

Appendix B

Feedback on the 2012- 2013 Interprofessional (IP) Practice Education Experience

- a. What professional program are you currently enrolled in? -----
- b. Please specify the clinical unit where you participated in the IP practice education learning activity (ies):-----
- c. Was the clinical unit offering the IP practice education experience the primary practice site for your placement? Yes No
- d. How many days/weeks were you on the clinical unit offering the IP practice education experience?-----
- e. Please indicate the number of IP learning activities that you participated in by the format of the activity: (check all that apply)

- Patient of the 'week' assessment
- IP competency of the 'week' (OR 'day' OR 'month')
- Facilitated team debriefing sessions
- Observation/shadowing with a team member from a different discipline
- Participation in a team meeting to develop a patient shared care plan
- IP team case presentation of shared care plan
- Participation in an educational team meeting/workshop
- Other (please specify)_____

- f. Did you have the opportunity to spend time with other students? Yes No

- g. If Yes, please indicate how many students and which disciplines they came from:

- h. What did you particularly like about this experience?

i. What would have enhanced your IP learning experience? (e.g. more information ahead of time, length or format of experience, student or mentor team composition)

j. Did you encounter any obstacles or challenges with this experience?

Yes No

If yes, please explain

k. Additional comments? (if any)