

# DELTA REGION AIDS ETC

## Post Level III Clinical Training Three Month Follow-Up Survey

Title of Event

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 Program Date

Month of birth, day of birth, and last four digits of social security number

  
 
   
 
   
 

  
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Approximately three months ago, you participated in a clinical training program sponsored by the Delta AIDS Education and Training Center. As follow-up, please take a few minutes to complete this survey. Your responses are very important to us and will help us to develop better programs and obtain future funding for further training.

For each of the following, please indicate how much better you are able to provide the following types of care since you received AETC training compared to the three months before training. If an item does not apply to your current professional responsibilities, choose 'N/A (Not applicable)'. For each question, please circle ONE RESPONSE.

	Ability to provide care now vs. before AETC training				N/A
	No Change	A Little Better	Quite A Bit Better	Much Better	
1. Conduct a thorough risk assessment including pre- and post-HIV counseling.	0	1	2	3	N/A
2. Counsel HIV+ patients regarding transmission prevention.	0	1	2	3	N/A
3. Assess clinical manifestations of HIV infection, including primary infection.	0	1	2	3	N/A
4. Use CD4 cell count and viral load analysis in management of HIV infected patients.	0	1	2	3	N/A
5. Prevent opportunistic infections commonly encountered in patients with HIV disease.	0	1	2	3	N/A
6. Identify and treat opportunistic infections and co-morbid conditions commonly encountered in patients with HIV disease.	0	1	2	3	N/A
7. Apply antiretroviral therapy principles, including appropriate use of HAART therapy and resistance testing.	0	1	2	3	N/A
8. Administer post-exposure prophylaxis protocols.	0	1	2	3	N/A
9. Help patients to adhere to antiretroviral therapies.	0	1	2	3	N/A
10. Manage side effects and drug interactions of HAART therapy.	0	1	2	3	N/A
11. Care for persons with asymptomatic HIV.	0	1	2	3	N/A
12. Care for symptomatic persons with HIV.	0	1	2	3	N/A
13. Care for persons with AIDS diagnosis.	0	1	2	3	N/A

Please answer the following questions regarding your current employment.

**14. What is the site of your clinical practice or work setting?**

- 1) *Urban*       2) *Rural*       3) *Suburban*       4) *Inner City*       5) *N/A*

**15. What is your primary professional role: [CHOOSE ONE]**

- 1) *Administration/Supervision*       4) *Care Provider/Practitioner*       7) *Other*  
 2) *Case Management*       5) *Resident/Post Graduate*       8) *Not Working*  
 3) *Faculty/Teacher*       6) *Student*

**16. What is your principal employment setting?**

- 1) *Health Professions/Academic Institution*       8) *Private Practice*  
 2) *Community Based Organization*       9) *Public Health Agency/Clinic*  
 3) *Community Migrant Health Center*       10) *Substance Abuse Treatment/  
Non-Hospital Mental Health*  
 4) *Corrections*       11) *Other Health Care*  
 5) *Home Health/Visiting Health*       12) *Other Non-Health Care*  
 6) *Hospital/Hospital Based Clinical*       13) *Not Working*  
 7) *Long Term Care*

**17. Have you relocated your practice, changed jobs to another locale, or changed your roles since you finished this clinical training?**  1) *yes*     2) *no*

**18. If you answered yes to question #17 above, how does the number of HIV infected patients in your current work compare to the number of HIV infected patients in your former work?**

- 1) *Many fewer*     2) *Fewer*     3) *No Change*     4) *More*     5) *Many more*     6) *N/A*

**19. Please describe how your AETC training has affected your delivery of care to HIV/AIDS infected patients.**

**20. What type of topic or educational program would you like the AETC to provide to help you further develop your HIV expertise?**