

Identification/Demographics

* 1. What is your last name?

* 2. What is your first name?

Preceptors/Feedback

3. Which of the preceptors or other professionals with whom you worked had the greatest impact on your experience? Please feel free to list as many or as few as you would like.

4. How did this/these preceptor(s) impact your experience? Please list any feedback you have here.

Self-Rating of IPE-Specific Knowledge and Attitudes

Please note that you will likely not be able to cover everything listed below during this rotation. Please also note that this self-assessment will not be factored into your grade or evaluations for this rotation.

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

Very Low

Low

Medium

High

Very High

N/A

* 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 nor Disagree	Agree	Strongly Agree
Learning with students from other professions will make me become 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"/>

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

Very Low	Low	Medium	High	Very High	Not Applicable/Outside of Scope of Practice
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Low	Low	Medium	High	Very High	Not Applicable/Outside of Scope of Practice
Develop trusting relationships with patients/clients and families	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>
Justify recommendations/actions, in person, with more senior team members	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>

* 9. What is your discipline?

- Medicine
- Nurse Practitioner
- Pharmacy
- Social Work
- Clinical Nutrition
- Rehabilitation Counseling

Self-Rating of HIV-Related Abilities (MD/APN)

Please note that you will likely not be able to cover everything listed below during this rotation. Please also note that this self-assessment will not be factored into your grade or evaluations for this rotation.

* 10. Rate your current ability to perform the HIV-related services listed below (Medical/APN Students)

	Very Low	Low	Medium	High	Very High	Not Applicable/Outside of Scope of Practice
Discuss the effectiveness of pre-exposure prophylaxis (PrEP) at preventing HIV transmission with patients/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage patients/clients using PrEP medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a sexual history from a patient/client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen and diagnose HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat patients/clients with sexually transmitted infections (STIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat patients/clients with viral hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery primary care to patients/clients with HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide care to HIV-infected women of child-bearing age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct HIV medication management and adherence counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiate care to prevent and treat HIV-related opportunistic infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiate care to prevent and treat co-morbid conditions(e.g. diabetes, cardiovascular disease, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for behavioral health issues (substance dependency and/or mental health problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please note that you will likely not be able to cover everything listed below during this rotation. Please also note that this self-assessment will not be factored into your grade or evaluations for this rotation.

* 11. Rate your current ability to perform the HIV-related services listed below (Pharmacy Students)

	Very Low	Low	Medium	High	Very High	Not Applicable/Outside of Scope of Practice
Discuss the effectiveness of pre-exposure prophylaxis (PrEP) at preventing HIV transmission with patients/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage patients/clients using PrEP medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct HIV medication management and adherence counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiate care to prevent and treat HIV-related opportunistic infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiate care to prevent and treat co-morbid conditions(e.g. diabetes, cardiovascular disease, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HIV Interprofessional Education Student Post Experience Survey

Self-Rating of HIV-Related Abilities (Clinical Nutrition, Rehabilitation Counseling, and Social Work)

Please note that you will likely not be able to cover everything listed below during this rotation. Please also note that this self-assessment will not be factored into your grade or evaluations for this rotation.

* 12. Rate your current ability to perform the HIV-related services listed below (Rehabilitation Counseling, Social Work, & Clinical Nutrition Students)

	Very Low	Low	Medium	High	Very High	Not Applicable/Outside of Scope of Practice
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss the effectiveness of PrEP at preventing HIV transmission with patients/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for viral hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine the need for an HIV test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer and link newly HIV-diagnosed patients/clients to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-engage patients/clients into care (e.g. monitoring/follow-up with those out of care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for behavioral health issues (substance dependency and/or mental health problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

13. What was your confidence overall managing and evaluating the HIV population BEFORE the IPE rotation?

Extremely confident

Somewhat confident

Neutral

Barely confident

Not confident at all

14. What was your overall confidence managing and evaluating the HIV population AFTER the IPE rotation?

Extremely confident

Somewhat confident

Neutral

Barely confident

Not confident at all

15. What comments would you like to share with us about your participation in this HIV Interprofessional Education Experience?

16. What changes/improvements would you suggest for this HIV Interprofessional Education Experience?

17. What did you like best about this HIV Interprofessional Education experience?

18. Please list any additional comments here: