

# Practice Transformation Immediate-Post Training Survey

**Instructions:** Thank you for participating in an HIV training event through the New England AIDS Education and Training Centers (NE-AETC) Program. The purpose of this brief survey is to better understand how you plan to use the information and skills presented during the training. Please take a few minutes to complete the following survey.

Please note, only individuals approved by or directly involved in the NEAETC Evaluation will use the information collected by this survey.

**COMPLETED BY REGIONAL PARTNER**

**Event Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Program ID (8 digits):** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**Date of Training Event** (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Participant Name *(Optional):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address *(Required)*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The AETC Program uses email addresses to track participation in training events. The same email should be used for all AETC trainings.*

**To what extent do you plan to use the following knowledge and/or skills learned in the training?**

*Please select “N/A” if the topic was not addressed or if you do not provide the particular service.*

|  | Not at All | A Little | A Moderate Amount | Quite a Bit | A Great Deal | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **HIV prevention**  (i.e., HIV education, HIV counseling, PrEP) | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **HIV testing** (i.e., testing and interpretation of test results) | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **HIV care and treatment** (i.e., linkage, engagement, retention, antiretroviral therapy treatment and adherence) | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **Screening, evaluation, and management of co-occurring conditions**  (i.e., Hepatitis B & C, mental health, substance use, other chronic conditions, sexually transmitted infections, opportunistic infections) | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **HIV service delivery**  (i.e., team-based care, services for diverse people with HIV, non-medical care coordination) | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **Other training topic, please specify:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. To what extent do you plan to use this other training topic? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

**Please indicate the extent to which you agree or disagree with the statements below.**   
**As a result of the training…**

|  | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I intend to change the way I provide services to people with HIV | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. I intend to seek additional training from HIV experts | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rate your level of knowledge on the content presented** | **Very low** | **Low** | **Medium** | **High** | **Very high** |
| 1. **BEFORE** the training | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **AFTER** the training | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |