

# EVALUATION REPORT FOR TEAMS TRAINING



## 3-6 SEPT '18

Irsee, Germany

Humedica Internationale Hilfe



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## **1. INTRODUCTION**

#### 1.1 Project description

Disasters and outbreaks regularly have devastating effects on societies and populations. To assist the affected countries, an increasing number of international emergency medical teams have been deployed. The 'Emergency Medical Teams' (EMTs) initiative evolved in 2010 under the umbrella of the World Health Organization (WHO) with the aim to improve the quality, accountability and coordination of emergency medical teams responding to disasters, by defining capacities, services and minimum deployment standards. In February 2016, the European Union (EU) launched the European Medical Corps (EMCs) to help mobilize medical and public health teams and equipment for emergencies inside and outside the EU. Different academic and non-academic educational actors cover the practice and adaptation of professional competencies into the low resource, disaster context areas of competencies required from an EMT. However, team work has not been well defined in terms of scope, curriculum and teaching modalities. Training for Emergency Medical Teams and European Medical Corps (TEAMS) project focuses on the development and implementation of an innovative, operational training package, focused on EMC/EMT field teamwork.

The overall objective of TEAMS is to develop, pilot and assess a standardized, validated and cost-effective training package, focused on operational team training for EMCs/EMTs, adaptable to different types of EMCs/EMTs, and sustainable within low-income countries and resource-poor settings. Specific aims include the creation of a training framework focused on operational team training for EMCs/EMTs, pilot the overall training package through two main training events, and assess the effectiveness and quality of the training in terms of learning outcomes, participants' satisfaction, improvement in technical and non-technical skills of the teams trained and cost-effectiveness.



The TEAMS Training Package and Platform was designed to support the development and improvement of EMTs' teamwork. Through a series of eight exercises, EMT personnel will be able to train scenarios likely to be met on the field, while focusing on the importance of teamwork in achieving their goals.

The TEAMS Training Package is comprised of a set of eight innovative blended-learning teaching materials and simulation-based exercises. Each exercise is a complete stand-alone module consisting of a concept note, learning objectives sheet, debriefing tool, and a variety of supplementary documents aimed at facilitating the exercise, such as injects, annexes, reading materials and gaming accessories.

#### 1.3 Pilot Training

The training exercises' components of the TEAMS Training Package were recently put to the test in Germany in the context of the first pilot training within the TEAMS Project. The training took place in Irsee between September 3<sup>rd</sup> and 6<sup>th</sup>, 2018 and was conducted by Humedica, a WHO-certified Type 1 Fixed EMT.

During this pilot training, all eight exercises comprising of the TEAMS Training Package were performed. See Annex 1 for details.

The purpose of this report is to provide the trainees and trainers' evaluation of this training, including insights concerning the efficacy of the TEAMS training.



## 2. EVALUATION METHODOLOGY

#### 2.1 Population & sample

Overall, 19 participants underwent the TEAMS training by Humedica: 16 trainees (physicians, nurses, logisticians, coordinators, etc.) and three trainers. All participants in the training and subsequent evaluations were Humedica employees/volunteers who are expected to be deployed to disaster-affected areas upon need.

Given the small number of participants in the pilot training, all participants were invited to be included in the evaluation's sample. Informed consent was obtained from all participants.

#### 2.2 Variables

The evaluation of the TEAMS training focused on three main constructs:

- (a) Self-efficacy this index measures individual perceptions of the team's capabilities to galvanize motivation, cognitive resources, and courses of action needed to meet given situational demands.
- (b) Team-work this index measures individual perceptions of leadership, team dynamics, situation awareness, and effective task management.
- (c) Quality of Training this index measures individual perceptions of the overall efficacy, appropriateness, and contribution to the team.



#### 2.3 Tools

Assessment of the selected variables was conducted using validated and/or original measurement tools created or adapted for the purpose of this evaluation: (a) Self-efficacy of the team was assessed using an adapted version of a scale developed by Chen, Gully, & Eden (2001)<sup>i</sup>. In the current evaluation data, this scale scored sufficiently high on the reliability scale

<sup>&</sup>lt;sup>i</sup> Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a New General Self-Efficacy Scale. *Organizational research methods, 4*(1), 62-83. <u>LINK</u>



(Cronbach's alpha = 0.925 and 0.861 before and after the training, respectively); (b) Team work was assessed using the validated tool "Team Emergency Assessment Measure"<sup>ii</sup>. This scale scored sufficiently high on the reliability scale (Cronbach's alpha = 0.721 and 0.699 before and after the training, respectively); and (c) Quality of training was assessed using a questionnaire specifically designed for the purpose of this evaluation (Cronbach's alpha = 0.959).

All assessment tools were based on a 5-point Likert-scale measurement. Self-efficacy and Quality of training were assessed using a Likert-scale ranging from 1 (Strongly disagree) to 5 (Strongly Agree). Team work was assessed using a Likert scale ranging from 0 (Never/hardly ever) to 4 (Always/Nearly always). See table 1 for summary of tools and evaluation methodology. See all tools in Annexes 2-4.

#### 2.4 Procedure

Participants were informed during the first day of the training week about the evaluation process and its purpose. Informed consent was requested from all participants willing to partake in the evaluation process. Subsequently, participants were asked to complete the first round of data collection by completing the Self-efficacy and Team-work questionnaire. The information collected at this stage is considered the "pre-training" data. Upon the completion of the last day of training, participants were asked to re-take the Self-efficacy and Team-work questionnaires, as well as to complete the Quality of Training questionnaire. The information collected at this stage is considered the "post-training" data. For the sake of cross referencing responses, participants were asked to indicate a short designated ID tag on their questionnaire in a manner that will allow matching of the data without compromising their anonymity.

#### 2.5 Statistical analysis

The statistical analysis of the results was performed using IBM's SPSS Version 24. The analysis included both descriptive and analytical methods, and the statistical tests were chosen

<sup>&</sup>lt;sup>ii</sup> Team Emergency Assessment Measure (TEAM) - LINK



according to variables distribution. Prior to analysis, indices were generated and their reliability was assessed using Cronbach's Alpha.

Given the small sample size, non-parametric tests were used. Spearman correlation test (with Bonferroni correction) was used to examine correlations between continuous variables. Mann-Whitney U and Wilcoxon tests were used to compare means of independent and paired categorical variables, respectively. In all statistical analyses performed, a p-value of 0.05 or less was determined as statistically significant.

Assessment parameter	Participants	Proposed tool	Administration times
Team's self- efficacy	1. Trainees	Questionnaire – see Annex 2	Before and after the training
Team work	<ol> <li>Trainees</li> <li>Trainers</li> </ol>	Questionnaire – see Annex 3	Before and after the training
Quality of training	<ol> <li>Trainees</li> <li>Trainers</li> </ol>	Questionnaire – see Annex 4a & 4b (Trainees and trainers will provide their perception of training package quality in separate questionnaires)	After the training

**Table 1**. Summary of evaluation methodology and assessment tools used.



## **3. RESULTS**

#### 3.1 Team's Self-efficacy

Prior to training, the overall mean score (N=16) of the self-efficacy scale was **4.133** (±0.539 SD). Following the training it increased to **4.555** (±0.376 SD). This difference is **statistically significant** according to Wilcoxon Test (W=89.000, p=.021). An increase in the selection of the top option of the Likert scale was observed for all items following training. See Table 2.

No differences were observed in perception of teams' self-efficacy between men and women according to Mann-Whitney U Test for neither before (U=45.500, p=.093) or after the training (U=36.000, p=.562). However, the data suggests that while the improvement in reported teams' self-efficacy is significant among women (N=10) (mean before:  $3.962 [\pm 0.472]$  compared to mean after:  $4.538 [\pm 0.301]$ , according to Wilcoxon test (W=41.500, p=.021), for men (N=6) there is no similar statistical significance (mean before:  $4.417 [\pm 0.563]$  compared to mean after:  $4.538 [\pm 0.510]$ , according to Wilcoxon test (W=8.500, p=.785). See Figure 1.

No correlation observed between age and perception of teams' self-efficacy either before (r(16)=0.367, p=.162) nor after the training (r(16)=0.162, p=.549), According to Spearman Correlation test.



Figure 1. Change in reported teams' selfefficacy from before the training to after the training according to gender. Note: No statistical differences between the genders in either of the time points; however while the increase reported by women is statistically significant (p=.021), the increase reported by men is not.



