W(e)Learn Interprofessional (IP) Program Assessment

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of <u>her</u> birthday: __ - __ __ __ __

Please indicate your profession: _____

Please indicate if you are: a student _____   year of program _____   or practitioner _____

Please answer the following questions by filling in the circle that most accurately reflects your opinion about each of the following statements concerning your learning experience:

1= strongly disagree; 2= moderately disagree; 3=slightly disagree; 4= neutral; 5=slightly agree; 6=moderately agree; 7= strongly agree; NA= not applicable

	1	2	3	4	5	6	7	NA
1. The facilitator* promoted an open atmosphere in which all participants could be heard	○	○	○	○	○	○	○	○
2. The facilitator promoted collaboration among learners	○	○	○	○	○	○	○	○
3. The learning experience provided opportunities to learn about each other's professions	○	○	○	○	○	○	○	○
4. The learning experience provided opportunities to learn with and from each other	○	○	○	○	○	○	○	○
5. The learning experience provided opportunities to practice IP collaborative approaches to patient-centered care**	○	○	○	○	○	○	○	○
6. The learning experience took into account learners' previous knowledge and experiences	○	○	○	○	○	○	○	○
7. The learning activities promoted the application of the IP competencies	○	○	○	○	○	○	○	○
8. The learning activities promoted collaborative problem solving	○	○	○	○	○	○	○	○
9. The learning activities reflected situations encountered in practice	○	○	○	○	○	○	○	○
10. The learning activities promoted mutual trust and respect among learners	○	○	○	○	○	○	○	○
11. The learning activities contributed to achieving the learning objectives	○	○	○	○	○	○	○	○
12. The content was consistent with my professional interests and needs	○	○	○	○	○	○	○	○
13. The content included policies and regulations relevant to IP practice	○	○	○	○	○	○	○	○
14. The content included knowledge and skills necessary for IP teamwork	○	○	○	○	○	○	○	○
15. The content was applicable to a wide variety of healthcare*** contexts (e.g., hospital, community, etc.)	○	○	○	○	○	○	○	○
16. The facilitator provided useful feedback	○	○	○	○	○	○	○	○
17. My organization adequately supported my participation in the IP learning activity	○	○	○	○	○	○	○	○
18. I enjoyed the IP learning experience	○	○	○	○	○	○	○	○
19. I have learned knowledge that I will apply in practice	○	○	○	○	○	○	○	○
20. I have learned skills that I will apply in practice	○	○	○	○	○	○	○	○
21. The learning activities were well organized	○	○	○	○	○	○	○	○
22. The facilitator modeled effective IP collaboration	○	○	○	○	○	○	○	○
23. The learning activities were engaging	○	○	○	○	○	○	○	○
24. The facilitator was knowledgeable about IP	○	○	○	○	○	○	○	○
25. The facilitator was responsive to the learners' needs	○	○	○	○	○	○	○	○
26. The learning objectives were clear	○	○	○	○	○	○	○	○
27. I have improved my knowledge of IP competencies that I need to continue to develop	○	○	○	○	○	○	○	○
28. I am motivated to change my practice towards providing more effective IP collaborative care	○	○	○	○	○	○	○	○
29. I was provided with and/or made aware of useful tools and resources	○	○	○	○	○	○	○	○
30. I have a deeper appreciation of the approach to collaborative patient-centered care	○	○	○	○	○	○	○	○

*The expression "facilitator" can be replaced by "facilitators" according to the case.

**The term "patient" has been employed to represent client, resident, and service users.

***The term "care" includes intervention, treatment, therapy, evaluation, etc.

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