Your role	Years of expe	Have you had	Have you und	Have you perf	How comforta	How confident	How confident	How comforta	How confident	How confident	What was the best part about the workshop?	Domain (Coding)	How could the workshop be improved?	Was the work	Did you find th	Please input any other comments here.
OT Assistant	0.5	No	Yes	Yes	8	5	8	8	8	8	可以有實習，令整個過程步驟能更加清晰	**RCPD -- facilitate subsequent learning**	沒有	Yes	5	
OT Assistant	0.5	No	Yes	Yes	7	8	8	8	9	8				Yes	5	
OT Assistant	0.5	No	Yes	Yes	8	8	8	7	7	8	有機會實習	**Simulation hands-on experiential learning**	The skill of the inflection control	Yes	4	None
OT Assistant	0.5	No	Yes	Yes	6	7	7	9	9	9	The revision before practice	**Activate Prior Knowledge**	/	Yes	5	/
OT Assistant	1	No	No	Yes	10	7	6	10	10	10				Yes	5	
OT Assistant	1	No	Yes	Yes	2	3	2	7	8	7						
Anesthetist	1	No	No	Yes	6	6	7	7	7	7	Able to practice again after feedback. Sticking attention labels to allow participants to be more visually aware of dirty/ contaminated areas.	**RCDP; visualization of contamination**		Yes. I think it i	5	
Anesthetist	1	No	No	Yes	4	7	7	8	8	8	Devbriefing	**Debriefing -- corrective feedback**		Yes	5	
Anesthetist	1	No	Yes	Yes	4	4	3	7	7	6	Pre simulation video provides some guidance; real time feedback; introduces concept of clean and contamina	**Video activating prior knowledge; Corrective feedback; visualization of contamination**	May consider incorporate other crisis situation in the simulation as when one was stressed, i		4	
Anesthetist	1	No	Yes	Yes	7	9	8	8	8	7	Video	**Video activating prior knowledge**			5	What about extubation
Anesthetist	1	No	Yes	Yes	6	6	5	7	7	7	The detail of the case (can be adapted to our own choices within the scenario) and how we were able to run a	**Process and procedural steps**	Nothing! It was great	Yes	5	
Nurse	1	No	Yes	No	7	8	8	8	8	8	Close to reality	**In-situ simulation**	Good enough	Yes	4	Good
OT Assistant	1	No	Yes	Yes	5	7	6	4	5	5	N/a		N/A	N/A	4	N/A
OT Assistant	1	No	Yes	Yes	5	7	6	4	5	5	N/a		N/A	N/A	4	N/A
OT Assistant	1	No	No	No	5	4	4	7	8	8	Discussion after the practice	**Debriefing -- corrective feedback**	No.	Yes	4	No. Thank you.