**Table 2.** Comparison of means and percentage of top option selection per item of the Self-efficacyscale before and after the training (N=16).

ltem	Before training		After-t	After-training		Wilcoxon	
	Mean (±SD)	% of top option	Mean (±SD)	% of top option	w	p-value	
1. Our team will be able to achieve most of the goals that we have set for the team	4.375 (±0.619)	43.8%	4.563 (±0.629)	62.5%	30.000	.317	
2. When facing difficult tasks, our team is certain that we will accomplish them	4.250 (±0.577)	31.3%	4.625 (±0.500)	62.5%	44.000	.058	
3. In general, our team thinks that we can obtain outcomes that are important to the team	4.250 (±0.683)	37.5%	4.625 (±0.500)	62.5%	31.500	.034*	
4. Our team believes that we can succeed at most any endeavor to which we set our minds	4.000 (±0.730)	25.0%	4.375 (±0.500)	37.5%	24.500	.058	
5. Our team will be able to successfully overcome many challenges	4.312 (±0.479)	31.3%	4.750 (±0.447)	75.0%	54.000	.035*	
6. Our team is confident that we can perform effectively on many different tasks	4.000 (±0.730)	25.0%	4.688 (±0.479)	68.8%	61.000	.008*	
7. Compared to other teams, our team can do most tasks very well	3.688 (±0.793)	18.8%	4.063 (±0.680)	25.0%	49.500	.109	
8. Even when things are tough, our team can perform quite well	4.188 (±0.655)	31.3%	4.750 (±0.447)	75.0%	56.000	.029*	

• Non-significant following correction for multiple comparisons

#### 3.2 Team-work

Prior to training, the overall mean score (N=19) of the team-work scale, which is based on the mean of items 1 through 11 of the scale, was **3.196 (±0.325 SD)**<sup>iii</sup>. Following the training the mean increased to **3.584 (±0.257 SD)**. This difference is **statistically significant** according to Wilcoxon Test (W=175.500, p=.001). An increase in the selection of the top option of the Likert scale was observed for all items following training. See Table 3.

In addition, item 12 on the scale prompted participants to assess the global rating of the team's non-technical performance on a scale of 1 to 10. Prior to training, the overall mean

<sup>&</sup>lt;sup>III</sup> Note that this scale ranges from zero to 4.



rating was **8.222 (±0.943 SD)**. Following the training this rating rose to **8.632 (±0.684 SD)**. However, this difference is not statistically significant according to Wilcoxon Test (W=60.000, p=.087).

No differences were observed in perception of team-work between men and women according to Mann-Whitney U Test for neither before (U=66.000, p=.075) or after the training (U=41.000, p=.840). However, the data suggests that while the improvement in reported team-work is significant among women (N=11) (mean before:  $3.074 [\pm 0.281]$  compared to mean after:  $3.596 [\pm 0.322]$ , according to Wilcoxon test (W=65.000, p=.004), for men (N=8) there is no similar statistical significance (mean before:  $3.363 [\pm 0.237]$  compared to mean after:  $3.596 [\pm 0.299]$  according to Wilcoxon test (W=28.500, p=.139). See Figure 2.

No correlation observed between age and perception of team-work either before (r(8)=-0.503, p=.204) nor after the training (r(8)=0.199, p=.637), According to Spearman Correlation test.



Figure 2. Change in reported team-work from before the training to after the training according gender. to Note: statistical No differences between the genders in either of the time points; however while increase the reported by women is statistically significant (p=.004), the increase reported by men is not.



**Table 3**. Comparison of means and percentage of top option selection per item of the Team-work scale before and after the training ( $N=19^+$ ).

Item	Before training		After-training		Wilcoxon	
	Mean (±SD)	% of top option	Mean (±SD)	% of top option	w	p-value
1. The team leader let the team know what was expected of them through direction and command	3.263 (±0.806)	42.1%	3.790 (±0.419)	78.9%	56.000	.029*
2. The team leader maintained a global perspective	3.368 (±0.597)	42.1%	3.684 (±0.478)	68.4%	49.500	.109
3. The team communicated effectively	3.105 (±0.459)	15.8%	3.368 (±0.684)	47.4%	80.000	.197
4. The team worked together to complete the tasks in a timely manner	3.368 (±0.496)	36.8%	3.790 (±0.419)	78.9%	49.500	.011*
5. The team acted with composure and control	3.053 (±0.524)	15.8%	3.421 (±0.607)	47.4%	70.000	.052
6. The team morale was positive	3.421 (±0.507)	42.1%	3.945 (±0.229)	94.5%	55.000	.002
7. The team adapted to changing situations	3.316 (±0.478)	31.6%	3.684 (±0.478)	68.4%	28.000	.008*
8. The team monitored and reassessed the situation	3.211 (±0.535)	26.3%	3.556 (±0.511)	55.6%	31.500	.034*
9. The team anticipated potential actions	3.000 (±0.745)	26.3%	3.211 (±0.631)	31.6%	37.000	.305
10. The team prioritized tasks	3.158 (±0.688)	31.6%	3.500 (±0.515)	50.0%	51.000	.088
11. The team followed approved standards and guidelines	2.895 (±0.937)	21.1%	3.474 (±0.513)	47.4%	50.500	.013*

