

MOUNTAIN PLAINS AIDS EDUCATION AND TRAINING CENTER
STEPs Program First Quarter Assessment

Please provide your unique ID number (use month and day of your birth *plus* last 4 digits of your social security number, e.g. 0529 6789 for May 29, 123-45-6789) **and today's date:**

□□ □□ □□□□
Birth: month day last 4 digits Soc Sec #

□□/□□/□□
Today's Date: month day year

Please check the box next to your site:

- | | |
|--------------------------------------|-------------------------------|
| <input type="checkbox"/> ARCA-COBB | <input type="checkbox"/> DHHA |
| <input type="checkbox"/> ARCA-DEKALB | <input type="checkbox"/> SUNY |
| <input type="checkbox"/> CCC | <input type="checkbox"/> UMKC |
| | <input type="checkbox"/> UNC |

Which components of the STEP's Training Program did you complete? Please check all that apply:

- On-line Self-Study Module
- 4-hour Presentation
- 2-hour Booster Presentation

How long have you been providing services to HIV-infected patients? _____ years

Please estimate the number of HIV-infected patients/clients you treated or managed in the last month:

_____ HIV-infected patients/clients

Please identify your Profession/Discipline (Select one):

- | | |
|--|--|
| <input type="radio"/> Advanced Practice Nurse | <input type="radio"/> Pharmacist |
| <input type="radio"/> Dentist | <input type="radio"/> Physician |
| <input type="radio"/> Mental Health Professional | <input type="radio"/> Physician Assistant |
| <input type="radio"/> Nurse | <input type="radio"/> Social Worker |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Substance Abuse Professional |
| <input type="radio"/> Other Dental Professional | <input type="radio"/> Other (specify) _____ |

Please identify your Primary Functional Role (Select one):

- | | |
|--|--|
| <input type="radio"/> Administrator/Supervisor | <input type="radio"/> Student/Graduate Student |
| <input type="radio"/> Care Provider/Clinician | <input type="radio"/> Teacher/Faculty |
| <input type="radio"/> Case Manager | <input type="radio"/> Other (specify) _____ |
| <input type="radio"/> Intern/Resident | <input type="radio"/> Not Working |
| <input type="radio"/> Researcher | |

**Please complete the following tables and return entire form
to your Local Project Coordinator.**

How would you rate your . . .	Low		Medium		High
<i>Skill</i> in conducting a risk assessment with HIV-infected patients?	1	2	3	4	5
<i>Ability</i> to help patients determine the need to reduce risk for transmitting HIV?	1	2	3	4	5
<i>Skill</i> in teaching how to reduce risk for transmitting HIV?	1	2	3	4	5
<i>Comfort level</i> in discussing substance use risks?	1	2	3	4	5
<i>Comfort level</i> in discussing sexual risks?	1	2	3	4	5
<i>Comfort level</i> in referring patients for risk reduction support?	1	2	3	4	5
<i>Willingness</i> to conduct risk assessments with HIV-infected patients?	1	2	3	4	5
<i>Willingness</i> to conduct risk reduction counseling with HIV-infected patients?	1	2	3	4	5
How well can you . . .	poorly				well
<i>Describe</i> trends in risk behaviors?	1	2	3	4	5
<i>Explain</i> the importance of provider-patient risk reduction discussions?	1	2	3	4	5
<i>List</i> principles of harm reduction?	1	2	3	4	5
<i>Apply</i> principles of harm reduction to prevention interventions with HIV-infected patients?	1	2	3	4	5
<i>Discuss</i> behavior change approaches, including brief prevention messages?	1	2	3	4	5
<i>Initiate</i> effective risk reduction interventions?	1	2	3	4	5
<i>Implement</i> patient-centered counseling?	1	2	3	4	5
<i>Use</i> Active Referral Guidelines?	1	2	3	4	5