OT Assistant	1	No	Yes	Yes	7	5	5	8	8	8	The detailed feedback of the practice	**debriefing -- corrective feedback**	No	Yes	4	No comments
OT Assistant	1	No	Yes	Yes	10	9	9	10	9	9	令每個角色可重溫自己的責任及注意的事	**Teamwork and role**	如所有party 可同時training on the same time	yes	5	如有更新資訊或定時作重溫就更好
Nurse	2	No	Yes	No	5	5	7	5	5	6	Practice for induction	**Experiential Learning**	Involve more staff to have practice	Yes	4	Very good practice for us
Nurse	2	No	Yes	No	7	8	8	8	8	8	Video t	**Video activating prior knowledge**	The time control	Yes	3	None
Anesthetist	2	No	No	Yes	5	5	5	8	7	7	good advice given	**debriefing -- corrective feedback**	none I can think of	yes	4	nil
Nurse	2.5	No	Yes	Yes	4	4	4	8	8	8	Debriefing	**Debriefing -- corrective feedback**	No	Yes	5	No
Anesthetist	3	No	No	Yes	5	5	5	9	9	9	simulation on infected case with feedback	**Debriefing -- corrective feedback, Experiential Learning**	nil	appropriate	5	
OT Assistant	3	No	No	No	1	1	1	5	5	5				yes	5	
Anesthetist	3	No	No	Yes	2	5	4	7	7	7	Encourage teamwork with participation of anaesthetist, nurses and OTAs	**Teamwork, interprofessional**		Yes	5	
Anesthetist	3	No	Yes	Yes	2	4	3	4	4	4	Hands on practice	**Experiential Learning**		Yes	5	
Anesthetist	3	No	Yes	No	3	3	3	9	9	9	Being able to watch the videos beforehand	**Video activating prior knowledge**	Maybe including extubation step	Yes	5	
Anesthetist	3	No	No	Yes	4	4	4	7	7	7			maybe more scenarios? but probably difficult due to time constraints	yes	5	very useful, really thanks for organizing
Anesthetist	3	No	No	Yes	2	2	2	8	8	8	It was interactive with immediate direct feedback and discussion.The video before the simulation also made le	**Debriefing -- corrective feedback; Video activating prior knowledge**		Yes	5	
Anesthetist	3	No	No	No	6	4	4	6	6	6	real simulation	**Experiential Learning, in-situ simulation**	none	yes	5	none
Nurse	3	No	Yes	Yes	5	5	5	7	7	7	video before the stimulation, so we can familiar with the scenario	**Video activating prior knowledge**	/	Yes	5	/
OT Assistant	3	No	No	No	5	5	5	8	8	7	the step of under	**Procedural steps**	more situation to practise	Yes	4	can have simulation one more time
Anesthetist	3	No	Yes	Yes	3	3	3	9	9	9	1) Talking about which surfaces / areas are clean and dirty 2) going through each step	**Visualization of contamination; Experiential Learning**	Adding extubation part	Appropriate	5	Thank you for the simulation practice
OT Assistant	4	No	No	Yes	4	4	5	6	5	5						
Anesthetist	4	No	No	Yes	4	6	5	7	7	7	Fidelity of simulation	**Experiential Learning, in-situ simulation**	.	Yes	4	Another simulation later to test retention
Anesthetist	4	No	Yes	Yes	6	6	5	9	9	8	The demonstration videos were good as it explicitly illustrated the good example and bad example to all team	**Video activating prior knowledge; RCDP**			4	
Anesthetist	4	No	Yes	Yes	6	7	5	5	7	5					4	
Nurse	4	No	Yes	No	7	7	7	9	9	9	Hands on training	**Experiential Learning, in-situ simulation**	/	Yes	5	/
Anesthetist	4	No	No	Yes	8	5	7	8	8	8	Organization	**Workflow and process**	No	Yes	4	Nil
Anesthetist	4	No	Yes	Yes	5	6	5	8	8	8	Labelling the parts that are contaminated helps raise awareness of staff in different positions. Tips on reducin	**Visualization of contamination; Debriefing -- directive feedback**	Cover the reversal procedure as well	Yes	4	NA
Anesthetist	4	No	Yes	Yes	5	4	4	7	8	7	Allow us to experience like the real situation and feedback us to see where we can do better	**Experiential Learning; Debriefing -- directive feedback**	Very good	Yes	5	Nil
OT Assistant	4	No	Yes	No	1	1	1	6	6	7	The part of the practical	**Experiential Learning, in-situ simulation**	Extend the practical , the situation can be more longer to handleing COVID	Yes , it was	5	If the situation can be longer , it will be more effective! And maybe we can have another time to do once again . But maybe different scene!
