



New York/New Jersey AIDS Education and Training Center Annual Needs Assessment Survey

The purpose of this survey is to assess the need for HIV/AIDS provider training in your organization and to determine how the NY/NJ AETC may best work with you.

Please have your Medical Director or a designee complete this form and return it to your contact person at the NY/NJ AETC.

Today's date: _____

Agency/Program Name: _____

Contact Name _____ Title _____

Agency Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Fax _____

1. Please check the category that best describes your agency: (**Check only one**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hospital/ Clinic | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> State/Local Health Department | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Mental Health Program | <input type="checkbox"/> Private Group Practice | <input type="checkbox"/> Dental Care Provider |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> HMO/Managed Care Practice | <input type="checkbox"/> Other (specify): |

2. Does your agency receive Ryan White Funding? Yes No Don't know

If yes, what title(s)? Title I Title II Title III Title IV Don't know

3. Approximately, what year did your agency begin offering HIV/AIDS medical care? _____

4. Which of the following populations receive care at your agency? (Check all that apply)

- | | | | |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Women | <input type="checkbox"/> Substance Abusers | <input type="checkbox"/> Racial/ethnic minorities |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Gay/lesbian | <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Incarcerated/ Parolees |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Transgender | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other (specify): |

5. Approximately, how many patients are enrolled in medical care at your agency? _____

5a. Approximately, how many HIV/AIDS patients are enrolled in medical care at your agency? _____

5b. Approximately, how many HIV-positive patients did you newly enroll in care during the past six months? _____

6. Which of the following support services does your agency offer to HIV+ patients? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Enhanced adherence counseling | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Referrals to oral health care |
| <input type="checkbox"/> Peer education | <input type="checkbox"/> Prevention counseling |

7. Please rate the level of HIV expertise of your medical staff:

- Very High High Adequate Fair Poor

8. Please note the number of HIV care providers at your agency (use full-time equivalents if you have part-time staff):

- | | |
|---------------------------------|-------------------------|
| _____ Physicians | _____ Pharmacists |
| _____ Physician Assistants | _____ Dentists |
| _____ Nurse Practitioners/APNs | _____ Dental Hygienists |
| _____ Nurses | _____ Other: |
| _____ Case Manger/Social Worker | _____ Other: |

9. Please <u>check</u> (√) how your agency provides each of the following services.	On-site expertise (your staff generally has expertise) √	In consultation (staff usually consult with experts) √	By referral (to outside experts) √
(check one column for each service):			
Interpretation of resistance testing results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for Hepatitis-C co-infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for metabolic disorders in HIV+ patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for neuropsychiatric manifestations of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal HIV care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. The following is a list of major training topics offered by the NY/NJ AETC. Please check the topics for which your staff need trainings. The bold items are major topics in HIV care. Below those are some popular subtopics. This is not an exhaustive list, so please write in any additional topics or specifications (e.g., cross cutting topics: Adherence and Depression) next to each topic.

- Adherence**
- Basic Science**
- Clinic Management**
 - Chronic Care Model
 - Care Coordination & Referrals
 - Connecting to & Retaining in Care
 - Confidentiality
 - Cultural Competency
 - Quality Assurance/CQI
- Clinical Trials/Research**
- Clinical Manifestations**
 - Dermatologic Manifestations
 - Malignancies
 - Medication Side-Effects
 - Metabolic Complications
 - Neurological Complications
 - Nutritional /Wasting
 - Pulmonary Complications
- Co-Morbidities**
 - Hepatitis B/C
 - TB
 - STDs
- Complementary & Alternative Therapies**
- HIV Treatment**
 - Advanced HIV Disease
 - Antiretroviral Therapies
- Diagnostic Tests
- Drug-Drug Interactions
- Emerging Treatment Options
- Prophylaxis & Health Maintenance
- Newly Diagnosed Patients
- Resistance Testing
- Salvage Therapy
- International Issues**
- Legal/Ethical/Policy Issues**
- Mental Health**
 - Triply-Diagnosed
- Opportunistic Infections**
- Oral Health**
- Pain Management**
- Palliative & End of Life Care**
- Pharmacology**
- Populations**
 - Adolescents
 - Children
 - Families
 - Gay/Bisexual/MSM
 - Homeless
 - Incarcerated/Parolees
 - Lesbian/Bisexual/WSW
 - Mentally Ill
 - Older Adults
 - Racial/Ethnic Minorities
- Recent Immigrants
- Rural
- Transgender
- Women
- Post-Exposure Prophylaxis**
 - Occupational Exposure
 - Non-Occupational Exposure
- Prevention Strategies**
 - Prevention with Positives
- Psychosocial Issues**
 - Domestic Violence
- Reproductive Health**
 - Perinatal Transmission
- Screening & Diagnosis**
 - Acute HIV Infection
 - HIV Testing
 - Mental Health Screening
 - Names Reporting & Partner Notification
 - Rapid Testing
 - Taking a Sexual History/ Risk Assessment
- Sexuality Issues**
- Substance Use**
 - Addiction Treatment
 - Buprenorphine
- Other:** _____
- Other:** _____

10a. Using the above list, please rank the top three topics that are the highest training priorities for your staff.

1. _____ 2. _____ 3. _____

11. Which of the following training methods would best help your staff (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Conference/Lecture | <input type="checkbox"/> Tele-Medicine |
| <input type="checkbox"/> Interactive Workshops | <input type="checkbox"/> Telephone Case Consultations** |
| <input type="checkbox"/> Preceptorships/Mini-residencies* | <input type="checkbox"/> Individual Case Consultations (at your site)** |
| <input type="checkbox"/> Computer-based Learning/CD-ROM | <input type="checkbox"/> Group Case Consultations (at your site)** |
| <input type="checkbox"/> Satellite Telecasts | <input type="checkbox"/> Other: |

*11a. The NY/NJ AETC offers hands-on clinical training programs (preceptorships, miniresidencies) that cover different areas of HIV care. Please indicate the number and type of staff at your agency who would benefit from this type of training.

**We also offer expert consultations on specific cases, either for individual providers, or as case review discussions for groups of providers. Please check the appropriate boxes in question 11. if you are interested in our consultation services.

11b. How many hours per month does your organization schedule for staff education? _____

11c. What major barriers have you experienced to setting up HIV training for your staff.

12. If you have previously received training from our AETC, please give us feedback (e.g., what worked and did not work, what was useful, how to improve our trainings):

Thank you for taking the time to complete this survey. Your expertise and suggestions for training are of vital importance to us. The NY/NJ AETC looks forward to working with you to meet your HIV/AIDS training needs. If you have questions or concerns please feel free to contact us.

[INSERT LPS CONTACT INFO]

<p>For AETC use only:</p> <p>LPS: _____</p> <p>Agency Code _____</p>
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