

ICCAS – Interprofessional Collaborative Competencies Attainment Survey

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of her 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 the following interprofessional collaboration statements:

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

Please rate your ability for each of the following statements:

Before participating in the learning activities I was able to

After participating in the learning activities I am able to:

*The patient's family or significant other, when appropriate, are part of the IP team.

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

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

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