Nurse	5	No	No	No	1	1	8	7	8	8	Friendly environment, clear briefing videos	**Psychological Safety; Video activating prior knowledge**		Yes	5	
Nurse	5	No	No	No	7	7	7	8	8	8	The two videos showed before sim lab	**Video activating prior knowledge**	N/A	Yes	4	
Anesthetist	5	No	Yes	Yes	6	6	6	8	8	8	Involvement of different parties like nurses and ota with reinforcement on important points	**Teamwork, interprofessional; Debriefing -- directive feedback**		Yes	5	
Nurse	5	No	Yes	No	5	5	5	7	7	7	Communication on the intubation steps	**Teamwork, closed loop communication**	Na	Yes	4	Nil
OT Assistant	5	No	Yes	No	4	5	5	9	10	10	Part of Intubation	**Procedural steps**	No need	Yes	5	Nice
Anesthetist	5	No	No	Yes	3	3	3	5	5	5	involving all OT members	**Teamwork, interprofessional**	regular review annually	yes	4	the problem of not having enough confidence in handling confirmed case is due to the lack of proper PPE. Simulation practice can improve staff awareness and practice though (as PPE are not enough anyways).
Anesthetist	5	No	No	Yes	5	5	5	8	8	8	feedback	**Debriefing -- corrective feedback**	-	yes	4	very good
Anesthetist	6	No	No	Yes	5	4	5	6	6	6	Time was allowed for repeating simulation after debriefing	**RCDP**			4	
Nurse	6	No	Yes	No	6	8	7	9	9	8	Simulation	**Experiential Learning**	More participation	Yes	4	Nil
Anesthetist	6	No	Yes	Yes	3	6	5	8	8	8	debriefing	**Debriefing -- corrective feedback**	longer	yes	5	good team
Nurse	6	No	No	No	1	1	1	6	7	6	Debriefing	**Debriefing -- corrective feedback**	None	Yes	5	NA
Nurse	6	No	No	No	6	8	5	7	8	7	Good lecturers	**Psychological Safety?**	Time control	Yes	4	No
Nurse	6	No	Yes	Yes	7	7	7	8	8	8	可以反映真實情況	**Fidelity, in-situ simulation**	A little bit overrun	Yes	5	No thanks
Nurse	6	No	No	Yes	1	4	4	7	7	7	Hands on practice	**Experiential Learning, in-situ simulation**	More time allowed to repeat the scenario to practice more	Yes	5	.
Anesthetist	6	No	No	Yes	5	3	1	8	9	9	Confidentiality	**Psychological Safety/Workflow Process**	There can be another simulation after the first one. If time and man power allo	Yes	4	It made me realise I should have a pre planned work flow for all possible events.
Nurse	6	No	No	No	3	4	5	7	7	7	-		-	-	4	-
Anesthetist	6	No	No	Yes	5	5	5	7	7	7	Simulation to allow for a test run. Feedback on areas for improvement	**RCDP; Debriefing -- corrective feedback; Video to activate prior knowledge**	Na	Yes	5	Video at the beginning was helpful
OT Assistant	7	No	No	No	4	6	6	8	8	8						
Nurse	7	No	No	No	3	4	3	5	5	5					4	
Nurse	7	No	No	No	6	5	4	6	6	4	Very real, as it was held inside our operating theatre but not a scene	**Fidelity, in-situ simulation**	Can be include a complicated case Such as awake fibre	Yes	4	.
Anesthetist	7	No	Yes	Yes	6	6	6	7	9	9	Worked with real colleagues in actual working environment	**Teamwork, interprofessional, in-situ simulation**	Cannot think of any	Yes	4	Nice!