• Maximum missing per item: 5.3%

• Non-significant following correction for multiple comparisons



#### 3.3 Quality of Training

The quality of training was assessed once, following the training, by all participants (N=19). The overall mean score of the quality of training scale was **4.123 (±0.945 SD)**. Men report higher levels of perceived quality of the training (4.394 [±0.360 SD]) compared to women (3.933 [±1.190]); however, this difference is not statistically significant according to Mann-Whitney U Test (U=46.500, p=.840). The quality of training scale is not correlated with age, according to Spearman Correlation Test (r(19)=-0.122, p=.361).

The questionnaire assessing quality of training was slightly different for trainees and trainers. Trainers report higher levels of perceived quality of the training (4.306 [ $\pm$ 0.240 SD]) compared to trainees (4.094 [ $\pm$ 1.027]); however, this difference is not statistically significant according to Mann-Whitney U Test (U=30.000, p=.559). Overall, 62.5% of trainees and 67.5% of trainers think that this training was effective and useful to the team. See Figure 3 & Table 4.



**Figure 3**. Evaluation of the overall training quality according to gender and role. No statistical significances were observed.



**Table 4**. Means and percentage of top option selection per item of the Quality of Training questionnaire according to role (N=16). Mutually exclusive items on the trainers versus trainees versions of the questionnaire are indicated with grey background.

ltem	Trainee	es (n=16)	Traine	rs (n=3)
	Mean	% of top	Mean	% of top
	(±SD)	option	(±SD)	option
The content of the exercises is relevant for EMT	4.312	62 504	5.000	100.0%
deployments	(±1.195)	02.5%	(±0.000)	100.0%
I found the scenarios to be realistic (i.e. simulating real	4.250	56.3%	4.000	33 30%
situations that can happen in the field)	(±1.183)	50.5%	(±1.000)	5.570
The training experience helps to improve the team's	4.063	13.8%	5.000	100.0%
performance	(±1.181) 45.8%		(±0.000)	100.070
The time allotted to each exercise was sufficient and	3.813	18.8%	4.000	0.0%*
appropriate	(±1.047)	10.070	(±0.000)	0.070
Debriefing after the exercises was useful to the learning	4.312	62.5%	5.000	100.0%
process	(±1.195)	02.570	(±0.000)	100.070
Overall, this training was effective and useful to the	4.312	62.5%	4.667	66 7%
team	(±1.195)	02.5%	(±0.577)	00.770
I found the instructions provided for the exercises to be	3.313	12 5%		
clear	(±1.014)	12.370		
The training was appropriate to the team's level of	4.125	43.8%		
experience and knowledge	(±1.147)	+5.6%		
The exercises were relevant for my professional role in	4.125	56.3%		
the EMT	(±1.310)	50.570		
This training was beneficial for the FMT	4.312	62 5%		
	(±1.195)	02.570		
The training materials are easy to understand			3.667	66 7%
			(±0.577)	00.7 %
The training was relevant for all team members			4.000	33.3%
			(±1.000)	55.570
The exercises were well designed to meet the learning			4.333	33.3%
objectives			(±0.577)	55.570
The exercises are feasible and easy to implement			3.333	33.3%
			(±0.577)	55.570
The training package is flexible and can be adapted			4.333	22.20%
to varied EMT's characteristics			(±0.577)	٥،2%
The supplementary materials/ references suggested in			4.333	22.20/
the package were appropriate and useful to the training			(±0.577)	55.5%

\* All responses were 4 out of 5.



