

# HIV Training Needs Assessment among Southeastern Health Care Workers

*In January-July 2008, the Southeast AIDS Training and Education Center (SEATEC) at Emory University School of Medicine carried out an online survey assessing HIV training needs among health care workers, focusing on potential learners in HIV, STD, family planning, and substance abuse settings. Four additional federal training centers collaborated in the project. Some 417 health care workers completed the survey. This document details findings from the 191 respondents recruited from HIV work settings. Additional study details appear in an endnote.*

## 1. What is your profession?

	Percent	Number of Respondents
Advance practice nurse/nurse practitioner	19.8	37
Case manager	2.1	4
Dentist	0.5	1
Hygienist/other dental professional	--	--
Nurse (RN, LPN)	43.9	82
Certified nurse midwife	--	--
Licensed professional counselor	0.5	1
Mental health professional	0.5	1
Pharmacist	0.5	1
Physician	13.9	26
Physician assistant	1.6	3
Public health professional	5.9	11
Social worker	2.1	4
Substance abuse professional	2.1	4
Other*	6.4	12
<b>Total</b>	<b>100%</b>	<b>187</b>

\*Other write-ins: administrator, certified medical assistant, clinic coordinator, executive director, program manager, HIV discharge planner for GA Department of Corrections, HIV program coordinator, public health representative, quality assurance, receptionist, research associate/RN, RN case manager/discharge planner

**2. Which state do you work in?**

	<b>Percent</b>	<b>Number of Respondents</b>
Alabama	13.4	25
Georgia	39.8	74
Kentucky	26.3	49
Tennessee	7.5	14
North Carolina	7.5	14
South Carolina	5.4	10
<b>Total</b>	<b>100%</b>	<b>186</b>

**3. Was HIV/AIDS training part of your professional training?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	78.3	144
No	21.7	40
<b>Total</b>	<b>100%</b>	<b>184</b>

**If yes, did this include more than one lecture on HIV/AIDS?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	87.8	130
No	12.2	18
<b>Total</b>	<b>100%</b>	<b>148</b>

**If yes, did your training occur in the past two years?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	52.4	75
No	47.6	68
<b>Total</b>	<b>100%</b>	<b>143</b>

**4. Estimate the percentage of patients/clients at your agency who are:**

African American/Black

	<b>Percent</b>	<b>Number of Respondents</b>
None	1.7	3
1-24%	24.1	42
25-49%	16.1	28
50-74%	32.2	56
>=75%	25.9	45
<b>Total</b>	<b>100%</b>	<b>174</b>

American Indian/Alaskan Native

	<b>Percent</b>	<b>Number of Respondents</b>
None	59.3	51
1-24%	39.5	34
25-49%	1.2	1
50-74%	--	--
>=75%	--	--
<b>Total</b>	<b>100%</b>	<b>86</b>

Asian

	<b>Percent</b>	<b>Number of Respondents</b>
None	35.9	37
1-24%	64.1	66
25-49%	--	--
50-74%	--	--
>=75%	--	--
<b>Total</b>	<b>100%</b>	<b>103</b>

Hispanic/Latino or Spanish origin

	<b>Percent</b>	<b>Number of Respondents</b>
None	3.2	5
1-24%	81.3	126
25-49%	11.6	18
50-74%	2.6	4
>=75%	1.3	2
<b>Total</b>	<b>100%</b>	<b>155</b>

White

	<b>Percent</b>	<b>Number of Respondents</b>
None	0.6	1
1-24%	36.5	61
25-49%	29.9	50
50-74%	16.2	27
>=75%	16.8	28
<b>Total</b>	<b>100%</b>	<b>167</b>

Native Hawaiian/Other Pacific Islander

	<b>Percent</b>	<b>Number of Respondents</b>
None	81.4	48
1-24%	18.6	11
25-49%	--	--
50-74%	--	--
>=75%	--	--
<b>Total</b>	<b>100%</b>	<b>59</b>

\*Other write-ins: multiracial (3), refugee, unknown

**5. Which of the following populations receive care at your workplace? (Select all that apply)**

	<b>Percent</b>	<b>Number of Respondents</b>
Gay/Lesbian	82.2	157
Persons with HIV/AIDS	76.4	146
Persons with viral hepatitis B and/or C	73.3	140
Homeless	64.4	123
Incarcerated/Parolees/Probation	59.2	113
Injection Drug Users	67.5	129
Older adults (50+)	79.6	152
Persons with mental illness	72.8	139
Recent immigrants	60.7	116
Substance abusers	78.5	150
Transgendered	47.1	90
Uninsured	84.3	161
Women	86.9	166
Youth (0-18)	55.0	105