Nurse	8	No	No	Yes	5	8	6	8	9	8	The observers are very good as they gave valuable opinions	**Observer roles giving feedback**	Real isolation theatre can be used	Yes	4	No
Nurse	8	No	No	No	5	6	5	6	6	6	Debriefing	**Debriefing -- corrective feedback**	Time management	Yes	4	NA
Nurse	8	No	Yes	No	3	5	5	8	8	8	PPE	**PPE donning/doffing**	More practice	Yes	5	More practice, more confident
Anesthetist	8	No	No	Yes	5	5	5	6	7	7	Having the simulation and having the feedback on how to improve	**Experiential Learning; Debriefing -- directive feedback**	Watching video of one performing it	Yes	4	Good practice
Nurse	9	No	No	No	6	6	6	8	8	8	Simulation section	**Experiential Learning**	Very smooth already	Yes	4	
Nurse	9	No	Yes	No	8	8	8	8	9	9	Video part	**Video activating prior knowledge**	Can't be better	None	5	None
Anesthetist	10	No	No	Yes	5	6	6	7	7	7	Realizing how our usual workflow is readily interrupted to facilitate adherence to Infection Control	**Challenges of infection control compared to daily practice**	Maybe a longer scenario, maybe involving extubation as well	Appropriate	4	
Nurse	10	Yes	Yes	No	7	9	9	9	10	10	溝通很好	**Communication**	The workshop is so good	Yes	5	
Nurse	10	No	Yes	No	7	7	7	7	7	7	Stimulation	**Experiential Learning**	More demonstration	Yes, it was	4	Nil
Anesthetist	10	No	No	Yes	1	1	1	7	7	7	Precise and comprehensive. Pre workshop video	**Video activating prior knowledge**	Nothing	Yes	4	
Nurse	10	No	No	No	5	5	4	7	7	7	Video training before	**Video activating prior knowledge**			4	
Nurse	10	Yes	Yes	No	7	8	8	9	9	9	Having briefing before intubation	**Team communication**		Yes	5	
Nurse	10	No	Yes	No	8	8	9	9	9	9	Debriefing	**Debriefing -- corrective feedback**	None	Yes	4	None
Anesthetist	10	No	Yes	Yes	3	4	4	8	7	7	The video introduction. Observing performance and group discussion	**Video activating prior knowledge; facilitator led discussion, elaboration**	It would be useful to record our own performance followed by discussion. (But	Yep	4	None
Anesthetist	10	No	No	Yes	5	5	5	8	8	8	Pre- simulation discussions after watching video, then followed by on-hand simulation practice.	**Video activating prior knowledge; facilitator led discussion, elaboration; experiential l**	more time better	yes	5	record the simulation, then let the participants to watch and review his own performance afterwards
Anesthetist	10	No	Yes	Yes	3	3	4	9	9	9	Video	**Video activating prior knowledge**	If we could use the actual theatre for isolation that would have been good. We	Yes	5	Nil
Nurse	10	No	Yes	No	5	5	5	8	9	9	Evaluation	**Debriefing -- corrective feedback**	None	Yes	5	None
OT Assistant	10	No	Yes	No	3	3	4	9	9	9	all		No comment	Yes	4	na
Nurse	11	No	Yes	Yes	8	9	9	9	9	8	Debriefing	**Debriefing -- corrective feedback**	Done in 509	Yes	5	Video B before video A
Anesthetist	11	No	No	Yes	5	6	6	8	8	8	Being able to interact with the other participants during the simulation, and sharing experience in the debriefin	**Interprofessional communication; debriefing, shared experience?collective competen**	Having participants at such disparity in level of experience might put undue st	Yes	4	The workshop is actually very timely and appropriate. Thanks.
OT Assistant	12	No	No	Yes	7	7	8	9	9	10	Reinforce memories which area inside theatre will easily be contaminated	**Visualization of contamination**	Stimulation carry out under other situation eg. Recovery room	Yes	5	N/A
Anesthetist	13	No	Yes	Yes	5	5	5	8	8	8	The pre-sim videos help me to have a better preparation for the task	**Video activating prior knowledge, better preparation**	Sim for difficult intubation in WARS patient	Yes	5	
Nurse	13	No	Yes	No	4	6	6	7	7	8	Suggest the staff to have good communication during intubation	**Team communication; process improvement (patrol nurse)**	Share past experiences encountered	Yes	5	Involve the communication with the patrol nurse if extra equipment is required accidentally
Anesthetist	13	No	Yes	Yes	5	5	5	8	9	9	The pre-sim video helps me to have mental preparation for both of the drill and in real situations	**Video activating prior knowledge, mental preparation for sim and real life**	Nil	Yes	5	Nil
Anesthetist	14	No	Yes	Yes	4	4	3	5	6	5	Immediate feedback, chosen the highest risk events for simulation	**Debriefing -- corrective feedback**	Give some times for the participants to familiarize the settings (e.g. what drug	Yes	4	Thank you very much for organizing this!
