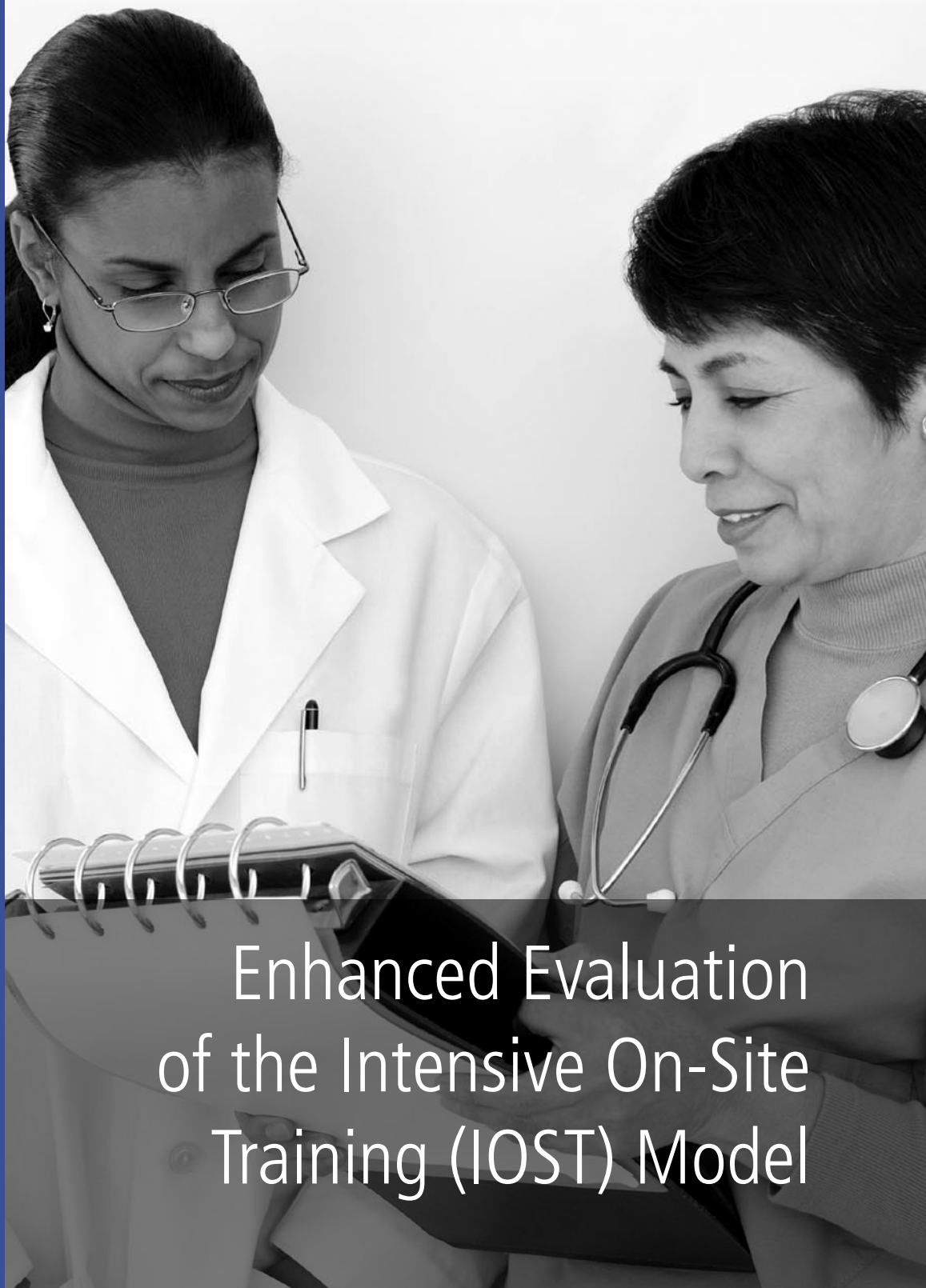
Outcome Evaluation Pilot Projects

SE/TEC
Southeast AIDS Training and Education Center



Enhanced Evaluation of the Intensive On-Site Training (IOST) Model

AETC NATIONAL EVALUATION CENTER

Outcome Evaluation Pilot Project:

Enhanced Evaluation of the Intensive On-Site Training (IOST) Model

One in a series of three innovative outcome-oriented evaluation projects for use in the AETC network.

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I. Introduction to the Series

The AETC Program

The AIDS Education and Training Center (AETC) Program of the Ryan White CARE Act provides the critical link to education and training that can improve access to and quality of HIV care. Administered by the federal Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB), the AETC Program is a network of 11 regional centers that provide education and training programs to health care providers treating persons with HIV/AIDS. Through a national network of more than 130 local performance sites (LPSs), the AETCs provide the link to experts who can train and support clinical providers. Between July 2001 and June 2002, the AETCs trained more than 100,000 individuals through almost 442,000 hours of training and clinical consultation. In addition to the 50 states and the District of Columbia, the AETCs serve the Virgin Islands, Puerto Rico, and the six U.S. Pacific Jurisdictions.

The AETC Program also contains four national centers: the National Minority AETC (NMAETC), which builds capacity for HIV care and training among minority health care professionals and health care professionals serving communities of color; the National HIV/AIDS Clinicians Consultation Center (NCCC), providing consultation to HIV care providers and providers treating individuals occupationally exposed to blood-borne pathogens; the National Resource Center (NRC), which offers education and training resources for the regional AETCs, both via the internet and in national and regional professional conferences; and the National Evaluation Center (NEC).

The AETC Program is a network of 11 regional centers that provide education and training programs to health care providers treating persons with HIV/AIDS.

The NEC

The AETC National Evaluation Center (NEC) is mandated to provide evaluation development and technical support to its regional and national AETC partners. Its mission is to provide leadership in the development, design, testing and dissemination of evaluation models for determining the effect that AETC programs have on provider behavior and clinical practice.

Unlike the other AETCs, the NEC works in collaborative arrangement with HRSA/HAB. Through this arrangement, the NEC has focused specifically on assessing the effectiveness of AETC programs in improving the clinical practice behaviors of HIV-treating clinicians who receive AETC training. Since its re-establishment in 2004, the NEC has worked closely with HRSA/HAB and the regional and national AETCs to enhance the evaluation infrastructure of the AETC Program. The NEC has conducted a comprehensive inventory of outcome-oriented AETC evaluation activities; hosted evaluation-oriented professional development meetings and conference calls; delivered technical assistance on evaluation, program planning, and related topics; and developed a training curriculum on the many aspects of evaluation for AETC staff and faculty.

In one of its most significant activities, the NEC has collaborated with several regional AETCs to develop and disseminate innovative, outcomes-oriented "pilot project" evaluation studies. This manual describes one of those projects.

