# Post Survey Form

**Program Title:** UNMC Health & Research Careers Symposium

**Program Date:** 9/18/2019

_Nebraska AHEC is required to report information about program participants. Data is kept private to the extent allowed by law and is used to evaluate the effectiveness of our activities. We appreciate your cooperation in the completion of this form._

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>*LAST NAME</th>
<th>*FIRST NAME</th>
</tr>
</thead>
</table>

*How likely are you to pursue furthering your healthcare career education after graduating from your current program?*

- [ ] Very Likely
- [ ] Likely
- [ ] Neither Likely or Unlikely
- [ ] Unlikely
- [ ] Very Unlikely

*How likely is it that you intend/plan/would like to work in a primary care setting for example a clinic for Family Medicine, General Internal Medicine, or General Pediatrics?*

- [ ] Very likely
- [ ] Likely
- [ ] Neither Likely or Unlikely
- [ ] Unlikely
- [ ] Very Unlikely

*Do you intend/plan/would like to enter a health career as a primary care clinician (for example Family Medicine doctor, General Internal Medicine doctor, General Pediatrics doctor, nurse practitioner, or physician assistant, etc.)?*

- [ ] Yes
- [ ] No
- [ ] Not Applicable

*Do you intend/plan/would like to work with people who are medically underserved, that is people who face economic, cultural, or linguistic barriers to healthcare?*

- [ ] Yes
- [ ] No
- [ ] Not Applicable

*How likely is that you intend/plan/would like to work in rural areas (not big cities)?*

- [ ] Very Likely
- [ ] Likely
- [ ] Neither Likely or Unlikely
- [ ] Unlikely
- [ ] Very Unlikely
- [ ] Not Applicable

*Did this experience change the way you feel about serving rural or underserved areas or about providing primary care?*

- [ ] Yes
- [ ] No

If yes, how?

---

**ARE YOU INTERESTED IN RECEIVING MORE INFORMATION ON AHEC ACTIVITIES?**

- [ ] Yes
- [ ] No

What barriers are you concerned about as you continue your health profession education (e.g. grades, finances, family obligations)?

---

**COMPETENCY ASSESSMENT**

1. What types of health career program training does UNMC provide? (specifically which sessions you attended)

   - [ ]

2. What type of requirements are applicants expected to meet?

   - [ ]
Program Evaluation Form

Program Title: UNMC Health & Research Careers Symposium

Program Date: 9/18/2019

Help us make this program be the best it can be. Please rate each statement below by circling the number that best fits your experience from Strongly Agree (5) to Strongly Disagree (1).

<table>
<thead>
<tr>
<th>Statement</th>
<th>5- Strongly Agree</th>
<th>4- Agree</th>
<th>3-Neither Agree or Disagree</th>
<th>2-Disagree</th>
<th>1-Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My understanding of professional program(s) at UNMC increased after attending this event.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My questions regarding professional programs at UNMC were answered.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>* I would recommend this program to other students who may have the opportunity to attend</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Please rate each of the sessions or locations you participated in from Excellent (5) to Poor (1) or indicate that you did not attend (0).

<table>
<thead>
<tr>
<th>Session Rating</th>
<th>5-Excellent</th>
<th>4-Very Good</th>
<th>3-Neither Good or Fair</th>
<th>2-Fair</th>
<th>1-Poor</th>
<th>0-Did Not Attend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

What about this event did you find the most interesting, enjoyable, or valuable? (any specific session?)

What experiences or events did you find the least interesting, enjoyable, or valuable?

*Please describe any other comments regarding your experience or suggestions for how our program may support future participants.

* = required info