



Introduction

Hello! We're excited to have you join us for the CERV-Net Learning Series. Please complete the following survey by March 7, 2024 to help the CERV-Net team prepare for 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?

How did you learn about CERV-Net?

- Direct outreach from HRSA Project Officer
- Direct outreach from NORC
- HRSA Newsletter
- From a colleague
- Other, please specify:

Have you ever participated in any ECHO sessions before?

- Yes
- No
- Don't know

Which of the following best describes your gender identity?

- Female
- Male
- Transgender
- Nonbinary/Genderqueer
- Don't know
- Prefer not to answer

Which of the following best describes your race and ethnicity? *Select all that apply.*

- White
- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Other, please specify:

Pre-Test

Rate your knowledge of (or skill in) the following topics **before** 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel confident making a strong recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply strategies for discussing vaccination and addressing common concerns with patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand how to adapt Community Guide recommended vaccination interventions in a safety-net setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss real-world facilitators and barriers to intervention implementation for different settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify opportunities for forming partnerships to improve vaccination rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate your knowledge of (or skill in) the following topics **before** 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate best practices for describing and delivering services for special populations into routine care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use inclusive and trauma-informed language to describe screening tests and results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recall and apply routine screening guidelines for Pap and Primary HPV, eligibility and exit criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel confident training other providers about screening guidelines and eligibility and exit criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate your knowledge of (or skill in) the following topics **before** 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply 2019 ASCCP management guidelines and understand changes from previous guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize appropriate surveillance needs after treatment of CIN2 or CIN3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explain test types and results to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand how to adapt Community Guide recommended management interventions in a safety-net setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate your knowledge of (or skill in) the following topics **before** 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tools for assessing capacity and readiness for change and quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify change management strategies and sustaining practice change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe emerging innovations (e.g., self-sampling) and potential impact on safety-net settings of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am confident in my ability to provide cervical cancer care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am committed to improving cervical cancer care in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have the information I need to address cervical cancer in my practice.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree



Please rate your level of agreement with the following statements:

I believe that I can 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.



Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel connected to colleagues working in other safety-net settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would reach out to colleagues working in other safety-net settings with questions about improving cervical cancer prevention, screening, and management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any feedback on the marketing of this learning series (i.e., length of marketing materials, clarity, etc.)?

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ICR expiration date: 02/27/2027

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