Pilot Evaluation Projects

Between June 2005 and January 2007, the NEC collaborated with three regional AETC training centers to design and test "pilot" evaluation studies. The pilot projects were conceived to provide an opportunity in which outcomes-oriented evaluation techniques could be refined and proven effective, and subsequently documented and made available to the entire AETC network for replication and adaptation.

Selection of regional AETC collaborators was based on several criteria, including evaluation infrastructure at the regional AETC, ability to replicate the evaluation technique in other AETCs, and openness to innovation and collaboration. Ultimately, the NEC worked with three AETC regions to conduct pilot projects focused on evaluating training outcomes within the respective region. One project updated an existing evaluation method being used in the region, by adding greater depth to the primary data collection instruments. Another added a new outcomes-based component to proven-effective evaluation technique. The third project developed an entirely new data analysis system, but used pre-existing data.

At several stages in this process, the pilot projects were reviewed by an Advisory Committee. The Committee is comprised of the following members:

All of the pilot projects offer useful guidance, tools, and lessons learned to assess training effects.

- Directors and evaluators from the pilot AETC regions
- Representatives of the national AETC centers
- Ad hoc regional AETC evaluators
- Independent technical advisors
- HRSA/HAB representatives
- NEC staff members

Guidance was actively solicited from the Advisory Committee throughout this process. For each of the pilot projects, members were asked for feedback on several key areas including study design, need for project, feasibility, and potential for replication.

Measuring training effects requires a comprehensive approach to evaluation that includes diverse research tools and techniques. Each of the pilot projects presented offers just such tools and techniques to be adapted to and for other uses across the AETCs and beyond. No single evaluation technique will fit perfectly into a new training setting. However, all of the projects presented offer useful guidance, tools, and lessons learned that may be used in other contexts to assess training effects.

II. Overview of This Pilot Evaluation Project

Background on SEATEC

Since 1988, the Southeast AIDS Training and Education Center (SEATEC) has received funding from the Health Resources and Services Administration (HRSA) to conduct training for HIV/AIDS clinicians in Georgia, Alabama, North Carolina, South Carolina, Tennessee, and Kentucky. The goal of these trainings is to improve medical care for people living with HIV and AIDS. In particular, SEATEC aims to enhance the skills, knowledge, and attitudes of clinicians and other health care professionals who serve HIV-infected clients. In working to achieve this goal, SEATEC provides a range of trainings including didactic and skills building sessions, clinical preceptorships, and clinical consultation.

SEATEC observed that rural clinicians are often unable to leave their clinics to attend trainings.

In the southeastern United States, HIV medical care is often provided in small, federally-funded clinics with only one or two clinicians. Over the years, SEATEC staff members have observed that some rural clinicians are unable to leave their clinics to attend trainings. The most common reason for this, they discovered, was that additional providers could not be found to cover office hours while the clinician attended a training. Although maintaining office hours benefits patients, providers in these clinics face limited access to critical new information about HIV/AIDS care. In addition to the challenge presented by small clinic size, limited budgets have also proved challenging to training access.

The Intensive On-Site Training (IOST) Model

To address these issues, SEATEC developed the Intensive On-Site Training (IOST) approach, which provides a seasoned clinical instructor for *on-site* training to clinical providers. This approach does not disrupt the provision of clinical care, nor does it require clinicians to use limited financial resources to attend training. IOSTs are targeted to Ryan White Title III clinics and other rural health sites; the main target audience is primary care clinicians, with additional clinic staff as the secondary audience.

An IOST can address up to five evidenced-based, clinical practice competency areas, which correlate to high quality HIV care and improved outcomes for PLWH. These are:

- Patient education and information
- Addressing ongoing risk behavior and identifying new cases of HIV
- Identification and diagnosis of physical signs and symptoms of both early and advanced HIV disease
- Disease treatment and patient management throughout the spectrum of HIV disease
- Assessment of mental health and substance abuse issues

An IOST typically begins with an HIV update for all staff. The clinical trainer then focuses on delivery of a clinical preceptorship and clinical consultation to the clinical staff, the content of which is customized to specific training needs. Technical assistance on topics such as clinic scheduling and other administrative aspects may also be addressed. A typical one day IOST may be comprised of an hour of didactic

training for all staff, four hours of one-on-one exam-room-based observation with actual patients, two hours of chart review and other clinical consultation and one hour of technical assistance on clinic operations issues.

The planning and delivery of an IOST involves several steps. First, working directly with the clinical staff, the clinical instructor contacts the IOST site. Date(s) are identified for the IOST, with most initial IOST visits lasting one day, but occasionally lasting two days if the clinician staff size warrants. Once on site, the clinical trainer delivers the didactic training and then observes the clinician providing care to HIV positive clients. The clinical instructor will observe as many patients as he/she can in the time frame allotted by the clinician, with a completed observation process based on multiple HIV-infected patient visits. The clinical instructor then reviews the observation findings with the clinician and begins delivery of the training component of the IOST based on the IOST competency areas. Review of specific cases via chart review is frequently used as a training tool for the IOST. The clinical instructor may also deliver technical assistance at this time, based on the needs of the clinician. Dependent upon the needs of the clinician identified during the assessment steps, the clinical instructor may return a second time to provide additional training, providing the components of the "initial visit" over more than one visit.

Once on site, the clinical trainer delivers the didactic training and then observes the clinician providing care to HIV positive clients.

The IOST Evaluation Model

SEATEC began evaluating IOST in December 2001. Historically, IOST evaluation examined both process and outcomes. The focus remained largely on process measures, such as the trained clinician's reaction to the training and their rating of the appropriateness of training content. These process data were primarily collected via the Continuous Quality Improvement (CQI) form, completed by the trainee immediately at the completion of the training. Efforts to collect outcome data in 2001-2005 were made through administration of semi-structured qualitative and quantitative phone interviews, conducted three and twelve months after the training. During these interviews, participants were asked if the training had any effect; if the participants reported an effect, they were asked to provide specific examples. However, collecting outcomes data retrospectively has limitations, since participants are being asked to report their own level of changes in clinical practice. Other SEATEC evaluations have demonstrated that participants frequently inaccurately rate the knowledge and skills level, either by over or under-representing it.

SEATEC wished to expand the outcomes-oriented portion as well as strengthen the rigor of the evaluation and used the pilot project as an opportunity to pursue these goals. SEATEC decided to add an observational assessment of trainee clinical practice. This assessment, conducted at baseline, three and twelve months following the training, provided a more objective measurement of the clinical skills which would then be compared to the more subjective qualitative interview data. Specifically, clinicians were observed providing care to clients and their skills were rated based on a Likert scale. These enhancements are described in the following pages.

III. Evaluation Plan

Purpose

This evaluation plan describes the *enhanced* IOST evaluation which uses a mixed-methods approach to capture baseline and follow-up data. The combination of observation and qualitative interview methods enables SEATEC to measure specific clinical components established in research to have direct correlates to improve patient outcomes as well as to measure quality indicators of the training. Together, the existing and new evaluation components will address the following evaluation questions:

- Did the training meet established quality standards?
- Were the trainees' personal learning needs met?
- What are the trainees' intentions to change their clinical practice?
- How has the trainees' experience in the clinical training program changed his/her ability (if at all) to provide HIV quality care to PLWH?

