

**Mount Saint Vincent University**  
**Department of Applied Human Nutrition**  
**BScAHN: Program Evaluation**  
***Current Student Survey***

Purpose of the Survey:

You are being invited to participate in this survey because you are a student currently enrolled in the MSVU Applied Human Nutrition program. This survey is a requirement for accreditation purposes and is intended to guide ongoing quality improvement.

Study Procedures:

As a student in the MSVU B.Sc. AHN program you are asked to complete this survey regarding your experiences in the program. It will take you approximately 20 minutes to complete.

There are no risks to you if you decide to participate in the survey. The potential benefits of this survey include contributing to the teaching and learning of future students in the Applied Human Nutrition program.

Confidentiality:

Your participation in this survey will be kept strictly confidential, all responses will be anonymized and information will only be used as part of the aggregate results of the study. Faculty and staff of the Applied Human Nutrition Department will have no access to the submitted individual responses. This survey does not ask for personal identifiers.

Consent:

Participation in this survey is entirely voluntary and you may choose to skip questions you prefer not to answer. If at any point you wish to withdraw, please exit the survey and your responses will not be included in the analysis.

By clicking on “Next Page” below and answering the survey questions we assume that you are giving consent to be part of this survey.

Contact Information:

Please submit any questions or concerns you have regarding this survey to [AHNsurvey@msvu.ca](mailto:AHNsurvey@msvu.ca)

Thank you for your participation.

Next      Cancel

There are three sections to this survey and the entire survey should take 20 minutes to complete.

## Instructions:

Please answer the following questions to the best of your ability. In some cases, you will be asked to provide specific written information. Please use the space provided for your written answers.

Please note the following:

1. You may skip questions you do not want to answer.
2. You will be able to move back and forth between pages to change or add to your answers.
3. Survey responses are only recorded when the 'Save as' button is clicked on the last page and the survey is saved on your computer. If you wish to exit the survey at any time click on the 'X' button located in the top right hand corner of the document. This will close the survey file and your responses will not be saved.

## Section 1: Undergraduate Experience

1. Where do you currently call 'home'?
  - Nova Scotia
  - Other Canadian Province
  - Outside Canada
2. Are you currently a
  - Full time student
  - Part time student
3. Did you enter the Bachelor of Science in Applied Human Nutrition (B.Sc.AHN) program as a(n):
  - High school graduate
  - Transfer student from another program in progress
  - Student having completed a previous degree
  - Individual from the workforce

4. What year are you planning to graduate from the B.Sc.AHN?

2014	2015	2016	2017	2018	2019
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Upon first applying to post-secondary education, were you aware of the B.Sc.AHN program offered at MSVU?

- Yes
- No

6. How did you first learn about the B.Sc.AHN program at MSVU? (Check all that apply)

- MSVU website
- Dietitians Of Canada website
- University information session (ie: 'Explore the Mount' )
- From a Registered Dietitian
- From a presentation delivered by a BScAHN student
- From a high school teacher/ guidance counsellor
- From a friend
- Other \_\_\_\_\_

7. What best describes your future interests upon graduating from the B.Sc.AHN program?

- Post Secondary Education/ Research
- Research in health related field
- Clinical Dietetics
- Administrative Dietetics
- Community Dietetics
- Food Policy Development
- Business/Industry
- Pursue medicine / other health profession career
- Unsure
- Other \_\_\_\_\_

8. Please indicate your level of agreement to the following questions:

My application to the B.Sc.AHN program was helped by:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A or cannot recall
Information that describes the B.Sc.AHN program's mission, vision, and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about admission requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-program advising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining equivalency for transfer courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about future career opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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9. Please indicate your satisfaction with the following academic aspects of the B.Sc.AHN program.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Library resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online course management software (Moodle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of full-time faculty to part-time faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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10. Please indicate your level of satisfaction with professionally related activities within the B.Sc.AHN program.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Professional organizations (e.g., Dietitians of Canada, Canadian Association of Foodservice Professionals, Canadian Obesity Network, Canadian Nutrition Society, Child Care Centre Menu Project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Groups (e.g. Student Nutrition Society, Fairview Heights School Elementary Breakfast Program, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research activities (e.g., Food Action Research Centre (FoodARC), Community Garden, Appetite Lab, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International activities (e.g. Students for Development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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11. Please indicate your satisfaction with the contribution of the following courses to your foundational knowledge\* in Applied Human Nutrition.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
CHEM 1011 General Chemistry I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 1012 General Chemistry II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 2401 Organic Chemistry I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 3501/BIOL 3501 Introductory Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 3502/BIOL 3502 Intermediary Metabolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOL 2202 General Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOL 2205 Human Anatomy and Physiology I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOL 2206 Human Anatomy and Physiology II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 2208 Introduction to Statistics I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 2209 Introduction to Statistics II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSI 1112 Introduction to Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSI 2214/2215 Organizational Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other NUTR course (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FSGN (Family Study & Gerontology) course (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Foundational knowledge encompasses the academic understanding acquired throughout the BScAHN program that prepares program graduates for post degree pursuits.

