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)
   [ ] Hospital/ Clinic [ ] Community-Based Organization [ ] Correctional Facility
   [ ] Community Health Center [ ] State/Local Health Department [ ] Pharmacy
   [ ] Mental Health Program [ ] Private Group Practice [ ] Dental Care Provider
   [ ] Substance Abuse Treatment [ ] HMO/Managed Care Practice [ ] 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)
   [ ] Children [ ] Women [ ] Substance Abusers [ ] Racial/ethnic minorities
   [ ] Youth [ ] Gay/lesbian [ ] Mentally Ill [ ] Incarcerated/ Parolees
   [ ] Older Adults [ ] Transgender [ ] Homeless [ ] 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)
   [ ] Enhanced adherence counseling [ ] Support groups
   [ ] Case management [ ] Referrals to oral health care
   [ ] Peer education [ ] 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  _____ Pharmacist
   _____ Physician Assistants  _____ Dentists
   _____ Nurse Practitioners/APNs  _____ Dental Hygienists
   _____ Nurses  _____ Other:
   _____ Case Manager/Social Worker  _____ Other:

Last revised: 7/6/05
9. Please check (√) how your agency provides each of the following services.

(choose one column for each service):

<table>
<thead>
<tr>
<th>Interpretation of resistance testing results</th>
<th>On-site expertise (your staff generally has expertise)</th>
<th>In consultation (staff usually consult with experts)</th>
<th>By referral (to outside experts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for Hepatitis-C co-infection</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvage therapy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Care for metabolic disorders in HIV+ patients</td>
<td></td>
<td></td>
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<tr>
<td>Care for neuropsychiatric manifestations of HIV/AIDS</td>
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<td></td>
<td></td>
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<tr>
<td>Prenatal HIV care</td>
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</tbody>
</table>

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**
- **Clinical Management**
  - Chronic Care Model
  - Care Coordination & Referrals
  - Connecting to&t Retaining in Care
  - Confidentiality
  - Cultural Competency
  - Confidentiality
- **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

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)?

- Conference/Lecture
- Interactive Workshops
- Preceptorships/Mini-residencies*
- Computer-based Learning/CD-ROM
- Satellite Telecasts
- Tele-Medicine
- Telephone Case Consultations**
- Individual Case Consultations (at your site)**
- Group Case Consultations (at your site)**
- Individual Case Consultations (at your site)**
- Other:

*11a. The NY/NJ AETC offers hands-on clinical training programs (preceptorships, mini-residencies) 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]

For AETC use only:
LPS: ____________
Agency Code ______