The table of indicators (see appendix) illustrates the uses of each method in addressing these evaluation questions.

Sample

Since the IOST model provides intensive, long-term training to a small group of clinicians, all trained clinicians are asked to participate in the evaluation.

Measures

The IOST evaluation encompasses process and outcome measures. Process measures are included in all of the assessment tools. The measures assess participant's reaction to the training, participant's assessment of barriers to implementing any change in clinical behavior, and reflect trainee's demographics.

Outcome measures include several domains. First, self-reported changes in clinical practice behavior are examined. In the post-training CQI form, the trainee is asked to what extent he/she plan to change clinical practice (intent to change). During the 3-month and 12-month structured interviews, trainees will report the extent to which they have actually changed their clinical practice, if at all. Second, an objective measure of clinical practice will occur through observations noted by the trainer at baseline, three and 12-months following the training. Having these two different methods (self-report and observation) will ensure that change is captured, will validate the assessment of change, and will serve as an interesting comparison of self-report and observational data. Both the interview and the observation focus on measuring specific clinical components established in research to have direct correlates to improved patient outcomes. The interview asked the individual to report any change or maintenance of previously reported change; the observation rates clinician practice evident in the provision of patient care.

Both the interview and the observation focus on measuring specific clinical components established in research to have direct correlates to improved patient outcomes.

Evaluation Tools

1) **CQI Form**: This form captures the participant's rating of the quality of the training, if learning objectives of the training were met, and the trainee's intentions of changing the way he/she works with PLWH. Specific research questions addressed include: Did the training meet established quality standards? Were the trainee's personal learning needs met? What are the trainee's intentions to change clinical practice?

Questions addressed include: Did the training meet established quality standards? Were the trainee's personal learning needs met? What are the trainee's intentions to change clinical practice?

2) **Semi-Structured Telephone Questionnaire at 3 months**: The participant is asked to identify what was covered during the IOST from a list of topics provided by the evaluator. These include patient education and information, addressing ongoing risk behavior and identifying new positives, identification and diagnosis of physical signs and symptoms of both early and advanced HIV disease, disease treatment and patient management throughout the spectrum of HIV disease and assessment of mental health and substance abuse issues. There is also an "other" category to ensure inclusiveness of all topics. By using this approach of having a "core" list from which the participant can choose, the trainer can continue to customize the training approach while maintaining a structure that ensures comparability in evaluation. The participant is asked to rate the extent, if any, to which the training has had an effect on provision of care in the various competency areas. For those areas in which the learner said there was an effect, he/she is asked to provide specific examples. If he/she reports the training had no effect, he/she is asked to say more about why there was no effect. The average interview takes 15-20 minutes.

3) **Semi-Structured Telephone Questionnaire at 12 months**: This interview is based on the content areas identified in the first interview. The participant is only asked about areas that he/she reported were covered in the IOST. Each is again asked for specific examples of how they are applying the knowledge and skills in providing care to PLWH and if not, they are asked about barriers they may be facing in trying to apply the knowledge and skills acquired. Participants are also asked what SEATEC can do, if anything, to assist in overcoming the barriers. The average interview takes 20-25 minutes.

4) **IOST Observation Tool at baseline, 3 and 12 months:** An addition to this evaluation study is an assessment by the clinical trainer of the skills of the clinician at baseline, at three months post-training and at one year after the last IOST. The clinical trainer will observe the clinician providing care to an HIV patient and then assess the skill level on specific competencies. These competencies address the same five areas that were previously addressed in the intervention discussion. The clinical trainer will review findings with the clinician at the conclusion of the observation period. Institutional barriers will also be determined at this time as identified by the clinician during the feedback process. These observational data will also be used by the clinical trainer in order to develop the specific competency areas upon which to focus the intervention.

Data Collection Plan

The clinical trainer provides each participant with an informed consent sheet when they meet at the clinic and will address any questions or concerns at that time. If the clinician agrees to participate, the clinical trainer will obtain written consent. If

he/she declines to participate, the trainer will express thanks and continue with the IOST as planned, but without outcomes evaluation. All participants will be asked to complete the CQI form regardless of whether they participate in the evaluation study. The CQI form is part of an overall quality approach used by SEATEC. The completed form is collected by the clinical trainer and mailed to the evaluation coordinator. In addition, the clinical trainer will complete the observation tool regardless of whether the clinician participates in the study. For those individuals who agree to participate in the study, their unique identification number will be added to the form and those data will be incorporated into the analysis. For those individuals who decline to participate, the information will be used by the trainer to develop the training approach and will not be used for any other purpose. Additional observational sessions will only occur with those individuals who agree to participate in the evaluation study. No incentive will be offered for participation; in past SEATEC studies, individuals would not accept an incentive and this did not affect participation.

Three months after the last IOST, all participants who agreed to participate in the evaluation will be mailed a reminder letter and a list of questions to be asked during the interview. Participants will be called roughly one week after the packet is mailed to confirm that they received the packet. Participants will be asked if they are still willing to participate in the interview and if so, the interview is conducted at that time or scheduled at a future date. If they decline, they are not contacted again. Contact will be attempted three times and if unsuccessful, will be recorded as lost to follow-up. All participants are reminded that the interview will be tape recorded; the interview is still conducted if the participant declines to be tape-recorded. The recording is used for purpose of analysis and then destroyed. In addition to the interview, a follow-up observation will be conducted by the clinical trainer. The interview will be scheduled so that the observation and interview occur in a window of one week of each other if feasible.

Approximately nine months after the first interview is completed, a reminder letter is sent requesting the second interview. The protocol for the initial interview is in place for all subsequent interviews. In addition to the interview, a follow-up observation will be conducted by the clinical trainer. The interview will be scheduled so that the observation and interview occur within one week of each other.

All data is reviewed to examine individual changes over time and maintenance of those reported changes.

Data Analysis Plan

The analysis of these multiple data sets will be descriptive in nature. Participant unique identification numbers are used on all data collection forms to ensure confidentiality and that the multiple data sources can be linked.

Data are used for two types of analysis. First, the CQI forms are reviewed and provided to the clinical trainer in aggregate form so that the quality of the training can be addressed. Second, all data will be reviewed to examine individual changes over time and maintenance of those reported changes. Qualitative data will be coded and findings presented based on consistent themes. When appropriate, we will provide case examples taken from our qualitative data to illustrate challenges or successful experiences with applying training in the clinical setting.