Nurse	14	No	No	No	6	6	7	8	8	8	Help to find unexpected missing areas	**Debriefing -- corrective feedback**	Let candidates know which areas need to focus after all data collected and an	Yes	5	Useful
Nurse	15	Yes	Yes	Yes	2	9	8	2	9	9					4	
Nurse	15	Yes	No	No	4	5	4	7	8	7	Briefing is allowed to promote co ordinating with each other before induction	**Team communication and competence**	Closed-loop Communication	Sure	5	
Nurse	15	Yes	No	Yes	2	2	2	3	3	3						
Nurse	15	No	Yes	Yes	5	8	8	8	8	8					4	
Anesthetist	15	No	Yes	Yes	2	4	4	5	5	5	It's a high fidelity simulation	**in-situ simulation**	Repeated simulation will enhance the skills better	Yes	5	A very good learning opportunity but need repeated simulation
Anesthetist	17	Yes	Yes	Yes	6	6	6	8	8	8	Video illustrating good and bad performance, scenario, inclusion of OTA and nurses	**Video activating prior knowledge; interprofessional training**		Yes	5	
Nurse	18	Yes	No	Yes	9	9	9	9	9	9	Simulation part. It reminds all of us what we should do to minimise risk of getting infected	**Experiential Learning; procedural steps to minimize infection, empowering staff?**	Nil	Yes	4	Nil
Nurse	19	Yes	No	No	7	9	9	9	9	9					5	
Nurse	20	Yes	No	Yes	8	10	8	9	9	9					5	
Nurse	20	Yes	No	No	6	5	6	9	9	9	Evaluation part, as you let me know what is wrong and what is missing. This help me to improve in real situati	**Debriefing -- corrective feedback**		Yes	5	
Nurse	20	Yes	No	No	4	5	5	8	8	8	Pre-workshop video	**Video activating prior knowledge**		Yes	5	
Nurse	20	Yes	Yes	No	5	7	6	7	7	7	Video	**Video activating prior knowledge**	NA	Yes	4	NA
Anesthetist	20	Yes	No	Yes	5	5	5	8	8	8	Multi-disciplinary' team simulation & discussion.	**Interprofessional team; discussion and elaboration; debriefing**	"Repeat practice" arm not done.	Appropriate.	4	NC.
Nurse	20	Yes	Yes	Yes	8	8	8	9	9	9	All		Brief a bit more before the simulation.	Yes	4	Nil
Nurse	20	Yes	Yes	No	6	7	7	8	8	8	Real practice and debriefing	**Experiential Learning; Debriefing -- directive feedback**	More practice	Yes	4	Prepare more scenario(involve complex situation)
Anesthetist	20	No	No	Yes	5	5	5	6	6	6	In situ simulation	**in-situ simulation**	Extend to other workflow such as procedure of time out, sending out specimen	Yes	3	Nil
Anesthetist	21	Yes	No	Yes	9	9	8	10	10	9	Briefing before the real simulation. Team approach, group discussion.	**Psychological Safety; Interprofessional team; discussion and elaboration; debriefing**	Less time consuming: away from clinical work for 1.3 hours instead of expecte	Yes, overall a	4	Nil
Nurse	21	Yes	No	No	4	4	4	8	8	8	Hand on and feeding back	**Experiential Learning; Directive feedback**	Good	Yes	5	The workshop is good
Nurse	22	Yes	No	No	6	7	6	8	8	7	Scenario		Time control	Appropriate	4	No
Nurse	23	Yes	Yes	No	5	6	6	7	7	7	Gown down of PPE & N 95	**PPE donning/doffing**		Yes	4	
Anesthetist	23	Yes	Yes	Yes	5	5	5	7	7	7	hands on to the induction of patient	**Procedural steps; experiential learning**	Hope I can do it again for practice. I know there is limitation of resources!	Yes	4	Good job Albert!