The next questions ask about the interactions you had with your HIV patients in the past 3 months. With what percentage of your HIV-infected patients did you do the following:	0-20%	21-40%	41-60%	61-80%	81-100%	NA
initiate a conversation about reducing risk of HIV transmission to others?	1	2	3	4	5	
discuss the fact that HIV transmission is still possible even when the viral load is low?	1	2	3	4	5	
discuss the fact that HIV transmission is still possible even when the patient is on ART?	1	2	3	4	5	
encourage a patient to discuss risk-reduction with his/her partner(s)?	1	2	3	4	5	
The following questions pertain to sexual activity. With what percentage of your HIV-infected patients did you do the following:						
talk about safer sex on an initial visit?	1	2	3	4	5	
ask about sexual activity?	1	2	3	4	5	
ask about unsafe sex?	1	2	3	4	5	
ask about number of partners?	1	2	3	4	5	
talk about safer sex in the presence of STD symptoms?	1	2	3	4	5	
ask for clarification about what “abstinence” means to a patient who said s/he was abstinent?	1	2	3	4	5	
counsel sexually active patients about avoiding STDs?	1	2	3	4	5	
counsel sexually active patients about avoiding other strains of HIV?	1	2	3	4	5	
counsel sexually active patients about protecting the health of their sex partner(s)?	1	2	3	4	5	
counsel sexually active patients about disclosing their HIV status to their partner(s)?	1	2	3	4	5	
counsel sexually active patients about condom use?	1	2	3	4	5	
determine a sexually active patient’s ability to use condoms correctly?						
counsel sexually active patients about avoiding high risk situations (i.e. anonymous sex in public places, etc.)?	1	2	3	4	5	
The following questions pertain to injection and non-injection drug use. With what percentage of your HIV-infected patients did you do the following:						
talk about drug use on an initial visit?	1	2	3	4	5	
ask about drug-using activity?	1	2	3	4	5	
ask drug users about sharing equipment?	1	2	3	4	5	
ask drug users about frequency of use?	1	2	3	4	5	
talk about safer drug use in the presence of physical evidence of injection (mental status, track marks, etc.)?	1	2	3	4	5	
ask for clarification about what “I don’t use drugs” means to the patient who tells you s/he doesn’t use drugs?	1	2	3	4	5	
counsel drug-using patients about avoiding other blood borne diseases such as HBV and HCV?	1	2	3	4	5	
counsel drug-using patients about being exposed to other strains of HIV?	1	2	3	4	5	
counsel drug-using patients about protecting the health of their drug-using partners?	1	2	3	4	5	
counsel drug-using patients about disclosing their HIV status to potential partners?	1	2	3	4	5	
counsel drug-using patients about using clean/sterile equipment?	1	2	3	4	5	
counsel drug-using patients about resources to get clean/sterile equipment?	1	2	3	4	5	
counsel drug-using patients about avoiding high risk situations (i.e. in shooting galleries, etc.)?	1	2	3	4	5	

How likely is it that you would conduct a risk assessment if an <i>HIV-infected</i> patient presented with:	Absolutely would	Very likely would	Probably would	Very likely would not	Absolutely would not
a complaint of a new and painful rash on his leg?	1	2	3	4	5
a request for Viagra or other erectile dysfunction medications?	1	2	3	4	5
a broken finger sustained in a baseball game?	1	2	3	4	5
an abscess on his or her right forearm?	1	2	3	4	5
a complaint of burning on urination?	1	2	3	4	5
an increasing viral load?	1	2	3	4	5
How likely is it that you would discuss risk reduction if an <i>HIV-infected</i> patient presented with:					
a complaint of a new and painful rash on his leg?	1	2	3	4	5
a request for Viagra or other erectile dysfunction medications?	1	2	3	4	5
a broken finger sustained in a baseball game?	1	2	3	4	5
an abscess on his or her right forearm?	1	2	3	4	5
a complaint of burning on urination?	1	2	3	4	5
an increasing viral load?	1	2	3	4	5

Please indicate how strongly you agree or disagree with the following statements as they relate to your <i>HIV-infected</i> patients:	Strongly agree	Agree	Dis-agree	Strongly Disagree	NA/ don't know
Talking to my patients about sex is not my responsibility.	1	2	3	4	
My clinic has clear guidelines about safe-sex counseling for patients.	1	2	3	4	
I don't have enough time to counsel my patients about safe sex.	1	2	3	4	
I don't know how to talk to patients about sex.	1	2	3	4	
I have a referral list for patients who practice high-risk sex.	1	2	3	4	
Talking to my patients about drug use is not my responsibility.	1	2	3	4	
My clinic has clear guidelines about substance-use counseling for patients.	1	2	3	4	
I don't have enough time to counsel my patients about safer drug use.	1	2	3	4	
I don't know how to talk to patients about drug use.	1	2	3	4	
I have a referral list for patients who use drugs.	1	2	3	4	

Thanks for your help!
Please return this form to your local project coordinator.