**6. Do you provide HIV testing at your workplace?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	81.2	147
No	18.8	34
<b>Total</b>	<b>100%</b>	<b>181</b>

**a. If yes, do you use a rapid HIV test that provides results on the same visit?**

	<b>Percent</b>	<b>Number of Respondents</b>
Always	18.0	27
Sometimes	24.7	37
Never	57.3	86
<b>Total</b>	<b>100%</b>	<b>150</b>

**b. Which of the following best describes your approach to HIV counseling and testing?**

	<b>Percent</b>	<b>Number of Respondents</b>
I only offer testing to very high-risk patients/clients	1.9	3
I only offer testing to high and moderate risk patients/clients	15.2	24
I routinely offer the test to all patients/clients	57.6	91
I refer at-risk patients to other agencies for HIV testing	6.9	11
Other	18.4	29
<b>Total</b>	<b>100%</b>	<b>158</b>

**7. Do you provide hepatitis B or C testing at your workplace?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	60.6	109
No	39.4	71
<b>Total</b>	<b>100%</b>	<b>180</b>

**8. Please check the category that best describes your confidence in your ability to perform these tasks:**

	<b>Not at all confident</b>	<b>Somewhat confident</b>	<b>Moderately Confident</b>	<b>Very Confident</b>	<b>N/A</b>
Taking a sexual history	0%	8.3%	24.4%	66.7%	0.6%
HIV pre-test counseling or discussion	1.1	9.0	26.9	59.0	4.0
HIV post-test counseling for positive results	7.8	12.8	24.0	51.4	4.0
Referring positive patients for HIV treatment and services	5.1	11.2	16.3	56.7	10.7
Referring patients positive for hepatitis B or C for hepatitis care	5.1	16.9	24.7	44.4	8.9

**9. Please check the HIV topics for which you would attend training if available.  
(Select all that apply)**

	<b>Percent</b>	<b>Number of Respondents</b>
Adherence to HIV medications	39.8	76
Clinical management of HIV	43.5	83
Clinical manifestations of HIV	38.2	73
Culturally/linguistically appropriate HIV services	42.9	82
Screening for/diagnosing HIV in a primary care setting	28.3	54
Infectious comorbidities (hepatitis, TB)	47.1	90
HIV/hepatitis coinfection management and treatment	44.5	85
Legal/ethical/policy issues with HIV	51.8	99
Prophylaxis and management of HIV opportunistic infections	32.5	62
Oral health issues in HIV	36.6	70
Other comorbidities (mental illness, substance abuse)	41.9	80
Pain management in HIV	36.1	69
Palliative and end of life care in HIV	31.4	60
Pharmacology of HIV medications	39.8	76
Post-exposure prophylaxis	37.2	71
Prevention strategies for HIV-infected persons	43.5	83
Psychosocial issues	43.5	83

Rapid HIV test technology	27.7	53
Reproductive health, pregnancy management, and perinatal transmission of HIV	46.1	88
Sexuality issues in HIV care	50.8	97
Substance abuse	44.5	85

**Populations:**

	<b>Percent</b>	<b>Number of Respondents</b>
Gay/Lesbian	52.9	101
Persons with HIV/AIDS	54.5	104
Homeless	40.8	78
Incarcerated/Parolees/Probation	39.3	75
Injection drug users	36.6	70
Older adults (50+)	53.9	103
Persons with mental illness	41.9	80
Recent immigrants	45.0	86
Substance abusers	50.3	96
Transgendered	39.8	76
Uninsured	47.1	90
Women	57.1	109
Youth (0-18)	35.1	67
Other*	2.6	5

\*Other write-ins: alternative/nontraditional treatments, syringe exchange, heterosexual African American males, HIV and meth, lipoatrophy, vaccine development

**10. Please list your single most urgent and important training need from question 9.**

	<b>Percent</b>	<b>Number of Respondents</b>
Adherence to HIV medications	4.2	8
Clinical management of HIV	5.2	10
Clinical manifestations of HIV	--	--
Culturally/linguistically appropriate HIV services	3.7	7
Screening for/diagnosing HIV in a primary care setting	2.6	5
Comorbidities (infectious and noninfectious)	2.6	5
HIV/hepatitis coinfection management and treatment	5.8	11
Legal/ethical/policy issues with HIV	6.8	13
Prophylaxis and management of HIV opportunistic infections	2.1	4
Oral health issues in HIV	1.0	2

