EXERCISE OBJECTIVE: Testing San Luis Obispo County’s response to a Multi- Casualty Incident.
 |

**P= Performed without Challenges S= Performed with some challenges M= Performed with major challenges U= Unable to Perform**

Use this section to observe and record exercise activity. This data is critical to fill in gaps identified during exercise evaluation

| **OBJECTIVE XX:** |
| --- |
| **Expected Actions** | **Observation Notes and Explanation of Rating**  | **Rating** **(P/S/M/U)** |
|  | *
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| **OBJECTIVE XX:** |
| --- |
| **Expected Actions** | **Observation Notes and Explanation of Rating**  | **Rating** **(P/S/M/U)** |
|  | *
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|  |  |  |
|  |  |  |
| **Expected Actions** | **Observation Notes and Explanation of Rating**  | **Rating** **(P/S/M/U)** |
|  | *
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# EXERCISE IMPROVEMENT PLANNING

**This section to be completed by all Evaluators:**

Use notes, observations, and expertise to document demonstrated strengths, areas of improvement, and corrective actions to remedy documented issues.

**List the top three strengths:**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**List the top three areas for improvement:**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**List recommendations and corrective actions (based on the listed areas of improvement):**

|  |
| --- |
| 1. |
| 2. |
| 3. |

# NOTES AND FEEDBACK

**This section to be completed by all Evaluators:**

Record participant feedback summaries and key points (based on observations noted during the hot wash, debrief and discussions).

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# FEEDBACK FORM ANALYSIS

**This section to be completed by the Lead Evaluator:**

Compile all Participant Feedback Forms received to complete the table below. [Update the questions to reflect the questions provided on the Participant Feedback Form for your jurisdiction/organization/facility].

Number of Controllers: Number of Evaluators: Number of Participants: Number of Observers:

| RATING SATISFACTION OF EXERCISE[[3]](#footnote-3) |
| --- |
| **Assessment Factor** | Strongly**Disagree****(1)** | **Disagree****(2)** | **Neutral****(3)** | **Agree****(4)** | **Strongly Agree****(5)** |
| # | % | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** |
| [Pre-exercise briefings were informative and provided the necessary information for my role in the exercise] |  |  |  |  |  |  |  |  |  |  |
| [The exercise scenario was plausible and realistic] |  |  |  |  |  |  |  |  |  |  |
| [Exercise participants included the right people in terms of level and mix of disciplines] |  |  |  |  |  |  |  |  |  |  |
| [Participants were actively involved in the exercise] |  |  |  |  |  |  |  |  |  |  |
| [Exercise participation was appropriate for someone in my field with my level of experience/training] |  |  |  |  |  |  |  |  |  |  |
| [The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations] |  |  |  |  |  |  |  |  |  |  |
| [The exercise provided the opportunity to address significant decisions in support of critical mission areas] |  |  |  |  |  |  |  |  |  |  |
| [After this exercise, I am better prepared to deal with the capabilities and hazards addressed] |  |  |  |  |  |  |  |  |  |  |
| [I would participate in future exercises of this type] |  |  |  |  |  |  |  |  |  |  |

1. . The EEG is adapted from those provided by the Los Angeles County EMS Agency and further tailored for the SWMHE. [↑](#footnote-ref-1)
2. . Additional information and supporting exercise documents are available at www.californiamedicalhealthexercise.com. [↑](#footnote-ref-2)
3. . [To create rating satisfaction percentages, you will need to count the number of times each rating was chosen (per assessment factor) and divide that number by the total number
of forms received. For example, if 20 participants circled 5 (Strongly agree) for the first assessment factor and there were 40 total feedback forms received then the equation is 20/40= .5 or a rating satisfaction of 50%.] [↑](#footnote-ref-3)