

Goal B Health Professions Students Evaluation Form - Provided for SEI Sim Consortium Use in 2017-2018

AHEC Center: El Program Start Date: / / End Date: / / Contact hours:

Simulation Title:

Shaded section to be completed by AHEC center staff or Simulation Educator

First Name	Last Name	Date of birth (mm/dd/yyyy)
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Address _____ City _____ State _____ Zip _____ () _____ Phone _____

Email	Education Institution	Expected graduation year
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What academic program are you currently enrolled in? (Select one if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Allied Health (Clinical Lab, Med Tech, etc) | <input type="checkbox"/> Nursing – Certified Nursing Assistant (CNA) |
| <input type="checkbox"/> Alternative /Complementary Nursing | <input type="checkbox"/> Nursing – Other: _____ |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Pharmacy School |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Diploma/Certificate Program | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Public Health – Specialty: _____ |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Radiological Assistant |
| <input type="checkbox"/> Medicine – Specialty _____ | <input type="checkbox"/> Radiological Technician |
| <input type="checkbox"/> Nursing – Registered Nurse (RN) | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Nursing – Nurse Practitioner – Specialty: _____ | <input type="checkbox"/> Speech Therapy |

Please circle the number that best answers how much you agree with each statement **BEFORE and **AFTER** participating in this simulation or series of simulations.**

1= Strongly disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly agree

	BEFORE this program/experience	AFTER this program/experience
Practicing team-based health care in an underserved setting is interesting.	1 2 3 4 5	1 2 3 4 5
Practicing team-based health care in an underserved setting is challenging.	1 2 3 4 5	1 2 3 4 5
Practicing team-based health care in an underserved setting is important.	1 2 3 4 5	1 2 3 4 5
I know how interprofessional team-based care can help or harm patient care.	1 2 3 4 5	1 2 3 4 5
I know how social determinants (housing, income, work, food access) can affect patient care.	1 2 3 4 5	1 2 3 4 5
I know how a person's culture and/or background may impact their care and health outcomes.	1 2 3 4 5	1 2 3 4 5
I am prepared to practice in a team-based setting.	1 2 3 4 5	1 2 3 4 5
I plan to provide team-based health care.	1 2 3 4 5	1 2 3 4 5
I plan to practice in Indiana.	1 2 3 4 5	1 2 3 4 5
I plan to practice in an urban area.	1 2 3 4 5	1 2 3 4 5
I plan to practice in a rural area.	1 2 3 4 5	1 2 3 4 5
I plan to practice in an underserved community.	1 2 3 4 5	1 2 3 4 5
I plan to practice in a primary care setting.	1 2 3 4 5	1 2 3 4 5