

Interprofessional Education Project Student Assessment (IPE-SA) Baseline

Instructions: This assessment is to be completed by students who receive HIV IPE training at each IPE Project participating health professional program. Students may be pre-license students or post-license practitioners. The *IPE-SA Baseline* is to be administered prior to the start of the IPE Project training activities.

BACKGROUND INFORMATION

1. Please create your participant ID by completing the following:

You should use the same ID for all AETC trainings

First two letters of first name: ___ ___

First two letters of last name: ___ ___

Birth month in numbers (two digits): ___ ___

Birth day (two digits): ___ ___

2. What is your discipline/area of study? (Select one)

Advanced practice nurse/Nurse Practitioner

Medicine

Dentistry

Mental/ behavioral health

Nursing

Pharmacy

Physician Assistant

Social work

Public Health

Dietetics or Nutrition

Health Administration

Other health professional program, specify: _____

3. What is the name of your academic institution and specific health profession program?

(e.g., AETC University – School of Medicine)

Institution: _____

Specific health professional program: _____

4. Please answer the following questions about your academic program and status in the program:

4a. How long is your program or course of study?

(i.e., if 4 years, enter '4' for years; if 1.5 years, then enter '1' for year and '6' for months)

____(years) ____ (months)

4b. What program year are you currently enrolled in?

If you are a part-time student, indicate the "year of study" you are currently in in your program, rather than the actual number of years you have been in the program.

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5+ years
- Program completed/graduated

4c. Please select the category that best describes your current licensure status:

- Pre-license student
- Post-license practitioner
- Other, please specify: _____

INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL HEALTH CARE TEAM FUNCTIONING

The next set of questions ask about your knowledge and attitudes related to interprofessional care and practice to improve HIV care outcomes. Interprofessional education promotes collaborative and integrated learning among two or more types of health professionals (pre-license students and/or post-license practitioners) from different disciplines in order to encourage safe, high quality, accessible, patient-centered care and ultimately, improve health outcomes.

5. Rate your current level of knowledge on the ideal functioning of interprofessional health care teams.

- Needs considerable improvement
- Needs improvement
- Adequate
- Very good
- Excellent

6. Select the response category that best reflects the degree to which you agree or disagree with the following statements regarding interprofessional education.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Learning with students from other professions is helpful toward becoming a more effective health care professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in an interprofessional manner complicates the delivery of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be effective, team members should understand the roles and responsibilities of their fellow interprofessional team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions are about your current ability to work as a member of an interprofessional health care team, either through a student practicum, preceptorship, residency, patient simulation exercises, or other hands-on clinical training experience where you may have had the opportunity to work with individuals from different health care disciplines to provide patient care.

7. Rate your current ability to work as a member of an interprofessional health care team.

- Needs considerable improvement
- Needs improvement
- Adequate
- Very Good
- Excellent

8. Please rate your current ability to perform the following functions as part of an interprofessional health care team.

	Needs considerable improvement	Needs improvement	Adequate	Very good	Excellent
Develop trusting relationships with patients/clients and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involve patients/clients in decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide constructive feedback to team members on their performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respond to feedback from team members on your performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Express opinions in a group, even when others disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Justify recommendations/actions in-person, with more senior people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address conflict and differences of opinions among interprofessional team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop an interprofessional patient/client care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please select the opportunities you have had to participate on an interprofessional health care team, since starting your training at this school/university/health professional program.
(Select all that apply)

- Clinical practicum
- Clinical preceptorship
- Clinical rotation
- Residency or fellowship
- Other hands-on clinical training experience, please specify: _____
- I have not had any opportunities to participate as part of an interprofessional health care team

HIV-RELATED CARE AND SERVICES PROVIDED BY AN INTERPROFESSIONAL TEAM

The next set of questions are about your current ability related to providing HIV-related care and services. When responding, consider the training and education you have received on these topics. Think about your ability to perform these tasks in any hands-on learning opportunities you may have had providing care to clients/patients (e.g., practicum, preceptorship, residency, or other hands-on training experience, patient simulations, etc.).

10. Please rate your current ability to perform HIV-related services listed below in the context of an interprofessional care team.

Please select "N/A" if the service does not apply to your discipline or area of study.

	Needs considerable improvement	Needs improvement	Adequate	Very good	Excellent	N/A
HIV Prevention						
HIV education and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PrEP assessment and prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Testing						
HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of HIV testing results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Care and Treatment						
Linkage to HIV care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement and retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing, managing, and monitoring antiretroviral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiretroviral therapy adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chronic medical conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunistic infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Service Delivery						
Delivering team-based, interdisciplinary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing services to culturally diverse PLWH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care-coordination for non-medical needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other HIV-Related Service						
Other, please specify: _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey complete. Thank you!

To Be Completed by AETC

AETC Region Number: ____ ____

Local Partner Site Number: ____ ____ ____

Indicate Survey Phase:

____ **Baseline**

____ **Follow-Up**

Date Form Completed (MM/DD/YYYY): ____ / ____ / ____

Health Professional Program ID: ____

[5 digit numeric ID: 2-digit AETC Region Number + 1-digit institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]