Nurse	24	Yes	No	No	10	10	10	10	10	10					4	
OT Assistant	24	Yes	Yes	No	10	10	10	10	10	10	無經歷過疫症或年資淺或好驚，好擔心同事增加知識	**Concerns for staff safety**	將大家有問題地方改善後，再教育全體團隊	希望點樣改善i	5	除教育同事工作，沙士時期醫院調動手術室同事改穿對胸扣鈕工作服，令全手術室上下同事減低感染風險才是最成功地方，工作九小時後脫污垢除過頭衫工作服有隱形風險
Nurse	25	Yes	No	No	8	9	9	9	9	9	On site practice to know more our role during induction	**in-situ simulation, team roles; video discussion and elaboration**	The time maybe too rush.	Some questio	4	I hope we can have more time to discuss the incorrect and correct of the practice in the video among our group
Nurse	30	Yes	No	No	9	7	7	8	8	8	Make us to prevent infection in OT more confidence	**enhance confidence**	Well done	Yes	4	
Nurse	30	Yes	No	No	6	6	6	8	8	8	Apply pactice up to the different scenario happen	**application of skills to practice**	Arrange appropriate time for staff on special duty accordingly so that will not a	Yes	4	
Nurse	30	No	No	No	2	3	3	7	7	7	Feedback and repeat are useful in consolidated the knowledge through the process	**RCDP**	Nil	Yes	5	Nil
Nurse	30	No	No	No	4	5	6	7	7	7	The manikin can change conditions which close to the real situation	**fidelity, in-situ simulation**	Nil	Yes	5	Nil
Anesthetist	35	Yes	No	Yes	6	7	7	9	8	9	The need for constant and clear communication between the team caring for the simulated Covid-19 patient	**Team communication and competence**	Different scenarios should be implemented. One that comes to mind is Aeroso	It was appropr	5	Keep up the good work and stay safe
Intensive Care	13	No	Yes	Yes	3	3	3	8	8	8	It helps me to find out my weak point in infectious control measure and helps me to reduce the chance of mak	**Debriefing -- corrective feedback, self reflection on improving for real situation**	Nil	Yes	5	Nil
Intensive Care	15	Yes	No	No	5	6	5	7	8	8	Role assignment, rehearsal of what should be done, think about loophole	**Team and role; experiential learning; Debriefing -- corrective feedback; preparedness**	Video recording, used in the feedback	Yes	4	Make it regular
Intensive Care	13	No	Yes	Yes	6	7	5	7	8	8	Can work together with nursing team	**Teamwork, interprofessional training**	Regular time slot and pre-assign the participants	Yes	4	Can add video before the drill
Intensive Care	7	No	Yes	Yes	8	8	8	9	9	9	Good feedback	**Debriefing -- corrective feedback**	More PPE equipment for facilitating staff	Yes	3	Continue the good work!
Intensive Care	9	No	Yes	Yes	6	6	6	9	9	9	practice and feedback	**RCDP**	more scenario	yes	5	very good
Intensive Care	18	Yes	Yes	Yes	5	8	8	8	9	9	In situ, simulate with nurses	**In-situ simulation; inteprofessional training**	Done very well	Yes	5	Done very well
Intensive Care	10	No	No	Yes	5	6	6	9	9	9	Team work discussion	**Team work and interprofessional**	simulation more different scenarios	yes	4	overall good
Nurse	22	Yes	Yes	No	8	8	8	9	9	9	debriefing	**Debriefing -- corrective feedback**	give more time for preparation and get the equipment before intubation	yes	4	Get everybody to practice in the drill Some attended more than once but still ACT as observer
Nurse	18	No	Yes	Yes	6	7	6	9	9	9	Debriefing	**Debriefing -- corrective feedback**	More real situation	Yes	5	No
Nurse	25	Yes	Yes	No	4	4	4	8	9	9	Preparing for intubation	**Procedural steps, Workflow and process**	None	Yes	5	None
Nurse	1	No	Yes	Yes	6	5	5	7	6	7	Discussion on workflow of intubation	**Workflow and process**	Better time control	Yes	4	It's worth to join the workshop!