Please offer any specific program feedback concerning any or all of the above courses:

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12. Please indicate your satisfaction with the contribution of the following courses to your foundational knowledge\* in Applied Human Nutrition.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
NUTR 1209 Introductory Nutrition: Macronutrients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 1210 Introductory Nutrition: Micronutrients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 2324 Nutrition During the Life Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 3313 Research Methods in Nutrition & Dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4406 Seminar in Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 3325 Nutrition and Metabolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Foundational knowledge encompasses the academic understanding acquired throughout the BScAHN program that prepares program graduates for post degree pursuits.

Please offer any specific program feedback concerning any or all of the above courses

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13. Please rate your satisfaction with the contribution of the following courses to your foundational knowledge\* in Applied Human Nutrition.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
NUTR 1102 Introductory Foods: Plant Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 1103 Introductory Foods: Animal Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 3204 Food Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 3315 Food Production Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 3326 Ecological Perspectives of Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4400 Issues in Food Product Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4417 Management and Revenue Generation in Nutrition and Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Foundational knowledge encompasses the academic understanding acquired throughout the BScAHN program that prepares program graduates for post degree pursuits.

Please offer any specific program feedback concerning any or all of the above courses

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14. Please rate your satisfaction with the contribution of the following courses to your foundational knowledge\* in Applied Human Nutrition.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
NUTR 3407 Introduction to Client Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4408 Medical Nutrition Therapy I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4409 Medical Nutrition Therapy II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4414 Nutrition Education in the Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUTR 4444 Elements of Professional Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Foundational knowledge encompasses the academic understanding acquired throughout the BScAHN program that prepares program graduates for post degree pursuits.

Please offer any specific program feedback concerning any or all of the above courses

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15. In your opinion, are there any significant knowledge/subject gaps within in the current B.Sc.AHN program?

- Yes
- No
- Unsure

If yes, please specify:

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16. What do you like most about the MSVU B.Sc.AHN Program?

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17. What do you like least about the MSVU B.Sc.AHN Program?

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18. Please rank the following options in order of their importance, with 1 being the most important and 7 being the least important, as possible changes that you think would improve the B.Sc.AHN program.

- More courses tailored to B.Sc.AHN Dietetic students
- More courses tailored to B.Sc.AHN Nutrition students
- More business/management skills development
- More counselling skills development
- More exposure to medical nutrition therapy
- More applied learning activities on campus (e.g. workshops)
- More learning opportunities off campus

Do you have any other suggestions for program enhancement?

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19. Would you recommend the B.Sc.AHN program at the Mount to a friend who might want to pursue this field of education?

- Yes
- No

Please offer any specific feedback

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## Section 2: Internship Application Experience

20. Are you planning to apply to a post-graduate internship program (i.e.: DC Match)?

- Yes
- No
- Unsure

21. Please rate your satisfaction with the following efforts made by the department to inform you about post graduate internship programs:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Fall term general information session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall term internship forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to post degree internship advising opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please offer specific feedback concerning any or all of the above:

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22. Did you, or are you planning to, apply to the Internship Education Program (IEP) offered through the Department of Applied Human Nutrition at MSVU?

- Yes
- No
- Unsure

23. Please rate your satisfaction with the following efforts made by the B.Sc.AHN program to inform you about the B.Sc.AHN Internship Education Program (IEP) at MSVU:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Fall term general information session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall term internship forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall term resume and cover letter workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to IEP advising opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please offer specific feedback concerning any or all of the above:

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24. Please rate your satisfaction with the information provided on the following aspects of applying to the Internship Education Program.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectations of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please offer specific feedback concerning any or all of the above:

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### Section 3: Internship Education Program Experience

Please respond to questions 25-28 if you are currently an intern within the B.Sc.AHN Internship Education Program; if you are not, proceed to question 29:

25. Please rate your level of satisfaction with the following in preparing you for internship placements:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Medical terminology course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taped 'Professional Practice' presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please offer specific feedback concerning any or all of the above courses

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26. Please rate your level of satisfaction with the following aspects of the Intern Orientation Workshop in preparing you for internship placements:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Internship manual introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for clinical placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research projects and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please offer specific feedback concerning any or all of the above courses

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27. Please rate your level of satisfaction with the following aspects of the Moodle Interface used within the Internship Education Program:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Access to IEP documents and forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to supporting resources and courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with other people involved in the IEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please offer specific feedback concerning any or all of the above courses

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28. Please rate your satisfaction with how well the BScAHN Academic program enabled the development of the following skills required from you as an intern:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A or did not use
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition education delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interprofessional communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business plan development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence based decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing professional development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Please feel welcome to include any additional comments you have regarding the questions asked in this survey

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Thank You for your feedback. Please click 'done' when you are ready to submit your responses.

Save As