Participants were also prompted to provide open-text responses to the following questions:

- 1. Which aspects of the training contributed the most to you and/or the team?
- 2. Which aspects of the training should be improved?
- 3. Please share any additional comments you may have

Following are the verbal responses provided by the participants:

#### 1. Which aspects of the training contributed the most to you and/or the team?

- Playing in the team is fun
- The technical level the team-leader made
- Table top lessons
- Exercise in the field
- Clear roles and responsibilities
- Very realistic situations
- Becoming aware of my lack in knowledge of our system (need to improve that)
- I can rely on the help of my team members
- Building up the camp was really useful to come together as a team
- Field exercise with patients
- Debriefings (more information)
- Managed to get to know each other
- Feedbacks
- Teamwork
- Roleplays and scenarios help to understand problems and challenges and thinking about better solutions
- Communication is the key
- Setting up and working in the EMT
- Generally, the table top exercises were helpful
- Working together as a team
- Practical exercises
- (Trainer) Debriefing sessions should be issued to all
- (*Trainer*) Exercise was changed so it can contribute to data collection in real missions
- (*Trainer*) Structure of the exercise document is good once understood
- (Trainer) Mix of tabletops and practical
- (Trainer) Role players
- *(Trainer)* Good trainer team
- (Trainer) MCI exercise
- (Trainer) Aspects that include prioritizing
- (Trainer) Ethical challenging aspects



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#### 2. Which aspects of the training should be improved?

- Some briefings should be clearer
- Time for the team members to come together and chat
- Clear up what we have to know in advance ("rules of the play")
- Better information needed when starting the exercises
- Some instructions for the exercise
- Clearer instructions before the exercise
- The puzzle doesn't make sense
- Discussions after the debriefing
- Make time for the trainers to discuss internal problems etc. without observers
- More time for the team to reflect the day and talk about internal problems
- Analyze of exercise with patients, i.e. some numbers, how many patients, how long they had to wait... will help to think over improvements
- More information before the exercises
- Chronological time laps
- The briefings could be more detailed
- Better introduction into the scenarios
- Include some theory about EMT / WHO / UN structure
- More information/explanation before the exercises
- *(Trainer)* Provide all documents in a Google Drive where people can comment and improve the documents while reading
- (Trainer) Have a shared document to all to share log info in the training
- (*Trainer*) Stringent using of vocabulary
- (Trainer) Sometimes package wasn't clear
- *(Trainer)* Provide more contextual / situational information at the beginning or include a task to gather / collect the information by the team to dive into the scenario

#### 3. Please share any additional comments you may have

- Great team (EMT + Trainers + Observers); thank you!
- Thanks a lot I learned so much!
- Learned a lot! Very nice!
- You did a great job!!! I really enjoyed the training!
- (Trainer) Thanks for letting me be part of the training
- (Trainer) Nice training schedule
- (Trainer) The exercises were mostly well designed but not all, which needed to be adapted



## **4. CONCLUSIONS**

The evaluation of the TEAMS pilot training in Germany indicates **overall positive attitudes of participants toward the TEAMS Training Package**. The data indicates that **participants improved their perception of self-efficacy and team-work following the training**, suggesting that the training has a positive effect over those perceptual constructs among participants.

The data also demonstrates a known phenomenon of differences in attitudes, specifically improvement in perceptual attitudes, between the genders. Women tend to be more critical and assign lower scores to perceptual constructs prior to an intervention and tend to undergo a more robust process of improvement of those constructs following the intervention. The findings of this evaluation analysis demonstrate how despite some (non-significant) differences in the starting point, women and men finish the training at similarly highly levels of positive perception of the training's effects.

The data also suggest that participants hold a **positive attitude toward the quality of the training**. The verbal input of participants indicate that aspects to be preserved are the mix of tabletops and practical exercises, the engagement of team members, roleplaying and realistic scenarios. The most pressing issue to improve is the provision of more detailed explanation of the individual exercises and their goals to trainees prior to performing them.

In summary, the TEAMS training package appears to be a relatively **high quality product**, which is considered by users to be a useful and appropriate tool for their needs. These assertions will be further evaluated upon the completion of the second pilot training in Turkey.



