

1. Training Follow-Up Survey

* 1. Please enter your personal ID code here. Your personal ID code is 8 digits, consisting of the LAST 4 digits of your student or faculty ID number (if you are in both roles, use faculty ID), the FIRST 2 letters of the name of the city where you were born, and the LAST 2 digits of the year you graduated from high school.

For example: If your student ID was 7891212, you were born in Valparaiso Indiana, and you graduated from high school in 2010, your unique ID number would be: 1212VA10.

2. What month and year did you graduate from the University of Colorado; College of Nursing?

3. What is your professional discipline?

- Nursing - BSN degree
- Nursing - M.S./Nurse Practitioner
- Medicine
- Pharmacy
- Dentistry
- Mental Health (e.g., Social Work, Psychology)
- Other (please specify)

4. What is your clinical specialty? (if any)

- None
- Adult Care (e.g., ANP, General Internal Medicine)
- Geriatric Care (e.g., AGNP)
- Clinical Nurse Specialist (CNS)
- Family Care (e.g., FNP, Family Medicine)
- Psych/Mental Health (e.g., FPMHNP, Psychiatry)
- Nurse Midwifery (NMW)
- Pediatric Care (e.g., PNP, Pediatric Medicine)
- Women's Health (e.g., WHCNP, Ob/Gyn)

Other (please specify)

5. What is your gender?

- Female
- Male
- Transgender

Other (please specify)

6. What is your race or ethnicity? (Please select all that apply.)

- White
- Latino/Latina or Hispanic
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Other (please specify)

7. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

8. What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual

9. Do you provide direct clinical services to patients/clients?

- Yes
- No

2. About Your Practice

Please use the following items to tell us something about the setting where you are currently providing clinical care.

1. Do you currently work (or reside, if not working) ...

- in Colorado
- outside Colorado

If outside Colorado, what state or country?

2. Is your work setting (or residence, if not working) ...

- In an urban area (major city or suburb)?
- In a small or moderate-sized city?
- In a small town or rural area?
- In a frontier area (less than 5 people per square mile)?

3. Is your current work setting ...

- an academic medical center or university
- a large hospital not affiliated with an academic medical center
- a small, regional or local hospital
- a primary care clinic
- a specialty care clinic
- a school-based clinic
- not currently working
- working in another setting (please specify)

4. Is your practice setting any of the following: a Federally Qualified Health Center (FQHC), community health center (CHC), rural health center (RHC), or FQHC look-alike?

- Yes
- No

5. What proportion of the patients seen in your practice are members of the following groups?

	0%	1-25%	26-50%	51-75%	76-99%	100%
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant Women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gay/Lesbian/Bisexual/MSM/Transgender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial/Ethnic Minorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income Individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have Public Insurance (e.g., Medicare, Medicaid, Ryan White)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless Individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incarcerated Individuals/Parolees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent Immigrants, Refugees, or Migrant Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously or Persistently Mentally Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other special population (please specify)

3. Changes in Clinical Skills: Substance Abuse Treatment and Prevention

The following questions ask about your practice setting, and about changes in your clinical skills and the way you provide care that may have resulted from the training you received.

1. In your practice, how often do you screen patients for substance use disorders?

- A. To all existing patients
- B. To all new patients at intake
- C. To patients based on risk factors
- D. When a patient requests it
- E. I refer patients elsewhere for substance use disorder screening
- F. I never screen patients for substance use disorders

2. To what extent did your skills in the categories below improve as a result of the training you received?

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
identifying the association of medical and social/behavioral conditions with substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using evidence-based brief intervention procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
detoxification procedures for alcohol and other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prescribing effective medications to treat craving and prevent relapse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
appropriately prescribing opioids, pain medications and medically assisted treatment methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ongoing medical management and care coordination of outpatients and other recipients of SBIRT services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fostering integration of SBIRT into the full continuum of primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
communicating and linking with specialty substance abuse treatment service providers and facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
training of local and regional care systems on SBIRT for behavioral health workforce development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
understanding and working with EHR-based screening and assessment systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
championing or advocating for institutional and/or administrative changes that affect the implementation of SBIRT services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

There were OTHER CHANGES in my skills and abilities, or in the way I provide care (please list):

