



## HIV IPE PRACTICUM STUDENT FEEDBACK

Thank you for being part of the HIV IPE practicum experience! We are interested in doing everything we can to make this a relevant and valuable experience for students. Please take 10 to 15 minutes (while enjoying a cup of coffee?) to provide your thoughtful feedback of the practicum.

**1. Please provide 5 adjectives that best describe your experience in the HIV IPE practicum.**

**2. Please describe in general terms a patient interaction that had a lasting impression on you and the reason why. Take your time to explain as fully as possible.**

**3. What was the highlight of your HIV IPE practicum experience?**

**4. What was the low point of your HIV IPE practicum experience?**

**5. Would you recommend the HIV IPE practicum experience to a fellow student?**

Yes

No

Not sure

**6. If you answered “yes” to question 5, what advice would you give to that student regarding the HIV IPE practicum experience?**

**7. Briefly describe what we could do to improve the HIV IPE practicum experience.**

**8. Previous knowledge about HIV (prior to the HIV IPE practicum experience)**

1 (None)

2

3

4

5 (Extensive)

N/A

**9. Previous experience with HIV in a healthcare setting (prior to the HIV IPE practicum experience)**

1 (None)

2

3

4

5

(Extensive)

N/A

**10. Previous experience working as a team member in healthcare settings(prior to the HIV IPE practicum experience)**

- 1 (None)
- 2
- 3
- 4
- 5 (Extensive)
- N/A

**11. INTENT to provide care in the future to people with HIVBEFORE the HIV IPE practicum experience**

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

**12. INTENT to provide care in the future to people with HIVAFTER the HIV IPE practicum experience**

- 1 (Low)
- 2
- 3
- 4
- 5
- (High)
- N/A

13. **ABILITY** to provide care to people with HIV **BEFORE** the HIV IPE practicum experience

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

14. **ABILITY** to provide care to people with HIV **AFTER** the HIV IPE practicum experience

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

15. **ABILITY** to provide team-based care **BEFORE** the HIV IPE practicum experience

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

16. **ABILITY** to provide team-based care **AFTER** the HIV IPE practicum experience

- 1 (Low)
- 2
- 3
- 4
- 5
- (High)
- N/A

**17. Quality of your practicum preceptors**

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

**18. Quality of the practicum format**

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

**19. Overall quality of the practicum experience**

- 1 (Low)
- 2
- 3
- 4
- 5 (High)
- N/A

**20. Please provide your personal email and cell phone number for the one year follow-up survey.**

**21. Thank you for completing this survey. If you have additional feedback, please provide your comments below.**