### **5. ANNEXS**

#### **ANNEX 1 – Agenda of TEAMS Training in Germany**



#### **TEAMS PILOT TRAINING - FINAL AGENDA**

3<sup>RD</sup>-6<sup>TH</sup> SEPTEMBER 2018, IRSEE, GERMANY

TIME	MONDAY (3 <sup>rd</sup> Sept)	TUESDAY (4 <sup>th</sup> Sept)	WEDNESDAY (5 <sup>th</sup> Sept)	THURSDAY (6 <sup>th</sup> Sept)	FRIDAY (7 <sup>th</sup> Sept)
07:30	(5 500)	BREAKFAST (HOTEL)	BREAKFAST (HOTEL)	BREAKFAST (HOTEL) &	(,, , ,
08:00			EVEDCICE 1 (TT)	SHUTTLE	
09:00 09:30		EXERCISE 1 (TT)	(Setting Priorities)	EXERCISE 6 (S)	
10:00		(Preparing for Deployment)	BREAK	(Adapting practices to Context)	
10:30	TRAINING OF				CONSORTIUM
11:00	IKAINEKS	BREAK & SHUTTLE	EXERCISE 4 (TT) (Managing Operational Information)	EVED CIGE 8 (6)	
12:00			(	(Dealing with Security Threats)	
12:30		EXERCISE 1/2 (S) (Arriving and Setting.up)		[partial camp disassembly]	
13:00		(running and seeiing up)	LUNCH (HOTEL)		
13:30		LUNCH (FIELD)			
14:00				SHOTTLE & LUNCH (HQ)	
15:00			EXERCISE 7 (TT)	DE BRIEF (HUMEDICA HO)	
15:30	ARRIVAL		(Planning the Exit)	[Trainer & EMT]	
16:00	CHECK-IN EMT	EXERCISE 2/2 (S) (Arriving and Setting.up)		[Consortium & EMT briefly]	
16:30		[actual set-up of camp]	BREAK & SHUTTLE	BREAK & DEPARTURE EMT	
17:00				DE-BRIEF (HUMEDICA HQ)	
17:50	WELCOME		EXERCISE 5 (S) (Responding to a Mass Casualty Incident)	[Consortium & humedica]	
18:30	BRIEFING (HOTEL)		(recipitioning to a mass customy metocin)		
19:00		DINNER (FIELD)		SHUTTLE TO FREISING	
19:30	DINNER (HOTEL)		DINNER (FIELD)		
20:00		EVED CICE 2/2 (C)		FINAL DINNER (FREISING)	
20:30		(Arriving and Setting-up)		[Consortium & humedica]	
21:00		[continue]			
21:30					
22:00					



#### **ANNEX 2 – Team's Self Efficacy Questionnaire**

Dear participant,

Please respond to these items assessing **your self-efficacy as a team** concerning your recent training. Rate each of the following statements by circling the appropriate number on a scale of 1 to 5 where 1 means you strongly disagree and 5 means you strongly agree.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. Our team will be able to achieve most of the goals that we have set for the team	1	2	3	4	5
2. When facing difficult tasks, our team is certain that we will accomplish them	1	2	3	4	5
3. In general, our team thinks that we can obtain outcomes that are important to the team	1	2	3	4	5
4. Our team believes that we can succeed at most any endeavor to which we set our minds	1	2	3	4	5
5. Our team will be able to successfully overcome many challenges	1	2	3	4	5
6. Our team is confident that we can perform effectively on many different tasks	1	2	3	4	5
7. Compared to other teams, our team can do most tasks very well	1	2	3	4	5
8. Even when things are tough, our team can perform quite well	1	2	3	4	5



#### **ANNEX 3 – Teamwork Assessment Questionnaire**

### Team Emergency Assessment Measure (7EAM)



#### Introduction

This non-technical skills questionnaire has been designed as an observational rating score for valid, reliable and feasible ratings of emergency medical teams (e.g. resuscitation and trauma teams). The questionnaire should be completed by expert clinicians to enable accurate performance rating and feedback of leadership, team work, situation awareness and task management. Rating prompts are included where applicable. The following scale should be used for each rating:

Never/Hardly ever	seldom	About as often as not	Often	Always/Nearly always
0	1	2	3	4

Team Identification					
Date:	Time:	Place:			
Team Leader:		Team:			
Londorshipu it is accum	ed that the leader is	other designated bac amor		0 1 2	2 4
is the most senior - if n	o leader emerges all	locate a '0' to question 1 and	ged or 1	0 1 2	3 4
1.The team leader let t	he team know what	was expected of them through	ugh 🗌		
direction and comman	d	-	- L		
2. The team leader mai	intained a global per	spective			
Prompts: Monitoring cli	nical procedures and	I the environment? Remaining	g 'hands off'		
as applicable? Appropri	ate delegation.				
as a collective (to a gre	ater or lesser extent	n as a whole i.e. the leader a	and the team	0 1 2	3 4
3. The team communic	ated effectively	-			
Prompts: Verbal, non-ve	erbal and written for	ms of communication?	L		
4. The team worked to	gether to complete t	the tasks in a timely manner	C		
5. The team acted with	composure and con	itrol			
Prompts: Applicable em	otions? Conflict man	agement issues?	L		
6. The team morale wa	s positive				
Prompts: Appropriate s	upport, confidence, s	pirit, optimism, determinatio	n?		
7. The team adapted to	changing situations		-		
Prompts: Adaptation w	ithin the roles of their	r profession?	L		
Situation changes: Patie	and reasons and the	cituation			
a. The team monitored	and reassessed the	situation	L		
9. The team anticipate	d potential actions				
Prompts: Preparation o	f defibrillator, drugs,	airway equipment?	L		
Task Management:				012	3 4
10. The team prioritise	d tasks		C		
11.The team followed a	approved standards	and guidelines			
Prompt: Some deviation	n may be appropriate	?	L		
Overall:		1	2 3 4 5	6 7 8	9 10
12. On a scale of 1-10 g	ive your global ratin	g of the team's			
non-technical performation	ance				

Comments:



#### ANNEX 4a – Quality of Training Questionnaire (Trainees)

Dear participant,

Please respond to these items assessing **your perception of the quality of the training package** used in your recent training. Rate each of the following statements by circling the appropriate number on a scale of 1 to 5 where 1 means you strongly disagree and 5 means you strongly agree.

		Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
1.	The content of the exercises is relevant for EMT deployments	1	2	3	4	5
2.	l found the scenarios to be realistic (i.e. simulating real situations that can happen in the field)	1	2	3	4	5
3.	l found the instructions provided for the exercises to be clear	1	2	3	4	5
4.	The training experience helps to improve the team's performance	1	2	3	4	5
5.	The time allotted to each exercise was sufficient and appropriate	1	2	3	4	5
6.	The training was appropriate to the team's level of experience and knowledge	1	2	3	4	5
7.	The exercises were relevant for my professional role in the EMT	1	2	3	4	5
8.	This training was beneficial for the EMT	1	2	3	4	5
9.	Debriefing after the exercises was useful to the learning process	1	2	3	4	5
10.	Overall, this training was effective and useful to the team	1	2	3	4	5



In addition, please provide some additional information for the following items:

1. Which aspects of the training contributed the most to you and/or the team?

2. Which aspects of the training should be improved?

3. Please share any additional comments you may have:



#### ANNEX 4b – Quality of Training Questionnaire (Trainers)

Dear Trainer,

Please respond to these items assessing **your perception of the quality of the training package** used in your recent training. Rate each of the following statements by circling the appropriate number on a scale of 1 to 5 where 1 means you strongly disagree and 5 means you strongly agree.

		Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
4.	The content of the exercises is relevant for EMT deployments	1	2	3	4	5
5.	I found the scenarios to be realistic (i.e. simulating real situations that can happen in the field)	1	2	3	4	5
6.	The training materials are easy to understand	1	2	3	4	5
7.	The training experience helps to improve the team's performance	1	2	3	4	5
8.	The time allotted to each exercise was sufficient and appropriate	1	2	3	4	5
9.	The training was relevant for all team members	1	2	3	4	5
10.	The exercises were well designed to meet the learning objectives	1	2	3	4	5
11.	The exercises are feasible and easy to implement	1	2	3	4	5
12.	The training package is flexible and can be adapted to varied EMT's characteristics	1	2	3	4	5
13.	Debriefing after the exercises was useful to the learning process	1	2	3	4	5
14.	Overall, this training was effective and useful to the team	1	2	3	4	5
15.	The supplementary materials/ references suggested in the package were appropriate and useful to the training	1	2	3	4	5

In addition, please provide some additional information for the following items:



16. Which aspects of the training contributed the most to you and/or the team?

17. Which aspects of the training should be improved?

18. Please share any additional comments you may have:

Thank you for your feedback!

## TEAMS Training for Emergency Medical Teams and European Medical Corps



European Union Humanitarian Aid and Civil Protection













