

Ethics Participant Feedback Form

This survey will help us evaluate and improve the training program.

Completion of the feedback form is voluntary.

Form Approved OMB No. 0930-0195 Exp. Date 01/31/2011

Instructions: Please respond to the items by filling in the appropriate oval Incorrect Correct using a No. 2 pencil, dark blue or black pen. ∞ 1. Anonymous Unique Identifier: This permits training 8. Which of the following describe your work at the sites to determine if you have attended multiple trainings. facility identified in Item 6 above? (Mark all that apply) ☐ Administrator/Supervisor ☐ Outreach Worker Case ManagerPhysician (not a Psychiatrist) Date of Birth Clergy/Pastoral Worker
 Psychiatrist Counselor Psychologist Dentist/Dental Assistant
 Researcher Faculty/TeacherHealth EducatorSocial Worker (BSW, MSW)Student 2. Reasons for attending training (Mark the SINGLE BEST answer): CMEs/CEUs Knowledge/skill development Nurse (LPN, RN, APN) Volunteer/Buddy Friend/family with HIV Other: _____ Other: Job requirement Do you provide services directly to HIV-positive individual(s)? Yes 3. Gender: Female A. If YES, in what capacity? (Mark the SINGLE BEST answer) 4a. Are you of Hispanic or Latino descent or origin? Case Manager Psychiatrist Clergy/Pastoral WorkerPhysician Counselor (not a Psychiatrist) 4b. Race: (Select one or more) Dentist/Dental Assistant
 Psychologist White Educator Social Worker (BSW,MSW) Black or African American Nurse (LPN, RN, APN) Student (specify) Asian Outreach Worker Volunteer/Buddy American Indian or Alaska Native Other: __ Native Hawaiian or Other Pacific Islander B. If **NO**, what is your main job/capacity? (Mark the SINGLE BEST answer) 5. How much formal schooling have you received? (Please choose only ONE) ☐ Administrator/Supervisor ☐ Researcher Less than high school
M.D. Clergy/Pastoral workerStudent Faculty/Teacher Volunteer High school/GED Doctoral Degree (non-M.D.) Health Educator Other: ___ Associate Degree M.D. & Doctoral Degree Bachelor's Degree Other Professional Degree 10. Do you provide direct services to family members/significant Master's Degree Other: _____ others of HIV-positive individual(s)? 6. What facility **BEST** describes the primary setting where Yes □ No you work? (Please choose only ONE) 10 years or more Academic Institution Long-term Care Facility Between 5-10 years Community Based Non-hospital Mental Health Clinic/Agency 2-5 years Organization Less than 2 years Private Practice Correctional Facility None Home Health/Visiting Public Health Agency/Clinic Hospice Religious Organization 11. Please indicate the number of years that you have provided service in the Clinic/Unit Not working following areas: Other: ____ Other Hospital Direct HIV-related clinical mental Clinic/Unit health services (e.g., therapy)...... 7. Which geographical description **BEST** describes where this Other direct services to HIV-positive facility is located? Any other HIV-related assistance to Other: Urban HIV-positive individuals (e.g., driving Rural Not Applicable Suburban someone to an appointment)......

For the following questions, select a rating that reflects your degree of agreement with the statement presented.	Strongly Agree Agree Neutral Disagree Strongly Disagree
12. This training session was well organized	27.1
13. The information/skills training was useful	
14. I would recommend this training to others	
15. I was satisfied with this training	
16. The case studies were helpful/useful (skip if not applicable to session)	
The following ethical issues are common to the treatment of persons with HIV/AIDS. Select a rating that reflects your degree of agreement with the statement presented.	Strongly Agree Agree Neutral
	Disagree Strongly Disagree
THIS WORKSHOP HELPED ME:	Citoligry Disagree
17. Develop an awareness of the ethical issues involved in provide people living with HIV/AIDS	
18. Develop an awareness of the legal issues involved in providing mental health services to people living with HIV/AIDS	
19. Learn a systematic decision-making process that can be used to address legal/ethical issues in cases involving HIV/AIDS	
20. Understand how personal reactions of mental health providers can affect judgments in HIV/AIDS cases that pose ethical and/or legal concerns	
21. Learn the skills to apply a systematic decision-making process in cases involving HIV/AIDS	
22. Describe five fundamental ethical principles that can be used to systematically analyze complex legal/ethical issues involving HIV/AIDS	
23. Learn to distinguish between the facts of a case and its assumptions or interpretations	
24. Develop a better understanding of what to expect from a legal consultation associated with cases involving HIV/AIDS	
25. Learn to develop an initial plan to address an ethical question of the case	
26. How will you use what you have learned in this training in your HIV/AIDS work?	
27. How could this training be improved?	
THANK YOU FOR PARTICIPATING!	
To be filled out by education site staff:///	Session Number Date / / Month day year