

Provider Training Survey

Please complete this evaluation for today's training. Your responses will help us to understand how best to support you in your work to prevent and raise awareness of issues concerning substance addiction and opioid misuse among women aged 55+ . IHR relies on your honest opinions & suggestions for improvement of future trainings. All of your responses will be kept confidential and will only be reported in the aggregate. Your name will not be used in any reports put together for this project.

Content of Training

As a result of the training, to what extent do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am better able to assess risk in older women for opioid misuse.	€	€	€	€
I am better able to refer clients to appropriate levels of treatment including outpatient and/or Medication Assisted Treatment.	€	€	€	€
I am better able to use a validated screening test to screen clients for unhealthy substance use.	€	€	€	€
I am more comfortable talking to clients about the risks of opioids.	€	€	€	€
The information presented will be useful to my work.	€	€	€	€
The information presented was clear & understandable.	€	€	€	€
The skills presented will be useful to my work.	€	€	€	€
Elder SBIRT				
I can describe the basic components of Screening, Brief Intervention, and Referral to Treatment (SBIRT).	€	€	€	€
I can identify the elements of the brief negotiated interview.	€	€	€	€
I can describe the basic principles of Motivational Interviewing.	€	€	€	€
I am comfortable implementing the Elder SBIRT.	€	€	€	€

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

To what extent has this training increased your knowledge on the following topics?

	A lot	Somewhat	A little	Not at all
Substance use and addiction in older women	€	€	€	€
The potential risks and benefits of opioids, particularly for older women	€	€	€	€
Auxiliary risk factors for older women in misuse of opiates (e.g. trauma, physical or emotional abuse)	€	€	€	€
The warning signs of opioid misuse and overdose	€	€	€	€
Community services for:				
Older women experiencing psychological pain	€	€	€	€
Older women experiencing physical pain	€	€	€	€
Substance use screenings	€	€	€	€
Overdose reversal options	€	€	€	€

Presentation

To what extent do you agree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter was well prepared.	€	€	€	€
The presenter had good knowledge of subject.	€	€	€	€
The presenter delivered material well.	€	€	€	€
Presenter used time effectively.	€	€	€	€

What is your title/role? (Select One)

- € Social worker
- € Doctor
- € Nurse
- € Other Clinical Staff - Please specify: _____
- € Case Manager
- € Personal Care/Home Care Attendant
- € Medical Assistant
- € Activity Assistant
- € Other: _____

How can we improve this training?