

Attachment 2: Supplementary questionnaire



UNIVERSITÄT ZU LÜBECK
INSTITUT FÜR GESUNDHEITSWISSENSCHAFTEN

Supplementary Questionnaire for Students of Physiotherapy, Occupational Therapy and Speech and Language Therapy at the University of Lübeck

Thank you for taking part in the study "Interprofessional Learning in the Topical Workshops". To help us gain a better understanding of your academic and professional background, please answer the following questions. Kindly return the completed questionnaire to me by _____.

Date: |__|__| Day |__|__| Month |__|__|__|__| Year

ID: _____

Age: _____

Gender: Female Male Diverse

In which semester are you studying? _____

Which Topical Workshop did you take part in?

- Orthopaedic Rehabilitation
- Paediatrics and Child and Adolescent Psychosomatics

Which profession do you belong to?

- Physiotherapy
- Occupational therapy
- Speech and language therapy

Are you currently working in a therapeutic profession?

Yes No

If yes, in which setting?

Acute clinic
 Rehabilitation clinic
 Outpatient rehabilitation
 Medical practice
 Other: _____ (please specify)

(Please also specify the speciality):

If yes, since when: _____

Full-time Part-time Marginal employment

Hours worked per week: _____

Do you already have experience working in an interprofessional team?

Yes No

If yes, which professional groups do you work with / have you already worked with?

<input type="checkbox"/> Nursing	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Medicine	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Psychology	<input type="checkbox"/> Midwives
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Others: _____ (please specify)

How do you liaise with other professional groups?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> By telephone | <input type="checkbox"/> Online meeting |
| <input type="checkbox"/> By e-mail | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Team meeting | <input type="checkbox"/> No contact |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Other: _____ (please specify) |

What grade (1 - very good to 6 - unsatisfactory) would you give the Topical Workshop?

1	2	3	4	5	6

The data you provide will be anonymised and treated in strict confidence!

I would like to thank you for your co-operation and will be happy to answer any questions you may have. Please contact me at m.jacob@uni-luebeck.de.

Marie Jacob