Limitations

This evaluation project poses several limitations. First, given that this is a convenience sample, results are not generalizable. Neither randomization nor a control group is feasible; this in part motivated SEATEC to add a baseline measure to explain changes from initial contact. However, given that most clinicians receive information and attend other non-SEATEC trainings during the period of the evaluation study, a causal relationship between any documented practice changes and the IOST cannot be established. Further, given the intensity of this training approach, the sample size is typically small and therefore limits the amount and type of analyses that can be conducted.

"The training has helped me better interview patients, quickly identify patients having problems with medication adherence, as well as identifying those patients that are involved in high risk behaviors."

The existing evaluation methods are self-report. Adding an observational component increases the rigor of the approach by using an objective measure. However, the observation tool will be completed by the clinical trainer delivering the IOST and therefore will introduce a degree of bias. These methods were chosen due to historically low response rates with self-administered surveys. In addition, to truly address the "customization" of this training approach, a mixed methods approach was needed. However, locating the clinicians at follow-up periods is challenging; many of these clinicians do not have access to voicemail and email so repeated phone calls are necessary. In addition, clinician turnover is high so it is sometimes difficult to find clinicians at time of follow-up because they have changed jobs. Despite these challenges, we successfully conducted one year follow-up interviews with 12 of 17 participants.

Finally, the ability to implement this protocol as described will largely depend on the resources available within each AETC. This evaluation approach can be flexible, with components utilized as resources permit. Specifically, if resources for site visits are limited, the initial observation should be prioritized as it serves as baseline data and the clinical instructor is on site anyway. Interviews at 3 and 12 months can be utilized to denote any clinician practice change and are an accepted approach to document the effect of training intervention. They can effectively be completed by anyone other than the clinical instructor by utilizing the enclosed protocol. Adding additional observations would add to the rigor of the evaluation approach, but are not necessary to effectively evaluate clinical training. Allotting sufficient analysis time for the methods chosen should also be taken into consideration.

List of Materials

In the appendix, you will find materials used for the IOST evaluation pilot project. These forms and tools have been organized in the order that one would use them when conducting a similar evaluation. They are as follows:

- IOST Informed Consent Form
- Immediate Post-training CQI Form
- IOST Observation Tool
- First Interview Contact Letter
- First Interview Guide
- Second Interview Contact Letter
- Second Interview Guide

We encourage you to review these materials closely, and then to adapt them to your needs as you see fit. In addition we have included the IOST study protocol. This document was prepared for submission to the Institutional Review Board (IRB) of Emory University, where SEATEC is based and conducts its research studies. While each university/institution has different guidelines and requirements for preparation of a study protocol, this document may be useful to you in replication of the IOST evaluation model.

Implementation Timeline

Pre-training
- Arrange Training
- Complete Informed Consent
- Conduct Baseline Observation

Training
- Conduct training(s)
- Provide additional IOST services as determined by needs assessment

Two-month Post-training
- Send First Interview Contact Letter

Three-month Post-training
- Conduct First Interview
- Conduct 3-month Observation

Eleven-month Post-Training
- Send Second Interview Contact Letter

Twelve-month Post-training
- Conduct Interview Contact Letter
- Conduct 12-month Observation

IV: Results of Pilot Activities

Description of Pilot Activities

In order to assess the addition of the observation component, a pilot study was conducted between January and November 2006. The IOST trainer added the observation component of the evaluation beginning January 2006. The pilot period continued through November 2006. In order to establish content validity, a second trainer used the observation tool for a one-month period from April to May 2006.

Upon initial in-person contact, the trainer observed the clinician trainee providing clinical care to at least one patient; most observation periods were of many patients seen over the course of one day by one clinician trainee. The trainer used the observation tool to record her observations *after* the observation period was complete, rather than completing the form during the clinical encounter or encounters. One form was completed per clinician, rather than one observation form per patient. The completed form resulted in an average rating for each item on the observation form.

"The training has given me skills that have helped me to be able to communicate in a non-judgmental way."

Following the protocol outlined above, post-training evaluation forms were completed by the trainees at the completion of each IOST session. In addition, follow up in-depth interviews were conducted at 3- and 12-month intervals with the clinician trainees. All data were forwarded to the evaluation team for tracking and analysis.

Results

Implementing the Observation Tool

During the pilot period, a total of six baseline observations (100% of those that were due) and one 3-month observation (17% of those that were due) were completed by the IOST trainer. The secondary trainer collected six additional baseline observations. Baseline data collection demonstrated a range of skill among clinicians observed, from those new to HIV care to providers demonstrating great skill who simply needed minor support. The baseline observations were used to develop individualized training plans for each clinician.

During the pilot, the regional evaluator met with both clinical trainers to debrief the process of completing the observation tool as well as discussing the relevance of the content areas. The trainers then met to revise the content categories and the flow, and noted areas in need of further clarification in the protocol. These proposed changes were implemented subsequent to the pilot period and are reflected in this package. Both trainers reported that the observation tool was easy to use and could be easily completed at the conclusion of the observation sessions.

Implementing Follow-up Interviews

Of the six in-depth interviews due at the 3-month period, five were completed. One clinician left the clinic and could not be interviewed. Of the two interviews due at the one-year period, one was completed and again, one clinician left the clinic. While conducting the interviews, it was evident that while trainees had good training recall overall and were able to recall the content of the training, they had

difficulty specifically identifying any impact that the training had on their clinical practice. Specific probing during the interview helped clinician trainee recall to some degree. Furthermore, if trainees had attended trainings other than the IOST during the pilot period, they had difficulty attributing the effects of the IOST training to clinical practice change. This inability to link direct changes as a result of the IOST training made many of the trainees uncomfortable because they reported they did not want this to reflect badly on the trainer.

Summary of Implementation of Pilot Activities

The activities described in this pilot are ambitious. While this evaluation approach was initially designed with input from the IOST trainer, over the course of piloting, it became evident that the multiple data collection time points and tools were too elaborate to be fully implemented. In particular, the close scheduling of data collection presented challenges. At times the one-year interview was delayed due to difficulty in scheduling with busy clinicians. The follow-up training could not be scheduled until after the interview and keeping it on schedule became challenging. Doing so involved coordinating quickly with the IOST trainer, who struggled to complete the 3-month training and observation on schedule.

Lessons Learned

The pilot period provided several key lessons which would be critical for others utilizing this methodological approach.

Select evaluation measures that can be feasibly implemented and are acceptable to trainers and trainees: While the hope of this pilot period was to determine if observation or interviewing was a "better" measure, we found that while both provided important results, resources, not data quality, were a more important consideration for selection of use of one over the other.

There were strengths and weaknesses to each approach. While observation is considered a more objective measure of the trainee, it introduced the bias of the observer, who in this case was also the trainer. Interviewing, while not relying on the trainer for evaluation resources, introduces the challenges of using self-report to understand results. Self-report is only as accurate as the trainee's assessment of their skill level. Ideally, with enough resources and staff time, combining the two methods enables the evaluator to obtain both qualitative and quantitative information.