Pain management in HIV	2.1	4
Palliative and end of life care in HIV	0.5	1
Pharmacology of HIV medications	2.1	4
Post-exposure prophylaxis	1.0	2
Prevention strategies for HIV-infected persons	2.6	5
Psychosocial issues	0.5	1
Rapid HIV test technology	3.7	7
Reproductive health, pregnancy management, and perinatal transmission of HIV	3.7	7
Sexuality issues in HIV care	0.5	1
Substance abuse	2.1	4

### **Populations:**

	<b>Percent</b>	<b>Number of Respondents</b>
Gay/Lesbian	0.5	1
Persons with HIV/AIDS	0.5	1
Homeless	0.5	1
Incarcerated/Parolees/Probation	--	--
Injection drug users	0.5	1
Older adults (50+)	2.1	4
Persons with mental illness	1.6	3
Recent immigrants	1.0	2
Substance abusers	--	--
Transgendered	2.6	5
Uninsured	0.5	1
Women	1.0	2
Youth (0-18)	1.6	3



**11. In the last 12 months, what types of continuing education activities did you participate in? (Select all that apply)**

	<b>Percent</b>	<b>Number of Respondents</b>
Conference with multiple sessions	61.8	118
Lecture	64.9	124
Case discussion	35.6	68
Self-study, in print and/or video	44.0	84
Web-based learning	51.8	99
Telephone-based learning	9.9	19
Clinic-based practicum or preceptorship	11.0	21
Other*	2.1	4

\*Other write-ins: HIV workshop (2), hospital rounds, in-service (2), journal club, nothing (3), educational dinner, symposia

**12. Of these types of continuing education activities, which one type works best for you?**

	<b>Percent</b>	<b>Number of Respondents</b>
Conference with multiple sessions	33.8	49
Lecture	27.7	40
Case discussion	11.0	16
Self-study, in print and/or video	3.4	5
Web-based learning	17.3	25
Telephone-based learning	--	--
Clinic-based practicum or preceptorship	3.4	5
Other*	3.4	5
<b>Total</b>	<b>100%</b>	<b>145</b>

\*Other write-ins: all (2), any (2), combination

**13. What length of time do you prefer for continuing professional education/training programs? (Indicate longest duration)**

	<b>Percent</b>	<b>Number of Respondents</b>
No preference	13.2	23
Less than half a day	13.7	24
Half day	16.0	28
Full day	40.0	70
2 – 3 days	17.1	30
<b>Total</b>	<b>100%</b>	<b>175</b>

**14. How far are you willing to travel to receive continuing professional education/training? (Indicate farthest distance)**

	<b>Percent</b>	<b>Number of Respondents</b>
No preference	16.6	29
At your work site	6.3	11
City in which you work	27.4	48
State in which you work	30.3	53
Nearby state(s)	16.0	28
Other*	3.4	6
<b>Total</b>	<b>100%</b>	<b>175</b>

\*Other write-ins: as close as possible, depends on activity or cost, central location

**15. How important is continuing education credit to you when attending continuing education/training programs?**

	<b>Percent</b>	<b>Number of Respondents</b>
Very important – I would only attend if continuing education credits were offered	39.5	70
Somewhat important – I would be more likely to attend if continuing education credits were offered	41.8	74
Not very important – I would be as likely to attend whether or not continuing education credits were offered	13.6	24
Not important at all – Continuing education credits do not influence my decision to attend at all	5.1	9
<b>Total</b>	<b>100%</b>	<b>177</b>

**16. Which of the following factors limit your ability to participate in HIV continuing professional education/training programs? (Select all that apply)**

	<b>Percent</b>	<b>Number of Respondents</b>
I do not need training	1.6	3
Don't know where to get training	7.3	14
Lack of personal interest in topic	3.1	6
Lack of support from administration	12.0	23
Time away from practice	48.2	92
Lack of support from peers	1.0	2
Funds to pay for travel	55.0	105
Inconvenient training location	32.5	62
Inconvenient training dates/times	36.6	70
Other*	1.6	3

\*Other write-ins: do not provide direct service to clients, educational needs beyond the level of training offered, too basic, none

**17. Do you provide services directly to HIV-infected persons?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	61.5	107
No	38.5	67
<b>Total</b>	<b>100%</b>	<b>174</b>

**a. If yes, about how many HIV-infected persons do you treat per month?**

	<b>Percent</b>	<b>Number of Respondents</b>
None	5.8	6
1-24	22.3	23
25-49	17.5	18
50-74	13.6	14
75-99	5.8	6
100+	35.0	36
<b>Total</b>	<b>100%</b>	<b>103</b>

