National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC): Evaluation

OMB No. 0920-0995

**Attachments 15 & 16**

**Practicum Long-Term Evaluation Instrument**

Word version and screenshot

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| / /  M M D D Y Y  **TODAY’S DATE** | Your confidential ID number is the first two letters of your FIRST name, the first two letters of your LAST name, the MONTH of your birth, and the DAY of your birth. *For example*: John Smith, May 29 would be **JOSM0529** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | FN | FN | LN | LN | M | M | D | D |   **CONFIDENTIAL IDENTIFIER** |

|  |
| --- |
| **Practicum Long-Term Evaluation** |

*Public reporting burden of this collection of information is estimated to average 3minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0995).*

**A1f. I am using what I learned in this training in my work.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| strongly disagree | **①** | **②** | **③** | **④** | **⑤** | Strongly agree |  | **77** | NA |

**A2f** **If you have not used what you learned, please explain why not.**

|  |
| --- |
|  |

**A3f** **Did you make a change in your practice or worksite setting as a result of this training**?

① Yes

⓪ No

② Not applicable to my job or patients

③ I was already using these practices

|  |
| --- |
|  |

④ Other reason (please specify)

**A4f If you made a change, what change did you make**?

|  |
| --- |
|  |

**A5f As a result of this training, did you share what you learned with any of the following?** (*select all that apply*)

⓪① Supervisor

⓪① Colleagues/co-workers

⓪① Policy makers

⓪① Community

⓪① Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A6f Did any of these factors MAKE IT HARDER for you to apply the STD practices recommended in the training?**

*(select all that apply)*

⓪① lack of time with patients

⓪① more important patient concerns

⓪① cost/lack of reimbursement

⓪① policies where I work

⓪① resistance to change by supervisor or colleagues

⓪① lack of equipment or supplies

⓪① no opportunity to apply practices

⓪① nothing interfered

⓪① other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A7f Did any of these factors HELP you incorporate the STD practices recommended in the training?**

*(select all that apply)*

⓪① reimbursement or other financial incentive

⓪① support of supervisor and/or colleagues

⓪① standing orders

⓪① reminder in chart

⓪① convenient supplies

⓪① posted patient instructions for obtaining specimens

⓪① nothing specific helped

⓪① other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UseGuidef Do you use the CDC STD Treatment Guidelines to guide the care of your patients/clients?**

⓪No, I am not aware of the Guidelines

➀I am aware of the Guidelines but do not use them

➁I use the Guidelines occasionally

➂I use the Guidelines consistently

➃I use another source to guide my STD care (*please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_