3. To what extent have you used the skills listed below in your regular practice?

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
identifying the association of medical and social/behavioral conditions with substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
using screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using evidence-based brief intervention procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
detoxification procedures for alcohol and other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prescribing effective medications to treat craving and prevent relapse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appropriately prescribing opioids, pain medications and medically assisted treatment methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ongoing medical management and care coordination of outpatients and other recipients of SBIRT services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fostering integration of SBIRT into the full continuum of primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
communicating and linking with specialty substance abuse treatment service providers and facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
training of local and regional care systems on SBIRT for behavioral health workforce development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
understanding and working with EHR-based screening and assessment systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

championing or advocating for institutional and/or administrative changes that affect the implementation of SBIRT services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I have implemented OTHER SKILLS as a result of the training (please list):

4. Changes in Clinical Skills: HIV and Hepatitis Treatment and Prevention

The following questions ask about your practice setting, and about changes in your clinical skills and the way you provide care that may have resulted from the training you received.

1. Which of the following best describes the HIV care services that you provide to patients?

2. In your practice, how often do you test patients for HIV?

- A. To all existing patients
- B. To all new patients at intake
- C. To any patients who have risk factors
- D. When a patient requests it
- E. I refer patients elsewhere for testing
- F. I never test patients for HIV

3. In your practice, how often do you test patients for viral hepatitis?

- A. To all existing patients
- B. To all new patients at intake
- C. To any patients who have risk factors
- D. When a patient requests it
- E. I refer patients elsewhere for testing
- F. I never test patients for hepatitis

4. To what extent did your skills in the categories below improve as a result of the training you received?

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
Counseling skills for HIV and hepatitis prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV or hepatitis testing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for linking patients to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for interpreting lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for managing comorbid conditions in HIV primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management skills for HIV or hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for retaining patients in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for working with culturally diverse clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

There were OTHER CHANGES in my skills and abilities, or in the way I provide care (please list):

5. To what extent have you used the skills listed below in your regular practice?

	Not at all	A little	A moderate amount	A lot	A great deal	Topic not addressed
Counseling skills for HIV and hepatitis prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV or hepatitis testing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for linking patients to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for interpreting lab results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for managing comorbid conditions in HIV primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management skills for HIV or hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for retaining patients in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills for working with culturally diverse clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have implemented OTHER SKILLS as a result of the training (please list):

5. Evaluation of Training

The next set of questions asks about your experiences following the SBIRT and HIV training that you received

1. Please choose the best response.

	Novice	Not very knowledgeable	Knowledgeable	Very knowledgeable	Expert
How would you rate your level of knowledge about the training content now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please fill in the circle for the best response of the following questions.

Regarding this education program:

	Agree strongly	Agree	Not sure	Disagree	Disagree strongly
Do you agree with this statement? "Since the training, I have applied the information learned in my practice/service setting."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In what ways did you share information from the training? (check all that apply)

- I discussed information from the training with colleagues
- I shared information from the training with my patients/clients
- I distributed written materials from the training to colleagues
- I distributed materials from the training electronically to colleagues
- I shared information in other ways (please specify):

4. As a result of training, do you believe that your care setting has made changes in the way care is provided to persons living with HIV?

Not at all

To a moderate degree

To an extreme degree

Please provide examples of any changes in practice that resulted from your training

5. Did you use the training content to advocate for changes to policies and procedures in your practice setting?

Yes

No

If so, please describe:

6. To what extent have you encountered the following challenges when trying to use what you learned in the training?

A. Not enough time has elapsed since the training for me to implement what I learned

B. I do not have adequate time with patients to implement what I learned

C. I have not seen patients/clients with the conditions discussed in training

D. Patients are unable to follow the recommendations I learned in training

E. My worksite does not have the resources to support implementation of what I learned

F. Managers at my worksite do not support implementation of what I learned

G. My worksite policies and procedures make it difficult to implement what I learned

I have encountered OTHER CHALLENGES when trying to implement what I learned (please specify):

7. Do you recall receiving a training on HIV as a student?

Yes

No

6. Thank You

1. Please share any other comments and/or recommendations about the training you received on the topics of substance abuse, HIV, and viral hepatitis

2. If you have positive feedback to share about your clinical experience with your HIV rotation, the University of Colorado AETC would be interested in learning more from you. In the comments section below, please include the location of your rotation, a description of the clinical experience you participated in, and any other pertinent information that you feel helped prepare you to treat patients with HIV. Thank you.

3. If you would like to be entered into a drawing for a \$25 gift card, at what email address AND phone number would you like to be contacted? Please be sure to include your name.

Thank you for taking the time to complete this survey and for sharing your experiences with us! Your input will help us to improve the quality of our education and training programs.