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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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Posttraining 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We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist.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 episodic or 2-1-1)						
CAB-LA PrEP (injectable)						

2. How <u>confident</u> would you feel discussing each of the following <u>in the future</u>?

	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)						

3. 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).			

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

in reason openia to the renorming statements by manating new mach you agree or alloagree.									
	Strongly	Somewhat	Neutral	Somewhat	Strongly	Decline			
	agree	agree		disagree	disagree	to			
						Answer			
Anyone who wants PrEP &									
doesn't have any									
contraindications should be able									
to get it									
Patients will be more likely to									
adhere to injectable PrEP than daily									
oral PrEP									
It will be harder to clinically manage									
patients who use injectable PrEP									
compared to oral PrEP									
Having more options for PrEP is									
beneficial to patients									

PrEP Use & Intentions

[for clinicians only]

5. How comfortable would you feel prescribing PrEP to the following types of people during <u>future patient interactions:</u>

	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]

6. 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]

7. 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]

- 8. 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]

- 9. 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]

10. 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]

11. 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

12	After completing the training.	how would you describe	your familiarity with Cultu	ral Competency
IZ.	Alter Completing the training.	now would you describe	Vour failillarity with Cult	irai Combetenty

- 0 Very unfamiliar
- O Somewhat familiar
- 0 Neither familiar or unfamiliar
- o Somewhat familiar
- o Very familiar
- o Decline to answer

13. 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						
14. How comfortable would you fee backgrounds/identities than you duri	ng <u>future pa</u> le e	atient intera		e different c	ultural	
.5. After completing the training, ho acilitate HIV transmission?	ow would yo	ou describe	your familia	rity with sex	ual beha	viors that
o Very unfamiliar						
 Somewhat familiar 						
O Neither familiar or unfam	niliar					
O Somewhat familiar						
0 Very familiar0 Decline to answer						
Decline to answer						
16. Do you collect sexual his	tory inform	ation from _l	patients?			
o Yes						
o No						
[If 16 is Yes]						_
17. How often do you think you will interactions? Please skip this question	-	_	_	_	-	-
	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						
Jse 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					Ш			
18. How often do you think you will patient interactions? Please skip this	question i	f you are n	ot involv	ed in col	lecting se	xual histo	pry inforn	
	Always	Usually	/ O	ften S	ometimes	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] Note that the series of the s	omfortable	e			ee or disa	ngree wit	h the	
following statements:	Strongly	Agraa	Noutral	Disagrag	Ctrono	ly Do	cline to	1
	Strongly agree	Agree	Neutral	Disagree	Strong disagre	·	nswer	
The objectives of the training were clearly defined.								
Participation and interaction were encouraged.								

The topics covered were relevant

to me.			
The training experience will be			
useful to my work.			
The trainer(s) was knowledgeable			
about training topics.			

21. What did you like most about the training?

22. What could be improved?

23. The following statements ask about the online educational modules. Please indicate how much you agree or disagree with each statement:

	Strongly	Agree	Neutral	Disagree	Strongly	Decline to
	agree				disagree	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						

24. 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.