


Goal B Evaluation Form for SEI Simulation Consortium – Health Professions Students

	<i>This section is to be completed by AHEC center.</i>					
	Program Name:					
	Start Date:		End Date:			
<p>The <u>Indiana AHEC Network</u> is required to report information about participants in the categories below. This data will be confidentially maintained and will be referenced to evaluate the effectiveness of AHEC services/programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</p>						
Participant Information						
First Name:		Middle Name:		Last Name:		
Birthdate: (MM/DD/YYYY)		Email Address:				
Address:			City		State	Zip:
School Name:				Expected Graduation Year:		
Demographic Information						
Identified Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer					
Race (check all that apply)	<input type="checkbox"/> Black or African American (e.g. can include those with origins from the Black racial groups of Africa) <input type="checkbox"/> Native Hawaiian or Pacific Islander (e.g. can include those with origins from Guam, Samoa, and other Pacific Islands) <input type="checkbox"/> White/Caucasian (e.g. can include those with origins from Europe, the Middle East, or North Africa.) <input type="checkbox"/> American Indian or Alaska Native (e.g. can include those with origins from North/South/Central America who maintain tribal affiliation or community attachment.) <input type="checkbox"/> Asian (e.g. can include those with origins from Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam) <input type="checkbox"/> Other: _____					
Ethnicity:	<input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/ Latinx <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other: _____					
Where did you grow up?	<input type="checkbox"/> Rural Area <input type="checkbox"/> Urban Area <input type="checkbox"/> Prefer Not to Answer					
Can you answer “Yes” to <u>any</u> of the following statements below:			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> You are (or will be) the first person in your family to attend a college/university. You are a 21st Century Scholar or currently receive Scholarship or Loan for Disadvantaged Students. While growing up, you or your family used a federal or state assistance program (ex: free/reduced lunch, WIC, subsidized housing, food stamps, Medicaid or Hoosier Healthwise, etc.) While growing up, you lived where there were few medical resources (doctor’s office/clinic/hospital) at a close distance. 						
College/University Students Only						
Academic Year:	Undergraduate/Associates: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6					
	Graduate (Master’s/Doctoral): <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6					
Student Status:	<input type="checkbox"/> Full- Time <input type="checkbox"/> Part-Time					
Academic Program:	Associates/Undergraduate:			Graduate:		
	<input type="checkbox"/> Allied Health (EMT, Clinical Lab, Med Tech, etc.) <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dietician <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Nursing- BSN/ Registered Nurse <input type="checkbox"/> Nursing- Other: _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Psychology <input type="checkbox"/> Public Health: _____ <input type="checkbox"/> Radiological Assistant <input type="checkbox"/> Radiological Technician <input type="checkbox"/> Social Work <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Other: _____			<input type="checkbox"/> Allied Health (EMT, Clinical Lab, etc.) <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dental School (Dentistry) <input type="checkbox"/> Medical School <input type="checkbox"/> Nursing- Nurse Practitioner: _____ <input type="checkbox"/> Nursing- Other: _____ <input type="checkbox"/> Optometry <input type="checkbox"/> Pharmacy School <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Psychology <input type="checkbox"/> Public Health: _____ <input type="checkbox"/> Social Work <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other: _____		

Please complete evaluation on back.

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Instructions:		
Please circle the number that best answers how much you agree with each statement BEFORE and AFTER participating in this simulation learning experience.		
This survey deigned to be a <i>retrospective</i> look at what you knew before this experience what you gained as a result of this program/experience.		
1= Strongly Disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly Agree		
Survey Questions:	BEFORE this simulation learning experience:	AFTER this simulation learning experience:
I understand how working collaboratively with other health care workers (team-based care) both in a clinic and community can impact patient care.	1 2 3 4 5	1 2 3 4 5
I am able to recognize how social determinants (housing, income, work, food access) can affect patient care.	1 2 3 4 5	1 2 3 4 5
I understand how a person’s culture and/or background (race, ethnicity, sexual orientation, religion, rural areas, etc.) may impact their overall health and health care options.	1 2 3 4 5	1 2 3 4 5
I feel confident that I can collaborate/work with other health professions (both in a clinic and community) in a rural or underserved setting	1 2 3 4 5	1 2 3 4 5
I feel prepared to work with individuals (both patients and professionals) from different cultures and/or backgrounds.	1 2 3 4 5	1 2 3 4 5
I feel I have the skills to care for the unique needs of individuals in rural and medically underserved settings.	1 2 3 4 5	1 2 3 4 5
I plan to collaborate with other health care workers (team-based care) in order to improve health outcomes.	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