Provide on-going training and support to staff conducting the evaluation procedures: It became evident during the review of interview data that it was critical to ensure adequate training of evaluation staff to conduct high quality in-depth interviews, particularly regarding probing and reminding participants of the focus and goal of the interviews. Adequate training and instruction on completion of the observation tool was also important for minimizing differences in scoring across staff members. The clinical trainers met and made recommendations for modified content and flow. They suggested adding the following items, which have been incorporated into this package:

- Did the clinician conduct an assessment & provide education in the following areas?
  - Nutrition
  - Medications, including adherence, drug interactions
  - OI prophylaxis
  - Disease progression and management
  - Labs, including CD4, viral load
  - Sexual behavior/safer sex
  - Vaccinations
  - Mental health
  - Emotional & social support needs, including past mental health issues
  - Drug use and harm reduction
- Assessing the clinician's communication skills:
  - Open-ended, exploratory language
  - Nonjudgmental
  - Timely
- Conducts adequate history and physical for type of visit
- Develops appropriate plan based on history, physical and labs

Be flexible in adjusting data collection time points during a pilot phase: After meeting with the IOST trainer, this evaluation approach was revised so that the baseline and 12-month observation were included, but the three-month observation became optional. That is, if the trainer was already scheduled to go to the site, the observation would take place. In addition, to ensure good communication with the IOST trainer, the evaluator and trainer reviewed potential participants on a monthly basis to ensure that the evaluator had a complete list of all IOST participants. Finally, the trainer was informed if an observation or interview were due so that she could schedule her IOST visits accordingly.

V. Appendices

A. Informed Consent Sheet
B. Southeast AIDS Training and Education Center Evaluation Form
C. Intensive On-Site Training Observation Tool
D. First Interview Contact Letter
E. Structured Participant Interview: Part I
F. Second Interview Contact Letter
G. Structured Participant Interview: Part II

An Evaluation of Clinical HIV Trainings
Emory University
Department of Family and Preventive Medicine
Southeast AIDS Training and Education Center

Informed Consent Sheet

Introduction/Purpose:
The Southeast AIDS Training and Education Center (SEATEC) receives funding from the Health Resources and Services Administration (HRSA) to conduct training to HIV/AIDS clinicians in Georgia, Alabama, North Carolina, South Carolina, Tennessee and Kentucky. The goal of these trainings is to improve the care of people living with HIV/AIDS. The purpose of this study is to evaluate the effectiveness of clinical training. By obtaining participant input, SEATEC can get a better sense of whether our trainings are providing participants with information and skills that help them care for people living with HIV disease. It also enables us to identify any changes needed to improve the quality of our trainings.

Procedures:
The training that you have requested involves a SEATEC clinical trainer attending at least one patient visit. The clinical trainer will utilize patient appointments that you already have scheduled, so no additional scheduling is required by you. The clinical trainer will be observing your provision of care and then will develop a training plan based on this observation. For those individuals participating in the evaluation study, the clinical trainer will also be documenting her observations, although she will not do so until after the patient visit is completed.

Once the clinical training is provided, you will be asked to complete a one-page post training form that takes approximately 5-10 minutes. Three months after the training, you will be asked to complete a 15-20 minute phone interview. The phone interview uses structured questions to find out if the training provided you with information and skills that help you care for people living with HIV disease. Within one week of the first phone interview, the clinical trainer will visit your site to again observe a patient visit.

Approximately nine months later, you will be asked to complete a second brief phone interview of approximately 15-20 minutes. This interview also uses structured questions to assess the maintenance of any reported changes from the three-month interview as well as any barriers to implementing or maintaining changes. Within one week of the second phone interview, the clinical trainer will visit your site to again observe a patient visit.

The average time commitment for the post training evaluation and interviews is one hour over a 12 month time period. No additional time commitment is required by you for the observation, given that it is the documentation of a clinical training which you have already requested.

To develop accurate notes, each interview will be tape-recorded. The tape recording will only be used to develop an evaluation summary of the training program.

Benefits/Risks:
Taking part in this research study may not benefit you personally, but we may learn new things that will help others and have a public health impact.

Voluntary Participation and Withdrawal:
Your participation in this study is completely voluntary. You are free to withhold participation in this study at any time. You may choose to skip questions and also request that the tape recorder be turned off at any time. If you decide not to participate, your relationship with SEATEC and SEATEC affiliated organizations will not be harmed.

Confidentiality:
All information gathered during this study will remain confidential to the extent permitted by law. We will keep all facts about you private. No personal identifiers will be used in the report summary; a unique ID will be used for you on all study paperwork. Your name and other facts that might identify you will not appear when we present and/or publish the study results. Only evaluation staff will have access to the interview and CQI post training data. The clinical trainer will be conducting the observation session and therefore will initially have these data until they are submitted to the evaluation staff.

Costs and Compensation:
Please be aware that neither SEATEC nor any of its affiliated universities or organizations will compensate you for lost income or care. There will also be no additional compensation for participation in this study.

Contact Persons:
If you have any questions about this study or if you believe you have been harmed as a result of your participation in this study call Debbie Isenberg, Principle Investigator, at 404-727-2931. If you have questions or concerns about your right as a participant in this research study you may contact Dr. James W. Keller, Chair, Social, Humanist and Behavioral Institutional Review, which oversees the protection of human research participants. He can be reached at 404-712-0720 or jim@radonc.emory.org.

Entitlement of Consent Form and Agreement:
If you would like to participate in this study please sign below. Please keep a copy of this informed consent sheet for your records.

_____

Participant Name Date Time

SOUTHEAST AIDS TRAINING AND EDUCATION CENTER EVALUATION

43300

M M	D D	# # # #

To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your social security number. For example, May 29, 123-45-6789 : the ID number is 05 29 6789.

Date (mm/dd/yy) ___ / ___ / ___

Title_____ City/State: _____

	1=Poor ... 5=Excellent 1 2 3 4 5
Please evaluate the following, marking only <u>one</u> response per question.	
1. Your knowledge/skills on this topic before the training	○ ○ ○ ○ ○
2. Your knowledge/skills on this topic after the training	○ ○ ○ ○ ○
3. Your overall rating of the training	○ ○ ○ ○ ○
4. The appropriateness of the room as a learning environment	○ ○ ○ ○ ○
5. The extent to which the learning environment stimulated idea exchange	○ ○ ○ ○ ○
6. The choice of the facility	○ ○ ○ ○ ○
7. The extent to which the training met your learning needs	○ ○ ○ ○ ○
8. The extent to which the objectives fit the overall purpose of the training	○ ○ ○ ○ ○
9. The relevance of the training to your work	○ ○ ○ ○ ○
Objectives for this training are listed below. Please rate the extent to which these objectives were achieved.	
Objective 1 _____	○ ○ ○ ○ ○
Objective 2 _____	○ ○ ○ ○ ○
Objective 3 _____	○ ○ ○ ○ ○
Objective 4 _____	○ ○ ○ ○ ○

Presenter Evaluation	**Presenter 1**	**Presenter 2**	**Presenter 3**
Please rate each presenter on the following areas:	1=Poor ... 5=Excellent N/A=Not Applicable	1=Poor ... 5=Excellent N/A=Not Applicable	1=Poor ... 5=Excellent N/A=Not Applicable
	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
1. Clarity and organization of the presentation	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
2. Knowledge of the subject(s)	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
3. Responsiveness to participant concerns and questions	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
4. Effectiveness of teaching	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
5. Time used to cover material	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
6. Training materials - slides, handouts and notebooks	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○

Will the skills and information that you learned in this training in any way change how you work with HIV/AIDS patients?

