

# 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 using a No. 2 pencil, dark blue or black pen.

**Correct**



**Incorrect**



**1. Anonymous Unique Identifier:** This permits training sites to determine if you have attended multiple trainings.

 //  / \_\_\_\_ / \_\_\_\_  
 month day  
 Date of Birth

**2. Reasons for attending training (Mark the SINGLE BEST answer):**

- CMEs/CEUs       Knowledge/skill development  
 Friend/family with HIV       Other: \_\_\_\_\_  
 Job requirement

**3. Gender:**       Male       Female

**4a. Are you of Hispanic or Latino descent or origin?**

- Yes       No

**4b. Race:** (Select one or more)

- White  
 Black or African American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

**5. How much formal schooling have you received?**

(Please choose only ONE)

- Less than high school       M.D.  
 High school/GED       Doctoral Degree (non-M.D.)  
 Associate Degree       M.D. & Doctoral Degree  
 Bachelor's Degree       Other Professional Degree  
 Master's Degree       Other: \_\_\_\_\_

**6. What facility BEST describes the primary setting where you work? (Please choose only ONE)**

- Academic Institution       Long-term Care Facility  
 Community Based Organization       Non-hospital Mental Health Clinic/Agency  
 Correctional Facility       Private Practice  
 Home Health/Visiting       Public Health Agency/Clinic  
 Hospice       Religious Organization  
 Hospital Mental Health Clinic/Unit       Substance Abuse Treatment  
 Other Hospital Clinic/Unit       Not working  
 Other: \_\_\_\_\_

**7. Which geographical description BEST describes where this facility is located?**

- Urban       Other: \_\_\_\_\_  
 Rural       Not Applicable  
 Suburban

**8. Which of the following describe your work at the facility identified in Item 6 above? (Mark all that apply)**

- Administrator/Supervisor       Outreach Worker  
 Case Manager       Physician (not a Psychiatrist)  
 Clergy/Pastoral Worker       Psychiatrist  
 Counselor       Psychologist  
 Dentist/Dental Assistant       Researcher  
 Faculty/Teacher       Social Worker (BSW, MSW)  
 Health Educator       Student  
 Nurse (LPN, RN, APN)       Volunteer/Buddy  
 Other: \_\_\_\_\_

**9. Do you provide services directly to HIV-positive individual(s)?**

- Yes       No

**A. If YES, in what capacity? (Mark the SINGLE BEST answer)**

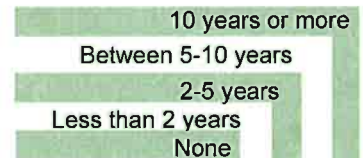
- Case Manager       Psychiatrist  
 Clergy/Pastoral Worker       Physician (not a Psychiatrist)  
 Counselor       Psychologist  
 Dentist/Dental Assistant       Social Worker (BSW,MSW)  
 Educator       Student (specify) \_\_\_\_\_  
 Nurse (LPN, RN, APN)       Volunteer/Buddy  
 Outreach Worker       Other: \_\_\_\_\_

**B. If NO, what is your main job/capacity? (Mark the SINGLE BEST answer)**

- Administrator/Supervisor       Researcher  
 Clergy/Pastoral worker       Student  
 Faculty/Teacher       Volunteer  
 Health Educator       Other: \_\_\_\_\_

**10. Do you provide direct services to family members/significant others of HIV-positive individual(s)?**

- Yes       No



**11. Please indicate the number of years that you have provided service in the following areas:**

- Direct HIV-related clinical mental health services (e.g., therapy).....       
Other direct services to HIV-positive individuals (e.g., primary health care).....       
Any other HIV-related assistance to HIV-positive individuals (e.g., driving someone to an appointment).....

PLEASE TURN OVER

**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.....
- 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:**

- 17. Develop an awareness of the **ethical** issues involved in providing mental health services to 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 based on the clinical issues 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!**