**Trainee Survey FY 2025 – PPC Medium Term Trainee Evaluation**

\* Response Required

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.

**Please select the duration of your rotation/traineeship:**

**\_\_\_ Between 40 and 149 hours 🡪 Complete Sections 1 and 3 below only.**

**\_\_\_ Greater than 149 hours 🡪 Complete Sections 1, 2, and 3 below.**

If your answer was No to both questions, 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.

**SECTION 1 – All medium term trainees complete this section (40-299 training hours)**

**Please rate whether this rotation/traineeship has increased your knowledge of the following:**

**4 3 2 1**

**greatly somewhat minimally not**

**increased increased increased increased**

**The care for children with chronic conditions or illness, children who are technology dependent or children with disabilities (Children with special health care needs)**

4 3 2 1

**Involving families in the decision-making process (Family centered care)**

4 3 2 1

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

4 3 2 1

**Providing services to children and families that honor different cultural beliefs (Cultural competence)**

4 3 2 1

**SECTION 2 – Only medium-term trainees who completed 150 hours or more of training complete this section.**

**\*Please rate how well this rotation/traineeship has increased your skills in the following:**

**4 3 2 1**

**greatly somewhat minimally not**

**increased increased increased increased**

**To care for children with special health care needs and their families**

4 3 2 1

**To communicate with team members, negotiate and problem solve as a group (Interdisciplinary care)**

4 3 2 1

**To identify social, environmental and/or cultural factors that prevent children with special healthcare needs from getting optimal (Culturally competent) care**

4 3 2 1

**To partner with families to provide care for their children with special health care needs (Family-centered care)**

4 3 2 1

**SECTION 3: TO BE COMPLETED BY ALL TRAINEES**

**Additional comments you would like to make about your experiences with this program:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Gender:**

* Cisgender Man
* Cisgender Woman
* Non-Binary
* Transgender Man
* Transgender Woman
* Two-Spirit (Two-Spirit should only be presented as a response option to individuals who identify as American Indian or Alaska Native)
* A different term
* Choose not to disclose/unrecorded

Other Gender Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Orientation:**

* Lesbian or Gay
* Straight, that is, not lesbian or gay
* Bisexual
* Two-Spirit (Two-Spirit should only be presented as a response option to individuals who identify as American Indian or Alaska Native)
* A different term
* Choose not to disclose/unrecorded

Other Sexual Orientation Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Race***:

* **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).
* **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
* **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.
* **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
* **More than one race** includes individuals who identify with two or more racial designations.
* **Choose not to disclose/unrecorded** is included for individuals who are unable to identify with the categories

***\*Ethnicity***: (choose one)

*Hispanic* is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

* **Hispanic**
* **Non-Hispanic**
* **Unrecorded**

**Training Start Date** (mm/yyyy): .

**Training End Date** (mm/yyyy): .

**Discipline:**

* Applied Behavioral Analysis
* Audiology
* Biological Sciences
* Community Health Worker
* Community Member/Person with Lived Experience
* Dentistry-Other
* Dentistry – Pediatric
* Dietetics
* Disability Studies
* Doula
* Education: Administration
* Education: Early Intervention/Early Childhood
* Education: General Education
* Epidemiology
* Education/Special Education
* Family/ Parents/ Youth Advocacy
* Family Studies
* Family Member/Community Member
* Genetics/Genetic Counseling
* Gerontology
* Health Administration
* Human Development/Child Development
* Interdisciplinary
* Law
* Liberal Arts & Science, Humanities, and General Studies
* Medicine-General
* Medicine-Adolescent Medicine
* Medicine-Adult Providers
* Medicine-Developmental-Behavioral Pediatrics
* Nursing-General
* Medicine-Neurodevelopmental Disabilities
* Medicine – Other
* Medicine-Pediatric Pulmonology
* Medicine-Pediatrics
* Medicine-Sleep
* Mental and Behavioral Health
* Nursing-Family/Pediatric Nurse Practitioner
* Nursing-General
* Nursing-Midwife
* Nursing – Other
* Nutrition
* Occupational Therapy
* Pastoral
* Person with a disability or special health care need
* Physical Therapy
* Pharmacy
* Psychiatry
* Psychology
* Public Administration
* Public Health
* Rehabilitation
* Respiratory Therapy
* Social Work
* Speech-Language Pathology
* Other - Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree pursued during PPC Training:**

* Bachelors (BA, BS)
* Masters
* Doctoral (PhD, MD, Pharm D)
* Post-Doc/Fellowship
* None
* Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_