**b. How many years have you been providing care for HIV-infected persons?**

	<b>Percent</b>	<b>Number of Respondents</b>
1-5	31.7	32
6-10	26.7	27
11-15	16.8	17
16-20	13.9	14
21+	10.9	11
<b>Total</b>	<b>100%</b>	<b>101</b>

**18. Do you provide services directly to viral hepatitis-infected persons?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	55.2	96
No	44.8	78
<b>Total</b>	<b>100%</b>	<b>174</b>

**19. Please check the category that best describes your confidence in your abilities in the following:**

	<b>Not at all confident</b>	<b>Somewhat confident</b>	<b>Moderately Confident</b>	<b>Very Confident</b>	<b>N/A</b>
Diagnosing HIV	15.3%	15.8%	10.2%	41.8%	16.9%
Initiating HIV treatment	31.3	8.5	4.5	35.2	20.5
Managing patients who are HIV treatment-experienced	26.9	11.4	18.3	26.9	16.6
Interpreting resistance tests	35.0	16.9	14.1	17.5	16.4
Managing side effects of HAART	33.0	11.9	17.6	22.7	14.8
Managing HIV drug interactions	36.6	15.4	16.0	16.6	15.4
Providing HIV care to patients in cultural groups different from my own	24.4	12.5	32.4	22.2	8.5
Assessing HIV patient's mental health needs	22.4	23.6	27.0	19.0	8.0
Evaluating medication adherence in HIV patients	24.0	13.7	20.6	32.6	9.1
Assessing substance use/abuse	11.0	24.9	35.8	22.5	5.8
Managing late or end stage HIV/AIDS	33.5	14.2	18.8	19.3	14.2
Counseling patients on sexual and behavioral prevention skills	6.3	17.6	30.7	42.0	3.4
Assessing and treating HIV oral manifestations	31.6	21.8	17.8	13.2	15.5
Managing patients with hepatitis B/C coinfection	34.7	15.0	22.0	11.0	17.3
Assessing HIV patient's	34.7	13.3	16.2	19.7	16.2

liver health					
Managing patients with chronic viral hepatitis	33.5	19.7	17.3	12.1	17.3

**20. Would you be interested in participating in an HIV clinical preceptorship at an urban or rural high-quality HIV clinic?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	32.2	57
No	67.8	120
<b>Total</b>	<b>100%</b>	<b>177</b>

**a. If YES to question 20, what length of HIV clinical preceptorship would you prefer? (Indicate longest duration)**

	<b>Percent</b>	<b>Number of Respondents</b>
No preference	25.9	14
Half day	5.6	3
Full day	25.9	14
2 – 3 days	27.8	15
4 – 5 days	11.1	6
More than 5 days	3.7	2
<b>Total</b>	<b>100%</b>	<b>54</b>

**21. In the past year, have you sought expert advice regarding treatment for an HIV-infected patient in your care?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	48.0	84
No	52.0	91
<b>Total</b>	<b>100%</b>	<b>175</b>

- a. If YES to question 21, how did you communicate with the expert? (Select all that apply)**

	<b>Percent</b>	<b>Number of Respondents</b>
Telephone consultation with a specialist	48.8	41
E-mail	27.4	23
Telephone hotline/warmline	13.1	11
Internet	15.5	13
Face to face	65.5	55
Videoconference/Telemedicine	2.4	2
Other*	6.0	5

\*Other write-ins: case presentation, physician consultation, mini-conference, internet search to locate expert/resources, peers

- b. If YES to question 21, where was the person who provided the treatment advice located?**

	<b>Percent</b>	<b>Number of Respondents</b>
In your city	56.1	46
In your state, but not in your city	25.6	21
In another state	17.1	14
Don't know	1.2	1
<b>Total</b>	<b>100%</b>	<b>82</b>

**22. Have you encountered any barriers in accessing expert advice regarding treatment for an HIV-infected patient?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	7.6	13
No	92.4	159
<b>Total</b>	<b>100%</b>	<b>172</b>

**a. If YES to question 22, please mark all the barriers you have encountered:**

	<b>Percent</b>	<b>Number of Respondents</b>
Call/e-mail not returned in a timely manner	23.0	3
Did not know whom to call/e-mail	61.5	8
Did not know expert's telephone/e-mail address	38.5	5
Other*	23.0	3

\*Other write-ins: haven't had the opportunity, no full-time NP or MD on site at HIV clinic, treatment center unwilling to see uninsured patient

