Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Provider Training and Adherence Assistance in Two High Priority Settings**

**Attachment 4j**

**Provider Post-Training Assessment**

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Post-training Provider Survey

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**Welcome back to mChoice!**

Thank you for your participation in this important project. ***This survey will take approximately 15 minutes to complete.***

In this survey, we will ask some questions about your knowledge and comfort around prescribing and talking with patients about pre-exposure prophylaxis (PrEP). We will also ask your opinion on the provider training you recently completed. Please note that this survey includes questions around sensitive topics. Before beginning, please consider your surroundings and the privacy of your device and internet connection.

**All the information you enter in this survey is encrypted and kept completely confidential.** Your answers are private--the information you provide us will be kept secure and known only to study staff. You may choose "Decline to answer" on any questions that make you feel uncomfortable, or you are unsure of the answer.

**A Note about Language**

We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist. Although we do our best to use measures that reflect emerging language, at times the items available in research are not where they need to be and are drawn from items developed ten (or more) years ago. Wherever possible, we have updated the language or are working with developers to get new versions. Please remember that you can always decline to answer items that do not reflect you.

If you have any questions or comments, please contact study staff at son\_mChoice@cumc.columbia.edu or (212)305-8198.

Please click the button below to get started with the survey.

#  PrEP Familiarity & Attitudes

1. **After completing the training, how would you describe your level of familiarity with each of the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very unfamiliar | Somewhat familiar | Neither familiar nor unfamiliar | Somewhat familiar | Very familiar | Decline to Answer |
| PrEP, generally | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Daily oral PrEP with Truvada®, (emtricitabine/tenofovir disoproxil) fumarate, or Descovy® (emtricitabine/tenofovir alafenamide) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| On-demand PrEP with Truvada® emtricitabine/tenofovir disoproxil fumarate (also known as episodicor 2-1-1) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| CAB-LA PrEP (injectable) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **How confident would you feel discussing each of the following in the future**?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all confident | Somewhat unconfident | Neither confident nor unconfident | Somewhat confident | Very confident | Decline to Answer |
| PrEP, generally | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Daily oral PrEP with Truvada®, or Descovy® | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| On-demand PrEP with Truvada® also known as episodic or 2-1-1) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| CAB-LA PrEP (injectable) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Please respond to the following statements by indicating how much you agree or disagree.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree | Decline to Answer |
| Prescribing PrEP will encourage patients to engage in risky sexual behavior. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patients prescribed PrEP are not likely to adhere to the medication. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| People should use condoms instead of PrEP. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Prescribing PrEP will lead to increased resistance to antiretroviral therapy (ART). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Prescribing PrEP will lead to an increase in sexually transmitted infections (STIs). | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Please respond to the following statements by indicating how much you agree or disagree.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree | Decline to Answer |
| Anyone who wants PrEP & doesn’t have any contraindications should be able to get it | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patients will be more likely toadhere to injectable PrEP than daily oral PrEP | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| It will be harder to clinically manage patients who use injectable PrEPcompared to oral PrEP | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Having more options for PrEP is beneficial to patients | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# PrEP Use & Intentions

[for clinicians only]

1. **How comfortable would you feel prescribing PrEP to the following types of people during future patient interactions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Completely uncomfortable | Somewhat uncomfortable | Neither comfortable nor uncomfortable | Somewhat comfortable | Completely comfortable | Decline to Answer | N/A |
| Patients in your clinic, generally | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patients under age 18 years | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patients who identify as gay, bisexual, or men who have sex with men | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patients who identify as transgender male or female | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patients who identify as heterosexual | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

[For clinicians only]

1. **Did the training increase or decrease your likelihood of prescribing the following in the next 12 months:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Decreased | No impact | Increased | Decline to Answer |
| PrEP, generally | ☐ | ☐ | ☐ | ☐ |
| Daily oral PrEP with Truvada®, or Descovy® | ☐ | ☐ | ☐ | ☐ |
| On-demand PrEP with Truvada® (also known as episodic or 2-1-1) | ☐ | ☐ | ☐ | ☐ |
| CAB-LA PrEP (injectable) | ☐ | ☐ | ☐ | ☐ |

[If they indicated a change for any options above – only autopopulate those modalities]

1. **Why do you expect your use of [pipe in modality from above] will increase/decrease? [Ask this for all changes indicated above]**

Decline to answer [For clinicians only]

1. **Moving forward, what barriers will you face when prescribing on-demand PrEP? Select all that apply**
* I don’t feel knowledgeable about on-demand PrEP compared to other PrEP modalities
* I don’t believe that this specific PrEP modality should be used
* I am lacking the necessary clinic support/infrastructure
* I don’t think patients will be able to afford it
* Other, please specify:
* I don’t know what barriers
* Decline to answer

[If don’t believe modality should be used is selected above]

1. **Why do you think that on-demand PrEP should not be used? Select all that apply**
* Patients will be less adherent compared to other modalities
* Patients won’t be able to predict when they will have sex
* The on-demand dosing schedule is not FDA approved
* On-demand PrEP is less effective than other modalities
* On-demand PrEP is less safe than other modalities
* On-demand PrEP will encourage riskier sexual behavior compared to other modalities
* It will be harder to clinically manage patients using on-demand PrEP compared to other modalities
* Other, please specify:
* Decline to answer

[For clinicians only]

1. **Moving forward, what barriers will you face when prescribing injectable PrEP (CAB-LA)? Select all that apply**
* I don’t feel knowledgeable about injectable PrEP compared to other PrEP modalities
* I don’t believe that this specific PrEP modality should be used
* I am lacking the necessary clinic support/infrastructure
* I don’t think patients will be able to afford it
* Other, please specify:
* I don’t know what barriers
* Decline to answer

[If don’t believe modality should be used is selected above]

1. **Why do you think that injectable PrEP should not be used? Select all that apply**
* Patients will not be able to keep/travel to injection appointments
* Patients will not tolerate the side effects compared to other modalities
* Injectable PrEP is less effective than other modalities
* Injectable PrEP is less safe than other modalities
* It will be harder to clinically manage patients using injectable PrEP compared to other modalities
* Injectable PrEP will encourage riskier sexual behavior
* Other, please specify:
* Decline to answer

# Cultural Competency & PrEP care

## **After completing the training, how would you describe your familiarity with Cultural Competency?**

* + Very unfamiliar
	+ Somewhat familiar
	+ Neither familiar or unfamiliar
	+ Somewhat familiar
	+ Very familiar
	+ Decline to answer

## **How often do you think you will do the following with patients in the future?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Often | Sometimes | Never | Decline to Answer |
| Identify and challenge your own cultural assumptions, values, and beliefs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Avoid using your cultural norms as the standard to assess people from other identities or backgrounds | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Develop positive attitudes towards cultural differences | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use an inclusive approach that is not judgmental or potentially stigmatizing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## **How comfortable would you feel interacting with patients who have different cultural backgrounds/identities than you during future patient interactions?**

* + Completely uncomfortable
	+ Somewhat uncomfortable
	+ Neither comfortable nor uncomfortable
	+ Somewhat comfortable
	+ Completely comfortable
	+ Decline to answer

## **After completing the training, how would you describe your familiarity with sexual behaviors that can facilitate HIV transmission?**

* + Very unfamiliar
	+ Somewhat familiar
	+ Neither familiar or unfamiliar
	+ Somewhat familiar
	+ Very familiar
	+ Decline to answer
1. **Do you collect sexual history information from patients?**
	* Yes
	* No

[If 16 is Yes]

## **How often do you think you will practice the following while gathering sexual history in your future patient interactions? Please skip this question if you are not involved in collecting sexual history information.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Often | Sometimes | Never | Decline to Answer |
| Allow the patient to guide the conversation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use open-ended questions to inquire about sexual behaviors and ask follow-up questions for clarity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use a non-judgmental approach | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use layman’s terms alongside anatomically accurate terms | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use positive reinforcement for behaviors you want to encourage | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Validate and normalize the experiences of your patients | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Repeat/rephrase the patient’s responses to demonstrate active listening | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## **How often do you think you will ask the following questions while gathering sexual history in your future patient interactions? Please skip this question if you are not involved in collecting sexual history information.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Often | Sometimes | Never | Decline to Answer |
| Questions regarding reason for the patient’s visit | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s history of HIV testing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s knowledge about HIV | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s sexual practices | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s use of preventative methods against HIV and other STIs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s past history of STIs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s use of drugs and alcohol | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questions regarding the patient’s knowledge of PrEP/PEP | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

[If 16 is No]

## **Why do you not collect sexual history information from patients?**

* + I do not feel comfortable
	+ My patients do not feel comfortable
	+ It is not relevant to my practice
	+ It is not important
	+ Other, please specify: \_\_\_\_\_\_\_
	+ Decline to answer

# Evaluation of training

1. **Please reflect on the training you just completed and indicate if you agree or disagree with the following statements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Decline to Answer |
| The objectives of the training were clearly defined. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Participation and interaction wereencouraged. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The topics covered were relevant to me. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The training experience will beuseful to my work. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The trainer(s) was knowledgeable about training topics. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **What did you like most about the training?**
2. **What could be improved?**
3. **The following statements ask about the online educational modules. Please indicate how much you agree or disagree with each statement:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Decline to Answer |
| The online educational modules provided prepared me well for this training | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The online educational modules increased my knowledge of available PrEP options | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The online modules were useful/or relevant to my work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Are there any comments regarding the training or online educational modules that you would like to share?**

Conclusion Text

Thank you for completing this survey for the mChoice study. Your responses are very important to us, and we appreciate your time.