

PPC Medium Term Trainee Evaluation Form

This evaluation form should be filled out by all Pediatric Pulmonary Center (PPC) trainees who rotated with this program for 40 or more hours but less than 300 hours. When you have completed the form, please place it in the provided envelope, seal it, and return it to the Pediatric Pulmonary Center.

Was your internship for 40 or more hours but less than 300 hours?

Yes No

If your answer was no, please return this survey to the person who gave it to you and tell them that you believe you do not meet the criteria to take it.

Gender: Female Male

Race: (select ONE) **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 Black or African American refers to people having origins in any of the Black racial groups of Africa.
 American Indian and Alaskan Native refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Tribe: _____
 Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
 Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 Two or more races includes individuals who identify with two or more racial designations.
 Other is included for individuals who are unable to identify with these categories.

Ethnicity: Hispanic
(select ONE) Non Hispanic

Training start date (mm/yyyy): _____.

Training completion date (mm/yyyy): _____.

Did you receive a stipend from the PPC for your training? Yes No

Discipline: Physician/med student Nurse
 Respiratory therapist Social work
 Nutritionist Educator
 Pharmacist Other/Specify: _____.

Degree pursued: BA/BS Post-Doc / Resident / Fellow
 Masters PhD / MD / Med Student
 none Other/Specify: _____.

To what degree has this program provided you with skills in the areas of:

5	4	3	2	1	0
<i>extremely helpful</i>	<i>somewhat helpful</i>	<i>neutral</i>	<i>not especially helpful</i>	<i>not helpful at all</i>	<i>don't know/not appropriate</i>

Children with special health care needs

(children with chronic conditions or illness, children who are technically dependent or children with disabilities)

5	4	3	2	1	0
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Family centered care

(involving families in the decision-making process)

5	4	3	2	1	0
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Interdisciplinary care

(working as a team with nutritionists, social workers, nurses, physicians, respiratory care therapists and other allied health professionals)

5	4	3	2	1	0
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Culturally competent care

(the ability to provide services to clients that honor different cultural beliefs)

5	4	3	2	1	0
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Additional comments you would like to make about your experiences with this program: