

Interprofessional Education Project

Student Assessment (IPE-SA)

One-Time Follow-Up

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 One-Time Follow-Up* is to be administered immediately after the end of HIV IPE training or program completion, within two weeks.

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"/>

HIV IPE TRAINING RECEIVED & POST-TRAINING PLANS

The next set of questions asks about the HIV IPE training you received at your health professional program and your plans for providing care and services to clients/patients with HIV in your current or future work.

11. Thinking back about the HIV IPE training you received at your health professional program, to what extent do you intend to apply the knowledge and skills you learned to your future work?

- Not at all
- A little
- A moderate amount
- Quite a bit
- A great deal

12. Please select one statement that best describes your employment status. (Select one)

- I am currently employed/working (*Skip to Question 13*)
- I am hired and will be working (*Skip to Question 13*)
- I will seek employment after completing my program (*Continue to Question 12a*)
- I will continue professional development or study,
please specify: _____ (*Continue to Question 12a*)
- Other, please specify: _____ (*Continue to Question 12a*)

Thinking about your future work, please answer the following questions:

12a. In your future work setting, do you expect to have direct interactions with clients/patients?

- Yes (*Continue to Question 12b*)
- No (*Skip to Question 12c*)
- Not sure (*Skip to Question 12c*)

12b. In your role at your future work setting....

	Yes	No	Not sure
Do you expect to provide HIV prevention and testing services to clients/patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you expect to assess for and prescribe HIV PrEP to clients/patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you expect to provide services directly to people who are living with HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12c. In your future work setting, what will be your primary profession/occupation?
(Select one)

- Dentist
- Other Dental Professional
- Nurse Practitioner or other Nursing Professional who prescribes
- Nurse Professional who does not prescribe
- Midwife
- Pharmacist
- Physician
- Physician Assistant
- Dietitian or Nutritionist
- Mental/Behavioral Health Professional
- Substance Abuse Professional
- Social Worker or Case Manager
- Community Health Worker (includes Peer Educator or Navigator)
- Clergy or Faith-based Professional
- Practice Administrator or Leader (e.g. Chief Executive Officer, Nurse Administrator)
- Other allied health professional (e.g., Medical Assistant, Podiatrist, Physical Therapist), please specify: _____
- Other Public Health Professional, please specify: _____
- Other Non-Clinical Professional (e.g. Front Desk Staff, Grant Writer), please specify: _____

Survey complete. Thank you!

Thinking about your work setting and employment role, please answer the following questions:

13. What is the state/territory and zip code of your employment setting?

_____(state/territory) and _____(zip code)

14. Does your principal employment setting receive Ryan White HIV/AIDS Program funding?

- Yes
- No
- Not sure

15. Are HIV prevention, care, or treatment services provided by your principal employment setting?

- Yes
- No
- Not sure

16. What is your principal employment setting? (Select one)

- Clinic
- Hospital
- Pharmacy
- Public Health Agency (government or other)
- Other healthcare setting, please specify: _____
- Not currently employed in a healthcare setting, please specify: _____

17. What is your primary profession/occupation? (Select one)

- Dentist
- Other Dental Professional
- Nurse Practitioner or other Nursing Professional who prescribes
- Nurse Professional who does not prescribe
- Midwife
- Pharmacist
- Physician
- Physician Assistant
- Dietitian or Nutritionist
- Mental/Behavioral Health Professional
- Substance Abuse Professional
- Social Worker or Case Manager
- Community Health Worker (includes peer educator or navigator)
- Clergy or Faith-based Professional
- Practice Administrator or Leader (e.g., Chief Executive Officer, Nurse Administrator)
- Other allied health professional (e.g., Medical Assistant, Podiatrist, Physical Therapist), please specify: _____
- Other Public Health Professional, please specify: _____
- Other non-clinical professional (e.g., Front Desk Staff, Grant Writer), please specify: _____

18. In your work setting, do you have direct interaction with clients/patients?

- Yes (Continue to Question 18a)
- No (SURVEY COMPLETE. THANK YOU!)

18a. In your role at your work setting....

	Yes	No
Do you provide HIV prevention and testing services to clients/patients?	<input type="radio"/>	<input type="radio"/>
Do you screen for and prescribe HIV PrEP to clients/patients?	<input type="radio"/>	<input type="radio"/>
Do you provide services directly to people who are living with HIV?	<input type="radio"/>	<input type="radio"/>

Thank you for completing this survey!

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.]