**23. Have you sought expert advice regarding management or treatment for an HIV/hepatitis infected patient?**

	<b>Percent</b>	<b>Number of Respondents</b>
Yes	40.9	72
No	59.1	104
<b>Total</b>	<b>100%</b>	<b>176</b>

## **Endnote:**

### **Background and Methodology**

One component of Southeast AIDS Training and Education Center's (SEATEC) grant requirements for the 2005-10 project period was to carry out a regional HIV training needs assessment of healthcare professionals in collaboration with other federally-funded training entities. The four major types of training organizations are: the STD/HIV Prevention Training Center, the Title X Regional Training Center, the Addiction Technology Transfer Center, and the AIDS Education and Training Center (therefore the project was named the "4TC Needs Assessment"). The 4TC Needs Assessment was commissioned by HRSA in order to comprehensively evaluate the training needs of clinicians and other providers serving HIV patients in the Southeast region of Alabama, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee. The 4TC Needs Assessment was conducted by SEATEC from January to July 2008 and there were an overall total of 417 respondents out of an estimated 2,500, although the true response rate was difficult to calculate. Respondents from all four training areas completed the same first 16 HIV-related and demographic questions on the survey and then were funneled to one of the four sets of remaining questions depending on their work setting. The survey was filled out by 191 respondents working in HIV. A copy of the codebook used for data entry and analysis is available upon request.

### **Key Findings**

- HIV workers seek training on sexuality and HIV/hepatitis coinfection.
- Family planning workers seek training on reproductive health issues for persons with HIV.
- STD workers seek training on legal/ethical issues in HIV care.
- Substance abuse workers seek training on HIV/substance abuse comorbidity and psychosocial aspects of HIV.
- For workers in all settings, the most significant barrier to training is time away from practice.
- For workers in all settings, "conferences with multiple sessions" was chosen as the continuing education modality that works best.



The five organizations participating in this needs assessment were:

- Southeast Region STD/HIV Prevention Training Center, University of South Florida;
- Alabama-North Carolina STD/HIV Prevention Training Center, University of Alabama Birmingham;
- Title X Regional Training Center, Emory University School of Medicine;
- Southeast Addiction Technology Transfer Center, Morehouse School of Medicine;
- Southeast AIDS Training and Education Center, Emory University School of Medicine.

All five organizations had the opportunity prior to data collection to add questions to the survey and add people to the survey's electronic mailing list. Two \$150 Amazon.com gift card door prizes were added to the survey as incentive to fill it out and to provide contact information for future training announcements.

### **Lessons Learned**

1. These data provide valuable information for training planning for all stakeholders.
2. We were dependent on external collaborators to spread the word about the online survey to potential respondents. As a result, it was difficult to establish a true response rate and difficult to improve the response rate.

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## **Southeast AIDS Training and Education Center (SEATEC) Survey**

### **1. What is your profession?**

Advance practice nurse/nurse practitioner	Case manager
Dentist	Hygienist/other dental professional
Nurse (RN, LPN)	Certified nurse midwife
Licensed professional counselor	Mental health professional
Pharmacist	Physician
Physician assistant	Public health professional
Social worker	Substance abuse professional
Other (please describe)	

### **2. What is the zip code of your principal employment setting?**

**2a. Which state do you work in? (*Please do not complete this survey unless you work in one of these six states.*)**

Alabama	Georgia	Kentucky
North Carolina	South Carolina	Tennessee

### **3. Was HIV/AIDS training part of your professional training?**

Yes	No
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#### **3a. If yes, did this include more than one lecture on HIV/AIDS?**

Yes	No
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#### **3b. If yes, did your training occur in the past two years?**

Yes	No
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### **4. Estimate the percentage of patients/clients at your agency who are:**

African American/Black	American Indian/Alaskan Native
Asian	Hispanic/Latino or Spanish origin
White	Native Hawaiian/Other Pacific Islander
Other (please describe)	

**5. Which of the following populations receive care at your workplace? (Select all that apply)**

Gay/Lesbian	Persons with HIV/AIDS
Persons with viral hepatitis B and/or C	Homeless
Incarcerated/Parolees/Probation	Injection Drug users
Older adults (50+)	Persons with mental illness
Recent immigrants	Substance abusers
Transgendered	Uninsured
Women	Youth (0-18)

