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)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_