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

| 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 | FN | FN | LN | LN | М | М | D | D |
| M M D D Y Y | MONTH of your birth, and the DAY of your birth. | | CON | FIDE | NTIAI | _ IDE | ENTIF | FIER | |

OMB No. 0920-0995

Attachments 7 & 8

Intensive Complete Post-Course Evaluation Instrument

Word version and screenshot

Intensive Complete Long-Term Evaluation

Public reporting burden of this collection of information is estimated to average 10 minutes 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 le | arned i | n this | trai: | ning | in my | y work. | | | | | |
|---|--------------------|---------------|-----------------|-------|--------|-----------------------|---------|------------|----------|---|--|
| strongly disagree | • | 2 | 3 | 4 | (5) | Strongly agree | 77 | NA | | | |
| A2f If you have not used | what y | ou le | earne | d, pl | ease | explain why not. | | | | | |
| A3f Did you make a char ① Yes ② No ② Not applicable ③ I was already ④ Other reason | e to my using t | job o hese | r pati pract | ents | or wo | rksite setting as a ı | esult (| of this ti | raining′ | ? | |
| A4f If you made a chang | ıe wha | nt cha | nae | did v | ou m | nake? | | | | | |
| n you made a chang | jc, wiid | | iiige | uiu y | ou III | iune: | | | | | |

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

© ① Supervisor



Training Centers

O Colleagues/co-workers

- ①① Community
- ①① 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) |
| | <pre> ① ① lack of time with patients</pre> |
| | more important patient concerns |
| | ⊕ Cost/lack of reimbursement |
| | O policies where I work |

①① resistance to change by supervisor or colleagues

0% 1-25% 26-50% 51-75% 76-90% >91%

0% 1-25% 26-50% 51-75% 76-90% >91%

0

0

0

PPG2f. Now, 3 months AFTER training, approximately what % of pregnant patients under age 25 are you

0

0

0

screening for gonorrhea?

- ① ① lack of equipment or supplies
- On opportunity to apply practices
- ① ① nothing interfered

| | | Did any of these factors HELP you incorporate the STD practices recommended in the training? (select all that apply) | | | | | | | | | | | |
|------|-------|--|--------------|-----------------------|------------|-----------|----------|------------------------|-----------------|--------------|-------------------|------|--|
| | | _ | | | ther finar | | | | | | | | |
| | | | | | or and/or | colleagu | ies | | | | | | |
| | | | anding or | | | | | | | | | | |
| | | _ | minder in | i cnart : supplies | | | | | | | | | |
| | | | | | uctions fo | r ohtaini | na sneci | mens | | | | | |
| | | | | ecific help | | n obtain | ng speci | IIICIIS | | | | | |
| | | | | | | | | | | | | | |
| | | | - , , | | , | | | | | | _ | | |
| UseG | | | | | | | nt Guide | lines to guid | de the care of | your patie | nts/clients? | | |
| | | | | | the Guid | | | | | | | | |
| | | | | | lelines bu | | use the | m | | | | | |
| | | ②I use the Guidelines occasionally ③I use the Guidelines consistently | | | | | | | | | | | |
| | | | | | | | | oo onooif. | | | | | |
| | (4 | gi use | anomer | Source to | o guide ii | ly STD C | are piea | ise specify _ | | | | | |
| PPC1 | f N | low 2 | months | \CTED | trainina | annrov | imately | what % of s | sexually active | acumnton | natic female | | |
| 1101 | | | | | | | | ally for chlai | | εασγιτριστί | iatic iciliaic | | |
| | r | | | | 51-75% | | | NA | y a.a. | | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| DDC1 | I E N | low 2 | months | AFTED | training | annray | imatalı. | what 04 of c | sovually activ | o ocumpton | natia famala nati | onto | |
| PPG. | | | | | | | | mat % of s norrhea? | sexually activ | e asympton | natic female pati | ents | |
| | u | | | | 51-75% | | | NA | | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | Ö | | | | | |
| | | | • | • | • | • | • | J | | | | | |
| PPC2 | 2f N | low, 3 | months | AFTER | training | approx | imately | what % of p | regnant patie | ents under a | age 25 are you | | |
| | | | | nlamydia | | • | , | • | J | | • | | |

NA

0

NA

SGCH2f As a result of the information presented did you download the CDC STD Treatment Guidelines app?

- ① Yes
- @ No
- ② NA
- ③ I was already doing this

SGCH5f As a result of the information presented did you use dual antibiotic therapy to treat uncomplicated gonorrhea?

- ① Yes
- @ No
- ② NA
- 3 I was already doing this

SGCH6f As a result of the information presented did you send a consult to the STD Clinical Consultation



- ① Yes
- @ No
- ② NA
- 3 I was already doing this
- SGCH7f As a result of the information presented did you recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?
 - ① Yes

 - ② NA
 - 3 I was already doing this
- SGCH8f As a result of the information presented did you use the STD Treatment Guidelines wall chart or pocket guide?
 - ① Yes
 - @ No
 - ② NA
 - 3 I was already doing this
- EPTf As a result of information presented did you provide Expedited Partner Therapy (EPT) to heterosexual partners of those diagnosed with gonorrhea and/or chlamydia?
 - ① Yes
 - @ No
 - 2 Not applicable to my practice or job
 - 3 Not allowed in my state/practice
 - My practice/worksite is in the planning stages to offer EPT
 - S My practice/worksite was already offering EPT
 - © EPT was not discussed
- KSG1f What is the recommended treatment for a patient diagnosed with uncomplicated urethral, cervical, or rectal gonorrhea?
 - ① Ceftriaxone 250 mg intramuscularly only
 - 2 Azithromycin 2 g orally in a single dose only
 - 3 Ceftriaxone 250 mg intramuscularly plus azithromycin 1 g orally in a single dose
- KSG2f What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia, gonorrhea, and/or trichomonas?
 - ① A test of cure at 2 weeks, and repeat test at 3 months
 - ② A test of cure at 2 weeks, and repeat test at 12 months
 - 3 Repeat test in 3 months
 - Repeat test in 12 months
- KSG3f What is recommended for STD screening of an HIV-negative man who reports oral sex (oral and penile exposure) and receptive anal sex with multiple male partners?
 - ① Pharyngeal GC, rectal GC/CT, urethral GC/CT, and syphilis every 3-6 months
 - 2 Pharyngeal GC, Rectal GC/CT, urethral GC/CT and syphilis every 12-24 months
 - 3 Urethral GC/CT and syphilis every 3-6 months, with pharyngeal GC and rectal GC/CT if symptoms are present
 - Urethral GC/CT and syphilis every 12-24 months, with pharyngeal GC and rectal GC/CT if symptoms are
 Present