**6. Do you provide HIV testing at your workplace?**

Yes No

**6a. If yes, do you use a rapid HIV test that provides results on the same visit?**

Always Sometimes Never

**6b. Which of the following best describes your approach to HIV counseling and testing?**

I only offer testing to very high-risk patients/clients

I only offer testing to high and moderate risk patients/clients

I routinely offer the test to all patients/clients

I refer at-risk patients to other agencies for HIV testing

Other (please describe)

**7. Do you provide hepatitis B or C testing at your workplace?**

Yes No

**8. Please check the category that best describes your confidence in your ability to perform these tasks:**

Please check the category that best describes your confidence in your ability to perform these tasks:	Not at all Confident	Somewhat Confident	Moderately Confident	Very Confident	NA
Taking a sexual history					
HIV pre-test counseling or discussion					

HIV post-test counseling for positive results

Referring positive patients for HIV treatment and services

Referring patients positive for hepatitis B or C for hepatitis care

**9. Please check the HIV topics for which you would attend training if available. (Select all that apply)**

Adherence to HIV medications

Clinical management of HIV

Clinical manifestations of HIV

Culturally/linguistically appropriate HIV services

Screening for/diagnosing HIV in a primary care setting

Infectious comorbidities (hepatitis, TB)

HIV/Hepatitis coinfection management and treatment

Legal/ethical/policy issues with HIV

Prophylaxis and management of HIV opportunistic infections

Oral health issues in HIV

Other comorbidities (mental illness, substance abuse)

Pain management in HIV

Palliative and end of life care in HIV

Pharmacology of HIV medications

Post-exposure prophylaxis

Prevention strategies for HIV-infected persons

Psychosocial issues

Rapid HIV test technology

Reproductive health, pregnancy management, and perinatal transmission of HIV

Sexuality issues in HIV care

Substance Abuse

**Populations:**

Gay/Lesbian	Persons with HIV/AIDS
Persons with viral hepatitis B and/or C	Homeless
Incarcerated/Parolees/Probation	Injection Drug users
Older adults (50+)	Persons with mental illness
Recent immigrants	Substance abusers
Transgendered	Uninsured
Women	Youth (0-18)
Other (please describe)	

**10. Please list your single most urgent and important training need from question 9.**

**11. In the last 12 months, what types of continuing education activities did you participate in? (Select all that apply)**

Conference with multiple sessions	Lecture
Case discussion	Self-study, in print and/or video
Web-based learning	Telephone-based learning
Clinic-based practicum or preceptorship	Other (please describe)

**12. Of these types of continuing education activities, which one type works best for you?**

**13. What length of time do you prefer for continuing professional education/training programs? (Indicate longest duration)**

No preference	Less than half a day
Half day	Full day
2 - 3 days	

**14. How far are you willing to travel to receive continuing professional education/training? (Indicate farthest distance)**

No preference	At your work site
City in which you work	State in which you work
Nearby state(s)	Other (specify)

**15. How important is continuing education credit to you when attending continuing education/training programs?**

Very important - I would only attend if continuing education credits were offered.

Somewhat important - I would be more likely to attend if continuing education credits were offered.

Not very important - I would be as likely to attend whether or not continuing education credits were offered.

Not important at all - Continuing education credits do not influence my decision to attend at all.

**16. Which of the following factors limit your ability to participate in HIV continuing professional education/training programs? (Select all that apply)**

I do not need training

Don't know where to get training

Lack of personal interest in topic

Lack of support from administration

Time away from practice

Lack of support from peers

Funds to pay for travel

Inconvenient training location

Inconvenient training dates/times

Other (please describe)

**For HIV physicians, nurse practitioners, advanced practice nurses, nurses, physician assistants, dentists, hygienists, and pharmacists only:**

**17. Do you provide services directly to HIV-infected persons?**

Yes

No

**17a. If yes, about how many HIV-infected persons do you treat per month?**

**17b. How many years have you been providing care for HIV-infected persons?**

**18. Do you provide services directly to viral hepatitis-infected persons?**

Yes

No

**19. Please check the category that best describes your confidence in your ability to perform each of the following:**

Please check the category that best describes your confidence in your ability to perform each of the following:	<b>Not at all Confident</b>	<b>Somewhat Confident</b>	<b>Moderately Confident</b>	<b>Very Confident</b>	<b>NA</b>
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Diagnosing HIV

Initiating HIV treatment

Managing patients who are HIV treatment-experienced

Interpreting resistance tests

Managing side effects of HAART

Managing HIV drug interactions

Providing HIV care to patients in cultural groups different from my own

Assessing HIV patient's mental health needs

Evaluating medication adherence in HIV patients

Assessing substance use/abuse

Managing late or end stage HIV/AIDS

Counseling patients on sexual and behavioral prevention skills

Assessing and treating HIV oral manifestations

Managing patients with hepatitis B/C coinfection

Assessing HIV patient's liver health

Managing patients with chronic viral hepatitis

**20. Would you be interested in participating in an HIV clinical preceptorship at an urban or rural high-quality HIV clinic?**

