



INDIVIDUAL PROVIDER TRAINING NEEDS ASSESSMENT

Unique ID _____ / _____ / _____		
Birth Mo. _____	Birth Day _____	Last 4 digits SSN _____

Clinic/Practice Setting Name: _____ Date: _____

Professional Title: _____

How long have you worked at this facility? <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> more than 5 years
On average, how many patients/clients do you see each month in your clinic/practice setting? _____
Please indicate the percentage of your patients/clients with the following diagnoses:
HIV-infected: <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
Hepatitis C: <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
Tuberculosis: <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
Please place a check mark in the box(es) next to the types of screening/assessments performed in your clinic/practice setting and then estimate the percentage of patients with whom you conduct that type of screening/assessment.
<input type="checkbox"/> Mental Health Screening: On what percentage of patients? <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
<input type="checkbox"/> Alcohol and Substance Use Screening: On what percentage of patients? <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
<input type="checkbox"/> Behavioral Risk Assessments: On what percentage of patients? <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
<input type="checkbox"/> STD Screening: On what percentage of patients? <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
<input type="checkbox"/> Opt-out HIV testing on all patients aged 13-64 years: On what percentage of patients? <input type="checkbox"/> None <input type="checkbox"/> 1-24% <input type="checkbox"/> 25-49% <input type="checkbox"/> 50-74% <input type="checkbox"/> 75-100% <input type="checkbox"/> Don't know
On which patients do you routinely conduct a sexual history? <input type="checkbox"/> None <input type="checkbox"/> Only adolescents with other high risk behaviors <input type="checkbox"/> All sexually active adults <input type="checkbox"/> Adults and adolescent victims of rape and other sexual abuse <input type="checkbox"/> All sexually active adolescents <input type="checkbox"/> Children when sexual abuse suspected <input type="checkbox"/> Only adults with other high risk behaviors <input type="checkbox"/> Don't know

1. Please take a moment to think how you would answer the following questions about HIV/AIDS under the three knowledge areas Basic, Intermediate, or Advanced and then indicate your overall level of knowledge by checking the appropriate box.

Basic	Intermediate	Advanced
1. What do the letters H-I-V and A-I-D-S mean? 2. What bodily fluids can transmit HIV? 3. What are 3 methods for preventing the spread of HIV? 4. What is the significance of CD4 counts and viral load? 5. What is the difference between HIV and AIDS?	1. How does HIV infection affect the body's immune system? 2. What are 3 symptoms of primary HIV infection? 3. Which direction (increasing/ decreasing) of CD4 counts indicates worsening disease progression? 4. What is the significance of the presence of an opportunistic infection in a person with HIV?	1. When do you initiate antiretroviral therapy? 2. How do you reduce drug resistance? 3. When is resistance testing appropriate? 4. What is salvage therapy? 5. What are the most common opportunistic infections associated with HIV?

I assess my overall level of knowledge about HIV/AIDS at (Please check **ONE** box only):

<input type="checkbox"/> Basic:	I can answer some or all questions under Basic
<input type="checkbox"/> Intermediate:	I can answer all questions under Basic , and some or all questions under Intermediate
<input type="checkbox"/> Advanced:	I can answer all questions under Basic and Intermediate , and some or all questions under Advanced

3. What are the most effective and efficient methods for you to receive HIV education at your facility? (Choose THREE options then rank them from 1 (most preferred) to 3 (least preferred).

- | | |
|---|--|
| <input type="checkbox"/> ___ [01] Case-based Instruction | <input type="checkbox"/> ___ [06] Telemedicine/Teleconferencing |
| <input type="checkbox"/> ___ [02] Instructional Websites | <input type="checkbox"/> ___ [07] Clinical consultations (On-site) |
| <input type="checkbox"/> ___ [03] Preceptorships/Mini-residencies | <input type="checkbox"/> ___ [08] Clinical consultations (Off-site*) |
| <input type="checkbox"/> ___ [04] Videotape/DVD/CD instruction | <input type="checkbox"/> ___ [88] Other <i>specify</i> _____ |
| <input type="checkbox"/> ___ [05] Skill-building Workshops | |

* Off-site clinical consultations with an HIV/AIDS expert may include consultation by phone, fax, or e-mail.

4. How do you best acquire and retain information?

- Written Oral Visual Hands-on
In what language? English Spanish Other Language *specify* _____

5. The NW AETC can help coordinate the following training for you. Please prioritize the top FIVE (1 = highest priority and 5 = lowest priority) training topics according to your educational needs.

- [01] ___ HIV 101 for Providers*
- [02] ___ HIV Counseling and Testing (including Rapid Testing)*
- [03] ___ Primary HIV Infection*
- [04] ___ Management of the Newly Diagnosed HIV-infected Patient*
- [05] ___ Co-management of HIV: The Role of the Primary Care Provider*
- [06] ___ Highly Active Antiretroviral Therapy (HAART)*
- [07] ___ Metabolic Complications of HIV and HAART*
- [08] ___ Resistance Testing and Salvage Therapy*
- [09] ___ Opportunistic Infections*
- [10] ___ Sexually Transmitted Infections (STIs) in the HIV-infected Patient*
- [11] ___ HIV/Hepatitis C Co-infection*
- [12] ___ HIV Infection, Mental Illness and Substance Abuse*
- [13] ___ Women and HIV*
- [14] ___ Oral Manifestations and Dental Care*
- [15] ___ Post-exposure Prophylaxis (PEP)*
- [16] ___ Accessing Local and State HIV Resources/HIV Case Management
- [17] ___ HIV/STD Risk Assessment
- [18] ___ Risk Reduction
- [19] ___ Developing an HIV Response Team (Care Team)*
- [20] ___ CDC HIV Testing Recommendations

* Course may be available for CME. Check with your training coordinator.

6. If you could receive HIV/AIDS training on TWO other topics other than those listed above, what would they be?

- [88] _____
 [99] _____

7. Have you received training in the above topics in the last 6 months? Yes No
If YES, which topics?

8. What further information do you need about your role in providing HIV care and treatment?