Nurse	19	Yes	Yes	Yes	7	7	7	8	8	8	preparation for intubation- clean plan Ab c	**Workflow and process**	add the use of igel	yes	5	great preparation fr your team.. thx again
Nurse	22	Yes	Yes	No	7	7	7	9	8	8	The debriefing session	**Debriefing -- corrective feedback**	Better to have briefing before	Yes	4	Nil
Nurse	6	Yes	Yes	Yes	4	5	5	6	6	6	—		—	—	4	—
Nurse	8	No	Yes	No	2	3	3	6	5	5	Tutors	**Psychological Safety**	Learn more Problem solving skills	Yes	4	..
Nurse	29	Yes	Yes	No	8	8	8	9	9	9	To know our weakness n what the important part we missed	**Debriefing -- corrective feedback**	The quality of our simulation room equipments need to improve	Yes, it was	4	Repeatedly drills is useful
Nurse	20	Yes	Yes	No	7	7	7	8	8	8	Standardized the procedure to minimize the unnecessary communication and hiccup during the intubation	**Workflow and process, procedural steps**	Very good at the moment	Yes	5	Nil
Nurse	23	No	Yes	Yes	7	7	7	9	9	9	Intubation	**Procedural steps**	No	Yes	4	No
Nurse	4	No	Yes	No	7	6	6	7	8	7	involvement		shorter duration	yes	4	nil
Nurse	15	Yes	Yes	No	3	7	5	7	7	7	Preparation, airway plans, good team communication , gentle reminder	**Team communication and cross monitoring**	No	Yes	5	No
Nurse	20	No	Yes	Yes	8	8	8	9	9	9	Debriefing	**Debriefing -- corrective feedback**	Model with more real parameters	Yes	5	Nil
Nurse	22	Yes	Yes	Yes	5	5	7	7	7	7	Debriefing	**Debriefing -- corrective feedback**	Timing	Yes	4	Nil
Nurse	17	Yes	Yes	No	6	6	6	6	7	7	Ppe training & intubation	**Procedural steps, Workflow and process**	more time	ok	5	nil
Intensive Care	3	No	Yes	Yes	3	4	3	7	7	7	Debriefing	**Debriefing -- corrective feedback; interprofessional training**	Could run more scenarios	Yes	4	sometimes things were done by the nurses usually and so doctors might not be aware of the potential problems. It was good to have pointed out in the drill
Nurse	23	Yes	Yes	Yes	5	8	7	8	8	7	explain the reason of each practice		increase more session	yes	5	start earlier and give time for staff asking questions
Nurse	23	Yes	Yes	No	6	8	6	8	8	8	Debriefing part	**Debriefing -- corrective feedback**	More sessions	Yes	5	NA
Nurse	9	No	Yes	No	7	7	6	8	8	8	Able to have hands on practice and work as a team~	**Experiential learning; Teamwork; interprofessional training**	A longer workshop where everyone in the group would have a chance to parti	Yes	5	It would be better if we can include CPR DRILL for confirmed cases in the workshop
Nurse	5	No	Yes	Yes	4	4	3	6	6	5	Debriefing	**Debriefing -- corrective feedback**	/	Yes	4	/
Nurse	23	No	Yes	No	5	5	5	8	8	8	Intubation part	**Procedural steps**	More people attend at one time	Yes	4	Nil