○ Yes If yes, how? _____

○ No If no, please explain _____

○ N/A

Please tell us what was <u>most</u> helpful about this training _____

Please tell us what was <u>least</u> helpful about this training _____

Please list any other HIV training needs that you have _____

PLEASE USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED. THANK YOU!

Rev. 09/02

GNA Program #	**EVENT Program # (same as on PR)**

Intensive On-Site Training Observation Tool*

Date _____
Unique ID of participant _____
Number of patients seen by participant _____
Observation Session: _____

Skill Level Coding:
0 None – No demonstrated skills at all/does not perform the tasks completely. Needs a lot of support.
1 Some – Trainee demonstrates some skills in this area. Needs additional support.
2 Most – Trainee demonstrates most ability/skills in this area. Needs minimal support.
3 All – Trainee demonstrates excellent skills/strengths in this area. Needs little or no support.
X N/A Not Applicable -- Not observed/shouldn't have been observed

Patient Education and Information (Prevention with Positives)

Demonstrated knowledge/skills	Comments	Skill Level (0-3)	N/A (X)
Educates/assesses clients on nutrition			
Educates/assesses clients on medications			
Educates/assesses clients on disease progression			
Educates clients on the importance of adherence and assesses their current adherence			
Educates clients on prevention of sexually transmitted diseases			
Educates clients on prevention of opportunistic infections			
Educates client on labs			

Addressing Ongoing Risk Behavior and Identifying New Positives			
Demonstrated knowledge/skills	**Comments**	**Skill Level (0-3)**	**N/A (X)**
Assesses current and past sexual behavior			
Assesses current and past drug use			
Uses open-ended/ exploratory questions and non-judgmental language			
Timely (doesn't rush patient and doesn't take too much time)			
Assessment of Mental Health and Substance Abuse Issues			
Discusses emotional and social support needs and resources			
Accurately incorporates the effect of substance abuse on HIV disease advancement			
Asks broad questions about current and past mental health issues			
Asks broad questions about current and past substance use			

Disease Treatment and Patient Management Throughout the Spectrum of HIV Disease			
Demonstrated knowledge/skills	**Comments**	**Skill Level (0-3)**	**N/A (X)**
Conducts adequate physical exam including conducting focused, thorough discussions of med/soc/fam history			
Evaluates all drug-drug interactions			
Psychiatric and HIV drugs			
Other drugs			
Conducts a baseline assessment of labs and vaccinations (includes appropriateness of recommended labs)			
CD4 and viral load			
Other labs			
Vaccinations			
Develops appropriate medical plan based on labs and exam findings			

*Based on an instrument developed by I-TECH

First Interview Contact Letter

Date

«First_Name» «Last_Name», «Position»
«Training_site»
«Street_Address»
«City», «State» «Zip»

Dear «First_Name» «Last_Name»,

As you may know, the Southeast AIDS Training and Education Center (SEATEC) receives funding from the Health Resources and Services Administration (HRSA) to conduct trainings to HIV/AIDS clinicians in Georgia, Alabama, North and South Carolina, Tennessee and Kentucky. The goal of these trainings is to improve the care of people living with HIV disease. SEATEC is currently evaluating the effectiveness of clinical trainings we have provided since November 2001. Our records indicate that you participated in a clinical training provided by Dianne Weyer, NP on «1st_training_date» and «2nd_training_date» and, at that time, agreed to participate in the evaluation.

We would like to conduct a brief phone interview to examine if there are any needed changes in our training, as well as if the training provided you with information and skills that help you care for people living with HIV disease. The information will also be used to improve the quality of future trainings. At no time will your name be linked to the information that you provide; rather, we will continue to use your unique identifier for confidentiality purposes. The interview should take no more than fifteen minutes. As was explained when you agreed to participate in the evaluation of this training, your participation is completely voluntary.

We have included for your review a list of questions which are asked during the initial phone interview. We hope that you will continue to participate in this study. SEATEC relies upon the input of clinicians to ensure our trainings are meeting the needs in the community. To accommodate clinicians with busy work schedules, flexible hours for the phone interview are available. In the next week, a SEATEC evaluation staff member will contact you to conduct your interview. You may also contact me, at 404-727-1550 or cscarro@emory.edu to schedule an interview time or to ask specific questions. Thank you for considering participating in this important study.

Sincerely,

Catherine Carroll, MA
SEATEC Evaluator

Date: _____ **Participant Unique ID:**_____

Time: _____ **a.m./p.m.** **Interviewed by:**_____

Structured Participant Interview: Part I
Training Projects: How Do Trainees Use What They Have Learned?

Interviewer read:

*I am calling from the Southeast AIDS Training and Education Center at Emory University. Earlier you agreed to participate in this study evaluating the HIV training taught by Dianne Weyer, NP that you attended on **DATE**. I mailed a letter to you as a reminder of the interview that we'd like to conduct and included the questions that we're going to ask. Did you receive it?* ***[If no, offer to fax it to them and schedule a time to call back for the interview. If yes, continue.]***

During this interview we're going to ask you to share your thoughts and perspectives on this training. By getting your input, we can get a better sense of whether our trainings are providing you with information and skills to assist you with caring for people living with HIV disease. It will also enable us to identify any changes needed to improve the quality of our trainings.

This interview is confidential and will take approximately15-20 minutes. Your participation in this interview is completely voluntary and in no way impacts your relationship with the Southeast AIDS Training and Education Center. The interview will be taped. All results from the interview will be compiled and summarized by the evaluation program to ensure the confidentiality of all participants. At no time will Ms. Weyer or other trainers have access to individuals' responses.

Do you still want to participate?

[If yes, answer:] *Great! Do you have any questions before we begin?*
[If no, answer:] *Thank you for your time.*

[**Interviewer:** Answer any questions the respondent has at this time, offer to reschedule interview for another time.]

☐ **Declined, does not want to participate.**

Part 1: Background Information

First, I am going to ask you some background information.

1. **Do you directly provide services to patients or clients?** (Check one)

   - ❑ Yes
   - ❑ No

2. **Are you currently working in HIV care or with individuals who have HIV/AIDS?**

   - ❑ Yes
   - ❑ No

3. **How many years have you worked in the field of HIV care?** (Years and months)

   _____ Years _____ Months

4. **Do you provide education or training on topics related to HIV/AIDS to your professional colleagues? (Check one)**

   - ❑ Yes
   - ❑ No

5. **Overall, how would you rate the training?** (Check one)
   - ❑ Not valuable at all
   - ❑ Somewhat valuable
   - ❑ Valuable
   - ❑ Very valuable

What Did You Learn?

1) I am going to read you a list of topics. After each topic, please tell me if you remember it being covered during the training. [**Interviewer:** *Please check the topics that were covered.*]

   ____ Patient education and information
   ____ Addressing ongoing risk behavior and identifying new positives
   ____ Identification and diagnosis of physical signs and symptoms of both early and advanced HIV disease
   ____ Disease treatment and patient management throughout the spectrum of HIV disease
   ____ Assessment of mental health and substance abuse issues

[***Interviewer:*** *Please skip the topics that the participant said were not covered and only ask the questions that correspond with the topics that are checked.]*

PATIENT EDUCATION AND INFORMATION

Interviewer read:

Now, I'd like to ask you about a few different aspects of your knowledge and ability that might have been affected by the training. I'm mostly interested in hearing about any specific examples that you can provide – so when I ask you about different areas of care, please tell me what you can about some of the concrete ways, if any, you have changed how you provide services to individuals living with HIV/AIDS.

2A. On a scale on 1 to 5, please rate the effect that you think the training has had on your ability to provide patient education and information, specifically related to medications, adherence, nutrition or prevention of sexually transmitted diseases or opportunistic infections? 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} Go to 2C

[If respondent says no effect, please go to 2B]

2B. If no effect, why is that? (Record response. Please make sure to note if the trainee did not receive training on that topic)

2C. In what ways has the training affected your ability to provide patient education and information related to medications, nutrition or prevention of STIs or OIs?
[***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example? Also, make sure respondent covers all four areas.*]

*[**Interviewer**: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

ADDRESSING ONGOING RISK BEHAVIOR AND IDENTIFYING NEW POSITIVES

[Interviewer: *Read only to primary care site participants: The next area I'm going to ask you about is identifying and addressing risk behavior.****]***

3A. On a scale on 1 to 5, please rate the effect that you think the training has had on your ability to identify high risk behavior and identifying new positives? 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} GO TO 3C

[If respondent says no effect, please go to 3B]

3B. If no effect, why is that? (Record response. Please may sure to note if the trainee did not receive training on that topic)

3C. In what ways has the training affected your ability to identify high risk behavior and identify new positives? [***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example? If not addressed, probe re: How has this assisted with early disease identification and entry into treatment and how has this impacted HIV testing for high risk populations, particularly minorities.*]

*[**Interviewer**: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

IDENTIFICATION OF SIGNS AND SYMTOMS OF EARLY AND ADVANCED HIV DISEASE

The next area I'm going to ask you about is identification and diagnosis of physical signs and early symptoms of HIV disease.

4A. On a scale on 1 to 5, please rate the effect that you think the training has had on your ability to identify and diagnose physical signs and early symptoms of HIV disease? 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} GO TO 4C

[If respondent says no effect, please go to 4B]

4B. If no effect, why is that? (Record response. Please may sure to note if the trainee did not receive training on that topic)

4C. In what ways has the training affected your ability to work with clients in identifying physical signs and early symptoms of HIV disease? [***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example? How has this helped, if at all, your ability for getting people into care earlier?]*

*[**Interviewer**: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

The next area I'm going to ask you about is advanced HIV disease.

5A. On a scale on 1 to 5, please rate the effect that you think the training has had on your ability to identify and diagnose the signs and symptoms of advanced HIV disease? 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} GO TO 5C

[If respondent says no effect, please go to 5B]

5B. If no effect, why is that? (Record response. Please may sure to note if the trainee did not receive training on that topic)

5C. In what ways has the training affected your ability to identify the signs and symptoms of advanced HIV disease? [***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example? How does this impact your prescribed treatment regimen?]*

*[**Interviewer**: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

DISEASE TREATMENT AND PATIENT MANAGEMENT THROUGHOUT THE SPECTRUM OF HIV DISEASE

The next area I'm going to ask you about is disease treatment and patient management throughout the spectrum of HIV disease

6A. On a scale on 1 to 5, please rate the effect that you think the training has had on your understanding of disease treatment and patient management throughout the spectrum of HIV disease? This includes conducting a history and physical, a baseline assessment of labs and vaccinations including recommended labs and development of an appropriate treatment plan. 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} GO TO 6C

[If respondent says no effect, please go to 6B]

6B. If no effect, why is that? (Record response. Please may sure to note if the trainee did not receive training on that topic)

6C. In what ways has the training affected your understanding of disease treatment and patient management throughout the spectrum of HIV disease? [***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example? How does this impact your treatment regimen?]*

Interviewer*: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

ASSESSMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES

The next area I'm going to ask you about are issues related to mental illness and substance abuse.

7A. On a scale on 1 to 5, please rate the effect that this training has had on your understanding of how mental health issues may impact HIV disease treatment. 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} GO TO 7C

[If respondent says no effect, please go to 7B]

7B. If no effect, why is that? (Record response. Please may sure to note if the trainee did not receive training on that topic)

7C. In what ways has the training affected your understanding of mental health issues may impact HIV disease treatment. [***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example?]*

*[**Interviewer**: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

8A. On a scale on 1 to 5, please rate the effect that this training has had on your understanding of how substance abuse may contribute to HIV disease advancement. 1=no effect, 5=very large effect (Read options and check response.)

- ❑ 1- No effect
- ❑ 2 -Small Effect
- ❑ 3- Medium Effect
- ❑ 4 - Large Effect
- ❑ 5 - Very large effect

} GO TO 7C

[If respondent says no effect, please go to 7B]

8B. If no effect, why is that? (Record response. Please may sure to note if the trainee did not receive training on that topic)

8C. In what ways has the training affected your understanding of how substance abuse may contribute to HIV disease advancement. [***Interviewer:*** *Make sure the respondent is being as specific as possible. Ask if necessary: In what way? Can you give me a specific example?]*

*[**Interviewer**: If you are sure the respondent has nothing to say, go to the next question.]*

☐ **Does not apply because respondent not involved in direct client/patient care.**

9. **Are there any other topics not previously mentioned that Dianne's training covered with you? If yes, could you elaborate on them, providing me with some concrete examples of how your knowledge or skills have changed? If no, do you have any other comments about your experiences with the training?**

[Interviewer probe: Are there any needs that have come up since Dianne's visit that you would like training on?]

[Interviewer read:]

Great. That brings us to the end of our interview. Thank you so much for taking the time to talk with me about the training. Your responses are very helpful to us. They enable us to identify what is useful in these trainings and what we need to change. We look forward to talking with you again in nine months. Please feel free to contact Debbie Isenberg at 404-727-2931 or *disenbe@emory.edu* if you have any questions about this interview or the study.

