

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

The Indiana AHEC Network is required to report general demographic information about participants in the categories below. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

AHEC Center:	El	Program Start Date:	1 1	End Date: /	1	Contact ho	ours:	
Simulation Title:								
	Shaded section to be completed by AHEC center staff or Simulation Educator							
First Name		Last Na	me				Date of birth (mm/dd/yyyy	
							()	
Address		City		State	Zi	ip	Phone	
Email		Educati	on Institution			Expect	ed graduation year	
Identified Gender: Male Female Prefer not to answer				Race (check all that apply): Black or African American Native Hawaiian or Pacific Islander White American Indian or Alaska Native				
Ethnicity Hispanic/Latine Not Hispanic/L Other:	.atino			Asian	r military s			
Where did you gr Urban area Rural area	row up?			☐ Military R	Reservist (Prior servic (Retired)	ee)		
 Can you answer yes to any of the following? Yes No You are (or will be) the first generation in your family to attend college. You are a 21st Century Scholar or currently receive Scholarship or Loan for Disadvantaged Students. While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, WIC, subsidized housing, food stamps, Medicaid or Hoosier Healthwise, etc.). While growing up, you lived where there were few medical providers at a convenient distance. 								
Graduate	☐ Year 1 ☐ Year 1	year? Year 2 Year 3 Year 2 Year 3 Year 2 Year 3	Year 4] Year 5 □ Yea	ır6 ☐ Ye	ar 7		
Student Status:	☐ Full-time	☐ Part-time						

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what academic program are you currently enrolled in? (Select one ir applicable)							
Allied Health (Clinical Lab, Med Tech, etc)	☐ Nursing – Certified Nursing Assistant (CNA)						
☐ Alternative /Complementary Nursing	Nursing – Other:						
Behavioral Health	Occupational Therapy						
Dietician	☐ Optometry						
☐ Dental Assistant	Other:						
☐ Dental Hygiene	☐ Pharmacy School						
☐ Dentistry	☐ Physical Therapy						
☐ Diploma/Certificate Program	☐ Physician Assistant						
☐ Home Health Aide	Public Health – Specialty:						
Medical Assistant	Radiological Assistant						
Medicine – Specialty	Radiological Technician						
☐ Nursing – Registered Nurse (RN)	Rehabilitation Therapy						
Nursing – Nurse Practitioner – Specialty:	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		