Yes

No (Go to question 21)

**20a. If YES to question 20, what length of HIV clinical preceptorship would you prefer? (Indicate longest duration)**

No preference

Half day

Full day

2 - 3 days

4 - 5 days

More than 5 days

**21. In the past year, have you sought expert advice regarding treatment for an HIV-infected patient in your care?**

Yes

No (Go to question 22)

**21a. If YES to question 21, how did communicate with the expert? (Select all that apply)**

Telephone consultation with a specialist

E-mail

Telephone hotline/warmline

Internet

Face to face

Videoconference/Telemedicine

Other (please describe)

**21b. If YES to question 21, where was the person who provided the treatment advice located?**

In your city

In your state, but not in your city

In another state

Don't know

**22. Have you encountered any barriers in accessing expert advice regarding treatment for an HIV-infected patient?**

Yes

No



**22a. If YES to question 22, please mark all the barriers you have encountered:**

Call/email not returned in a timely manner

Did not know whom to call/email

Did not know expert's telephone/email address

Other (please describe below)

**23. Have you sought expert advice regarding management or treatment for an HIV/hepatitis infected patient?**

Yes

No

**For STD clinic physicians, nurse practitioners, advanced practice nurses, nurses and physician assistants only:**

**17. Approximately, how many patients receive an STD evaluation or care through your agency/clinic each year?**

**18. How long have you been working in the STD field?**

Less than one year

1 - 3 years

4 - 7 years

Over 7 years

**19. Please rate your level of STD expertise based on training, experience and comfort level:**

Very high

High

Fair

Poor

**20. How may providers (MD, PA, NP, RN) in your agency provide STD care?**

Physicians

Physician assistants

Nurse practitioners/APNs

Nurses

DIS

Community outreach workers

Other (please describe)

**21. Of the providers identified above, how many are:**

Full-time (75% - 100%)

Half-time (50% - 74%)

Part-time (25% - 49%)

Less than part-time (less than 25%)

**22. Please check the STD topics for which you would attend training if available.**

Barriers to STD/HIV care

Counseling and interviewing techniques

Cultural competency

Dermatologic manifestations of STDs and HIV

Genital herpes clinical management

Hepatitis A/B/C

Human papilloma virus/pap smear management

Introduction to STD intervention

Partner management for bacterial STDs (chlamydia, gonorrhea and syphilis)

Prevention with HIV positive patients

STD diagnosis and clinical management

STD prevention strategies

STD/HIV screening in special populations (i.e. substance use facilities, psychiatric populations, corrections)

Taking a sexual history/risk assessment

Training and operating for safety in the field

Syphilis management

**23. Would you be interested in hosting an STD/HIV PTC-sponsored site visit at your facility in order to obtain assistance in optimizing your existing resources for STD/HIV diagnosis and management?**

Yes

No

**24. Do you obtain a baseline syphilis screen (RPR or VDRL) with your patients?**

Yes

No

**25. Please describe your annual screening practices for these infections:**

**Syphilis**

Annual screen for all patients, unless I can document zero sexual activity

Screen based on clinical picture and/or history

Other (please describe)

**Chlamydia**

Annual screen for all patients, unless I can document zero sexual activity

Screen based on clinical picture and/or history

Other (please describe)

**Gonorrhea**

Annual screen for all patients, unless I can document zero sexual activity

Screen based on clinical picture and/or history

Other (please describe below)

**For physicians, nurses, and counselors in substance abuse treatment and prevention settings:**

**17. Do you provide services directly to HIV-infected persons?**

Yes

No

**17a. If yes, about how many HIV-infected persons do you treat per month?**

**17b. How many years have you been providing care for HIV-infected persons?**

**18. Do you provide services directly to viral hepatitis-infected persons?**

Yes

No

**19. Please check the category that best describes your confidence in your ability to perform each of the following:**

Please check the category that best describes your confidence in your ability to perform each of the following:	<b>Not at all Confident</b>	<b>Somewhat Confident</b>	<b>Moderately Confident</b>	<b>Very Confident</b>	<b>NA</b>
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Counseling patients on sexual and behavioral prevention skills