Second Interview Contact Letter

Date

«First_Name» «Last_Name», «Position»
«Training_site»
«Street_Address»
«City», «State» «Zip»

Dear «First_Name» «Last_Name»,

Thank you for taking the time to speak with a member of the Southeast AIDS Training and Education Center (SEATEC) evaluation team on {Date of 1st interview}. The information you provided us about the knowledge and skills you learned in the clinical training with Dianne Weyer, NP on MERGEFIELD M_1st_training_date «M_1st_training_date» and MERGEFIELD M_2nd_training_date «M_2nd_training_date» was very helpful.

We would like to follow up with you for a brief phone interview to assess the maintenance of any reported changes in knowledge and skills from the three-month interview, as well as any barriers to implementing or maintaining these changes. The interview should take no more than fifteen minutes. The information that you provide will help us to evaluate the long-term effectiveness of the training and to improve the quality of future trainings.

As with the first interview, participation is completely voluntary. In addition, at no time will your name be linked to the information that you provide; we will continue to use the unique identifier that you constructed in the first part of the study for confidentiality purposes.

We hope that you will continue to participate in this study. SEATEC relies upon the input of clinicians to ensure our trainings are meeting the needs in the community. To accommodate clinicians with busy work schedules, flexible hours for the phone interview are available. In the next week, a SEATEC evaluation staff member will contact you to conduct your interview. You may also contact me, at 404-727-1550 or cscarro@emory.edu to schedule an interview time or to ask specific questions. Thank you for considering participating in this important study.

Sincerely,

Catherine Carroll, MA
SEATEC Evaluator

Date:_____ **Participant Unique ID:**_____

Time:_____ **a.m./p.m.** **Interviewed by:**_____

Structured Participant Interview: Part II
Training Projects: How Do Trainees Use What They Have Learned?

[**Interviewer prep:** Please review responses from participant's first interview and mark the questions to be asked in this interview before calling the participant.]

Interviewer read:
I am calling from the Southeast AIDS Training and Education Center (SEATEC) at Emory University. Earlier you agreed to participate in an evaluation of the HIV training taught by Dianne Weyer, NP that you attended on ***DATE****. This is the second and final part of this evaluation.*

We would like to speak to you about whether you are continuing to use the knowledge and skills you had told us you had gained from the training.

This interview is confidential and will take approximately 15 minutes. Your participation in this interview is completely voluntary and in no way impacts your relationship with SEATEC. All results from the interview will be compiled and summarized by the evaluation program to ensure the confidentiality of all participants. At no time will Ms. Weyer or other trainers have access to individual responses.

Do you still want to participate?

[If yes, answer:] *Great! Do you have any questions before we begin?*
[If no, answer:] *Thank you for your time.*

[**Interviewer:** Answer any questions the respondent has at this time, offer to reschedule interview for another time.]

☐ Declined, does not want to participate. _____

Interviewer read:

Based on your responses from the first interview, I'll ask you questions only related to the topic areas where you told me that the training had had an effect on your abilities to provide care.

1. **Patient education and information**

   - ❑ When we spoke before, you told me that the training had had an effect on your ability to provide patient education and information related to medications, adherence, nutrition or prevention of STIs or OIs. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

   - ❑ When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to patient education on medications, nutrition or prevention of STIs or OIs. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

   - ❑ Participant either rated no effect during original interview or stated that the topic was not covered during the training.

2. **Addressing ongoing risk behavior and identifying new positives**

   - ❑ When we spoke before, you told me that the training had had an effect on your ability to identify high risk behavior and identifying new positives. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

   - ❑ When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to identifying high risk behavior and identifying new positives. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers if any are you experiencing? What can SEATEC do to help you?

   - ❑ Participant either rated no effect during first interview or stated that the topic was not covered during the training.

3. **Identification and Diagnosis of Physical Signs and Early Symptoms of HIV Disease**

   - ❑ When we spoke before, you told me that the training had had an effect on your ability to identify and diagnose physical signs and early symptoms of HIV disease. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to identifying and diagnosing the physical signs and early symptoms of HIV disease. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- Participant either rated no effect during first interview or stated that the topic was not covered during the training.

4. Identification and Diagnosis of the Signs and Symptoms of Advanced HIV Disease

- When we spoke before, you told me that the training had had an effect on your ability to identify and diagnose the signs and symptoms of advanced HIV disease. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to identifying and diagnosing the signs and symptoms of advanced HIV disease. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- Participant either rated no effect during first interview or stated that the topic was not covered during the training.

5. Disease treatment and patient management throughout the spectrum of HIV disease

- When we spoke before, you told me that the training had had an effect on your understanding of disease treatment and patient management throughout the spectrum of HIV disease? This includes conducting a history and physical, a baseline assessment of labs and vaccinations including recommended labs and development of an appropriate treatment plan. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to your understanding of disease treatment and patient management throughout the spectrum of HIV disease? This includes conducting a history and physical, a baseline assessment of labs and vaccinations including recommended labs and development of an appropriate treatment plan. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me

with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- ❑ Participant either rated no effect during first interview or stated that the topic was not covered during the training.

5. Mental Health Issues and HIV

- ❑ When we spoke before, you told me that the training had had an effect on your ability to understand how mental health issues may impact HIV disease treatment. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- ❑ When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to understanding how mental health issues may impact HIV disease treatment. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- ❑ Participant either rated no effect during first interview or stated that the topic was not covered during the training.

6. Substance Abuse Issues and HIV

- ❑ When we spoke before, you told me that the training had had an effect on your ability to understand how substance abuse may contribute to HIV disease advancement. Are you still using these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- ❑ When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to understanding how substance abuse may contribute to HIV disease advancement. Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- ❑ Participant either rated no effect during first interview or stated that the topic was not covered during the training.

7. Other topic mentioned

- ❑ When we spoke before, you told me that the training had had an effect on your ability to . Are you still using

these knowledge and skills you learned in the training? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- When we spoke before, you told me that you had not yet had opportunities to apply the knowledge and skills you had learned in the training related to . Have you now had some opportunities to use these knowledge and skills? If yes, could you provide me with an example? If no, what barriers, if any, are you experiencing? What can SEATEC do to help you?

- Participant either rated no effect during first interview or stated that the topic was not covered during the training.

[Interviewer read:]

Great. That brings us to the end of our interview. Thank you so much for taking the time to talk with me again about the training. Your responses are very helpful to us. They enable us to identify what is useful in these trainings and what we need to change. Please feel free to contact Debbie Isenberg, SEATEC Evaluator at 404-727-2931 or *disenbe@emory.edu* if you have any questions about this interview or the study.

Notes

Notes

This guide was produced as part of the Collaborative Pilot Evaluation Project. For more information, contact:

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