Introduction

Thank you again for participating in the CERV-Net Learning Series. Please complete the following survey by September 30th, 2024 to help the CERV-Net team evaluate the impact of this training.

Public Burden Statement:

On behalf of HRSA OWH, NORC is evaluating the CERV-Net Learning Series to determine the impact of the learning series on providers' knowledge, skills, and intention to change their behavior related to cervical cancer care. This Pre-Test is one form of data collection being used for this evaluation. 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. The OMB control number for this information collection is 0906-0084 and it is valid until 02/27/2027. This information collection is voluntary. Participant information provided as a part of this evaluation will be kept confidential on NORC's secure servers and will only be accessible by project team members. Participant name, role, organization, and contact information will be provided to HRSA, the Federal Cervical Cancer Collaborative, and others in the learning series to improve collaboration even after the learning series ends. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Demographics

What is your first name?

[   ]

What is your last name?

[   ]

CERV-Net Pre-Test

Rate your knowledge of (or skill in) the following topics **after** the course:

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Recall HPV vaccination guidelines and understand when deviations are appropriate	◯	◯	◯	◯
Feel confident making a strong recommendation	◯	◯	◯	◯

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Apply strategies for discussing vaccination and addressing common concerns with patients and parents	○	○	○	○
Understand how to adapt Community Guide recommended vaccination interventions in a safety-net setting	○	○	○	○
Discuss real-world facilitators and barriers to intervention implementation for different settings	○	○	○	○
Identify opportunities for forming partnerships to improve vaccination rates	○	○	○	○

Rate your knowledge of (or skill in) the following topics **after** the course:

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Describe the spectrum of diverse patient needs and the importance of providing patient-centered exams	○	○	○	○
Incorporate best practices for describing and delivering services for special populations into routine care	○	○	○	○
Use inclusive and trauma-informed language to describe screening tests and results	○	○	○	○
Recall and apply routine screening guidelines for Pap and Primary HPV, eligibility and exit criteria	○	○	○	○
Feel confident training other providers about screening guidelines and eligibility and exit criteria	○	○	○	○

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Understand how to adapt Community Guide recommended screening interventions in a safety-net setting	○	○	○	○

Rate your knowledge of (or skill in) the following topics **after** the course:

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Discuss real-world facilitators and barriers to implementing interventions for different settings	○	○	○	○
Apply 2019 ASCCP management guidelines and understand changes from previous guidance	○	○	○	○
Recognize appropriate surveillance needs after treatment of CIN2 or CIN3	○	○	○	○

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Apply management guidelines and assess individual risk using available tools (ASCCP app)	◯	◯	◯	◯
Explain test types and results to patients	◯	◯	◯	◯
Understand how to adapt Community Guide recommended management interventions in a safety-net setting	◯	◯	◯	◯

Rate your knowledge of (or skill in) the following topics **after** the course:

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Discuss real-world facilitators and barriers to implementing interventions for different settings	◯	◯	◯	◯
Use tools for assessing capacity and readiness for change and quality improvement	◯	◯	◯	◯

	Not at all knowledgeable or skilled	Slightly knowledgeable or skilled	Moderately knowledgeable or skilled	Very knowledgeable or skilled
Identify organizational QI needs and implement QI exercises	○	○	○	○
Identify change management strategies and sustaining practice change	○	○	○	○
Describe emerging innovations (e.g., self-sampling) and potential impact on safety-net settings of care	○	○	○	○

3-Month Follow-Up

Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I can apply the knowledge I learned in this ECHO series to my work.	○	○	○	○	○
I am confident in my ability to leverage the skills gained in this series to improve cervical cancer care.	○	○	○	○	○

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
After participating in this series, I am more committed to improving cervical cancer care in my practice.	○	○	○	○	○
I have the information I need to make improvements to cervical cancer care in my practice.	○	○	○	○	○

Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I believe that I can apply the knowledge I learned in this course to contribute to system-level changes for improving cervical cancer care (e.g., implement interventions, improve data collection, protocols, and procedures, implement training, form partnerships, increase community engagement).	○	○	○	○	○

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am confident in my ability to contribute to system-level changes for improving cervical cancer care.	○	○	○	○	○
I am committed to contributing to system-level changes for improving cervical cancer care.	○	○	○	○	○

As a result of participating in CERV-Net, I have (*select all that apply*):

☐ Improved patient-centered care (e.g., reflective of patient values, needs, and preferences).

☐ Implemented new EBIs evidence-based interventions for cervical cancer care.

☐ Improved existing cervical cancer prevention, screening, and management approaches.

As a result of participating in CERV-Net, I have (*select all that apply*):

☐ Shared the lessons I've learned in CERV-Net with others in my practice.

☐ Advocated for changes to policies and practices within my practice.

☐ Changed policies and practices within my organization.

☐ Implemented an evidence-based intervention.

☐ Improved delivery of patient care.

☐ [   ] Other, please specify:

☐ I have not made any changes as a result of participating in CERV-Net.

Click to write the question text

Please provide more information below.

Shared the lessons
I've learned in CERV-
Net with others in my
practice.

Changed policies and
practices within my
practice.

Implemented a
cervical cancer
evidence-based
intervention.

Improved delivery of
patient care.

What factors helped you use the content discussed in CERV-Net in your work? *Select all that apply.*

☐ I was reminded of key learning concepts or skills.

☐ I was given the resources I need to make changes.

☐ I had opportunities to use what I learned.

☐ I had time to apply what I learned.

☐ My colleagues supported me in using what I learned.

☐ [   ] Other (please specify):

If you have not made any changes as a result of the CERV-Net Learning Series, what

factors kept you from using the content of this course in your work? *Select all that apply.*

☐ None, I have used this content in my work.

☐ I need additional training in the subject matter.

☐ I do not have the resources I need in my workplace.

☐ I have not been provided opportunities to use what I learned.

☐ I do not have the time to use what I learned.

☐ My supervisor does not support me in using what I learned.

☐ My colleagues do not support me in using what I learned.

☐ The course content is not relevant to my current work.

☐ [_____] Other (please specify):

Please let us know what additional training would be helpful in the space below.

[_____]

Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel more connected to colleagues working in other safety-net settings.	○	○	○	○	○

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel comfortable reaching out to colleagues working in other safety-net settings with questions about improving CERVICAL CANCER prevention, screening, and management.	○	○	○	○	○

Block 4

The following questions were also asked in the survey you took at the end of the CERV-Net series. Please feel free to add additional reflections below or skip over these questions if you do not have any.

What, if anything, do you plan to use from CERV-Net?

What part of this course was most helpful to your learning?

How could this course be improved to make it a more effective learning experience?

Anything else you'd like us to know?

[   ]