

# CORE 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 gained in the learning experience?**

*Please select “N/A” if you do not provide the particular service.* *If the topic addressed in the learning experience was not HIV-specific as listed in questions 1-5, please write the topic under question 6 ‘Other training…’ and select your response in question 7.*

|  | 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 addressed, please specify:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. To what extent do you plan to use this other training topic? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

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

|  | 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 | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

**The AETC Program includes eight Regional AETCs, two national centers, and the National HIV Curriculum. In the past 12 months, have you used any resources and/or trainings from the following AETC Programs?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Unsure** | **Not Aware of Program** |
| 1. National Coordinating Resource Center (NCRC) | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. National Clinician Consultation Center (NCCC) | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. National HIV Curriculum (NHC) e-Learning Platform Programs | ⭘ | ⭘ | ⭘ | ⭘ |

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

1. **Would you recommend this** **learning experience to your colleagues?** [ ] Yes [ ] No
2. Please describe **why you would** or **would not** recommend this learning experience:
3. **On which of the following HIV-related topics would you like to receive further training? (Select all that apply)**

☐ Pre-exposure prophylaxis

☐ Post-exposure prophylaxis

☐ Harm reduction

☐ Treatment as prevention/U=U

☐ HIV testing and diagnosis

☐ Linkage/referral to HIV Care

☐ Engagement and retention in HIV care

☐ Antiretroviral treatment and adherence

☐ Trauma-informed care

☐ Health literacy

☐ Hepatitis

☐ Cultural competency

Substance use

☐ Mental health

☐ STIs

☐ Opportunistic infections

☐ HIV and aging

☐ Oral health

Health care organization or systems issues

☐ Other topic:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very low** | **Low** | **Medium** | **High** | **Very high** |
| 1. **How would you rate the overall importance of the AETC program to improve the quality of life of persons living with or at-risk of HIV?** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |