

Interprofessional Education Project Faculty Assessment (IPE-FA) Baseline

Instructions: This assessment is to be completed by all faculty participating in the HIV IPE Project at each participating health professional program. A **participating faculty** is one who receives HIV IPE training, teaches HIV IPE content, or supports student practicums or hands-on clinical learning experiences that include HIV IPE training. The *IPE-FA Baseline* is to be administered prior to the start of the IPE Project activities after the *IPE Health Professional Program Profile Baseline*.

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 the name of your academic institution and specific health profession program?

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

Institution: _____

Specific health professional program: _____

3. What is the state/territory and zip code of your academic institution?

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

4. From the list below, check the responses that best describe your planned involvement in the AETC HIV IPE Project. (Select all that apply)

- Leading and championing this project within my health professional school
- Teaching a course that includes IPE content
- Interested in incorporating HIV IPE content into my courses/lectures
- Interested in leading the student practicum experience for students involved in the project
- Interested in incorporating HIV IPE content into my clinical teaching
- Interested in receiving training on HIV and/or IPE
- Interested in learning more about the project, but not yet involved
- Other, please specify: _____

5. From the list below, select the program/school of your primary academic appointment. (Select one)

- Dentistry
- Medicine
- Nursing
- Pharmacy
- Physician Assistant
- Public Health
- Social Work
- Dietetics or Nutrition
- Mental/Behavioral Health
- Health Administration
- Other health professional program, please specify: _____

HIV CONTENT AND TEACHING

6. To what extent are the following topics/concepts related to HIV covered in your courses/clinical teaching?

	Not at all	A little	A moderate amount	Quite a bit	A great deal
HIV prevention					
HIV screening and testing					
HIV care and treatment					

7. Please rate how **confident** you are in your **ability to teach** on the following HIV-related topics.

Please select "N/A" if the topic is not applicable to your role.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident	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"/>

INTERPROFESSIONAL EDUCATION CONTENT AND TEACHING

8. To what extent have you integrated HIV-related interprofessional education in the courses/trainings you deliver?

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

9. To what extent have you taught/trained students from different health professions together?

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

10. To what extent is interprofessional team-based health care delivery covered in the courses/trainings you deliver?

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

11. Please rate how confident you are in your ability to teach on each of the following areas related to interprofessional education and collaborative practice.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident
Values and Ethics for Interprofessional Practice					
Patient involvement in decision-making on their care plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development of trusting relationships with patients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of ethical dilemmas specific to interprofessional patient-centered care situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roles and Responsibilities for Collaborative Practice					
Roles and responsibilities of different health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working together as an interprofessional team to provide care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprofessional Communication Practices					
Communication tools and techniques to facilitate discussions and interactions that enhance team functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influence of authority and hierarchy on team functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving feedback to others about performance on a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responding to feedback from others about performance on a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interprofessional Teamwork and Team-based Practices					
Leadership practices that support collaborative practice and team effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration of the knowledge and experiences of other professions appropriate to the care situation to inform care decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution or addressing differences of opinions among interprofessional team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process improvement strategies used to increase effectiveness of interprofessional teamwork and team-based care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please rate how confident you are in your ability to implement the following components of the HIV-focused IPE Project.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident
Train different types of health profession students together on HIV IPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrate HIV IPE content into your health professions' education program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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**

____ **1st Follow-Up**

____ **2nd Follow-Up**

____ **3rd Follow-Up**

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

IPE Participating Institution ID: _____

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