Assessing and treating HIV oral manifestations

Managing patients with hepatitis B/C coinfection

Assessing HIV patient's liver health

Managing patients with chronic viral hepatitis

**20. Would you be interested in participating in an HIV clinical preceptorship at an urban or rural high-quality HIV clinic?**

Yes

No (Go to question 21)

**20a. If YES to question 20, what length of HIV clinical preceptorship would you prefer? (Indicate longest duration)**

No preference

Half day

Full day

2 - 3 days

4 - 5 days

More than 5 days

**21. In the past year, have you sought expert advice regarding treatment for an HIV-infected patient in your care?**

Yes

No (Go to question 22)

**21a. If YES to question 21, how did communicate with the expert? (Select all that apply)**

Telephone consultation with a specialist

E-mail

Telephone hotline/warmline

Internet

Face to face

Videoconference/Telemedicine

Other (please describe)

**21b. If YES to question 21, where was the person who provided the treatment advice located?**

In your city

In your state, but not in your city

In another state

Don't know

**22. Have you encountered any barriers in accessing expert advice regarding treatment for an HIV-infected patient?**

Yes

No

**22a. If YES to question 22, please mark all the barriers you have encountered:**

Call/email not returned in a timely manner

Did not know whom to call/email

Did not know expert's telephone/email address

Other (please describe below)

**23. Have you sought expert advice regarding management or treatment for an HIV/hepatitis infected patient?**

Yes

No

**For Title X and family planning physicians, nurse practitioners, advanced practice nurses, nurses and physician assistants only:**

**17. Please check the family planning/women's health clinical topics for which you would attend training if available. (Select all that apply)**

- Abnormal pap smears: management and counseling
- Alternative and complementary therapies in women's health care
- Breast examination
- Contraceptive technology
- Current reproductive health issues for clinicians
- Current reproductive health issues for nurses
- Hepatitis: update for women's health clinicians
- Hispanic contraceptive and health care issues
- Gynecological problems
- Integrating male services into family planning settings
- Nutrition for women throughout the life cycle
- Pharmacology update for women's health care staff
- Physical assessment update for GYN/OB nurse practitioners
- Reproductive health care issues for women over 40
- Tuberculosis: meeting the new challenge

**18. Please check the counseling/education topics for which you would attend training if available. (Select all that apply)**

- ADA made simple: understanding psychosocial concerns
- Addiction in women
- Addressing issues of gay, lesbian, bisexual, and transgender clients
- Advanced counseling skills
- Assessing interpersonal violence



Assisting clients to change behaviors

Basic client communication skills

Comfort with human sexuality - Level I

Comfort with human sexuality - Level II

Counseling clients for improved contraceptive compliance

Improving male participation in reproductive health

Natural family planning: medical and counseling concerns

Options counseling for family planning patients

Preconceptional counseling

Providing non-judgmental counseling

Taking a sexual history

Violence against women

**19. Please check the Adolescent/Health topics for which you would attend training if available. (Select all that apply)**

Adolescent health

Adolescent sexuality

Adolescents as peer educators

Counseling adolescents in the clinic setting

Operating a teen-friendly clinic

Parental/family involvement

Postponing sexual involvement (PSI): abstinence counseling and education

Postponing sexual involvement (PSI): educational programs

Postponing sexual involvement (PSI): increasing parent-child communication

Postponing sexual involvement (PSI): training teen leaders

Preventing sexual coercion among adolescents

**20. Please check the staff development topics for which you would attend training if available. (Select all that apply)**

Aspects of providing in-home care

Change: what's in it for me?

Dis-Stress your job: managing stress for the health care worker

Enhancing self-esteem: yours and your clients

Essential skills for working in a title X clinic

Ethical issues in women's health nursing

GYN care issues for non-nurses

Handling difficult people: clients and co-workers

Marketing through hospitality: on the front line

Providing culturally and linguistically appropriate health care services

Support staff roles in family planning

Valuing cultural diversity

**21. Please check the clinic management topics for which you would attend training if available. (Select all that apply)**

ADA made simple: physical access and service delivery issues

Applying quality management in public health

Basic supervisory skills

Beyond valuing diversity: managing your organization to support diversity

Building a winning team

Creating an efficient clinic: From "Hello" to "See you next time"

Demystifying data: simplifying and using data to improve services

Evaluating your program

Improving fee collection

Linking quality service with quality management

Marketing public health: focus on women's health

Marketing through hospitality: creating the environment

Risk management issues in women's health care

Role of public health in the current health care environment

**22. Of those topics you chose in questions 1 through 5 above, please list your top three most urgent and important training needs.**