3. Community of Practice Post-Assessment Instrument

Instructions:

To measure the effectiveness of the [insert name of community of practice] Community of Practice (CoP), we invite you to complete this survey.

The survey will take about 23 minutes to complete.

Your identifying information and survey responses are confidential and will only be seen by the evaluation team. Individual responses will be combined with responses from all other survey participants for reporting purposes. Your honest responses will help us assess the effectiveness of the CoP learning sessions and understand how they may be improved.

1. Type of employment organization: (check one)

Local/State Government Agency ☐
Tribal Organization ☐
Outpatient Behavioral Health Agency ☐
Community Health Center ☐
FQHC/FQHC look-alike ☐
University Medical Center/Hospital ☐
Faith-based Organization ☐
AIDS Service Organization (ASO) ☐
Other ☐

2. Position Title: _____

3. How long have you been in your current position? ____

4. In your current position, do you work directly with patients?
☐ Yes
☐ No

5. What is your age? _____

6. What is your gender identity?

Woman ☐
Man ☐
Transgender ☐
Non-binary ☐
Other ☐

7. Are you Hispanic or Latino?
☐ Yes
☐ No

8. What do you consider yourself to be? (Select one or more.)

Alaska Native ☐

American Indian ☐

Asian ☐

Black or African American ☐

White/Caucasian ☐

Native Hawaiian or Other Pacific Islander ☐

Other ☐

For the Youth Transitioning into Adult HIV Care Community of Practice participants ONLY:

We are interested in your current abilities in your work with patients. **How would you rate your current ability to:**	**(5) = Very High**	**(4) = High**	**(3) = Medium**	**(2) = Low**	**(1) = Very Low**	**(0) = Not Applicable**
9. Serve youth transitioning to adult care?	☐	☐	☐	☐	☐	☐
10. Work with multi-disciplinary Team members to transition youth?	☐	☐	☐	☐	☐	☐
11. Help prepare youth to transition to an adult clinic?	☐	☐	☐	☐	☐	☐

Please indicate how strongly you agree or disagree with the following statements.	**(4) = Strongly Agree**	**(3) = Agree**	**(2) = Disagree**	**(1) = Strongly Disagree**	**(0) = Not Applicable**
12. I feel confident in my ability to create transition plans with youth, families,	☐	☐	☐	☐	☐

	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	
and staff.					
13. I do not feel confident addressing barriers to successful transition such as insurance eligibility, youth readiness, and inter-clinic communication.	☐	☐	☐	☐	☐

Please indicate how strongly you agree or disagree with the following statements about the agency/organization where you work.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree
14. Our facility has formal transition policies and protocols.	☐	☐	☐	☐
15. At my facility, the transition process enhances the patient's autonomy and increases their capacity for self-care and self-advocacy.	☐	☐	☐	☐
16. Overall, leadership is supportive of efforts to promote inter-clinic communication and data sharing.	☐	☐	☐	☐

Please indicate how strongly you agree or disagree with the following statements.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
17. I have a good understanding of the challenges of transitioning youth to adult clinics.	☐	☐	☐	☐	☐
18. I am knowledgeable about strategies to help prepare youth for a successful transition.	☐	☐	☐	☐	☐
19. I have integrated strategies (*to successfully transition youth into my practice*).	☐	☐	☐	☐	☐

We are interested in what you think about the CoP and how participation has impacted you personally. Please tell us about your experience.	(5) = Greatly	(4) = Somewhat	(3) = Undecided	(2) = Very Little	(1) = Not At All
20. I am satisfied with my experience.	☐	☐	☐	☐	☐
21. My collaborative network expanded.	☐	☐	☐	☐	☐
22. My knowledge of youth transition increased.	☐	☐	☐	☐	☐
23. My knowledge of best practices increased.	☐	☐	☐	☐	☐
24. My capacity to perform my work increased.	☐	☐	☐	☐	☐
25. Participation provided new ways of doing my job.	☐	☐	☐	☐	☐
26. The CoP met its goals.	☐	☐	☐	☐	☐
27. My ability to develop productive collaborations increased.	☐	☐	☐	☐	☐
28. My learning expectations have been met.	☐	☐	☐	☐	☐
29. My networking experiences increased.	☐	☐	☐	☐	☐
30. My work changed as a result of my experience.	☐	☐	☐	☐	☐
31. I will take action on ideas that were generated as a result of my work with the CoP.	☐	☐	☐	☐	☐

32. **As a result of the CoP, did your facility implement a new evidence-based, evidence-informed, or emerging intervention/practice?**

    ☐ Yes (continue to 33)

    ☐ No (skip to 35)

    ☐ Don't Know/Not Sure (skip to 35)

33. **What is the name of the intervention or practice that was implemented?**

34. **How closely did you adhere to the standard program or intervention model?**

To a Great Extent	☐
Somewhat	☐
Very Little	☐
Not at All	☐
Don't Know/Not Sure	☐

We would like to have a deeper understanding of your experiences. Please respond to the following questions:

35. What was the most effective part of the CoP?

36. What did you learn that will help you perform better in your role?

37. How have you put what you learned in this CoP to use?

38. Has participation in this CoP resulted in changes in your collaborations or partnerships? If so, please describe.

39. Has participation in this CoP helped you achieve your goals related to (*youth transition*)? Why/why not?

40. How can Bizzell improve the implementation of CoP?

For the Trauma-Informed Care Community of Practice participants ONLY:

We are interested in your current abilities in your work with patients. **How would you rate your current ability to:**	**(5) = Very High**	**(4) = High**	**(3) = Medium**	**(2) = Low**	**(1) = Very Low**	**(0) = Not Applicable**
9. Work collaboratively with patients?	☐	☐	☐	☐	☐	☐
10. Support patients to talk about what they feel comfortable to disclose about their previous trauma?	☐	☐	☐	☐	☐	☐
11. Work with patients who have experienced trauma?	☐	☐	☐	☐	☐	☐
12. Provide trauma-informed care?	☐	☐	☐	☐	☐	☐

Please indicate how strongly you agree or disagree with the following statements.	**(4) = Strongly Agree**	**(3) = Agree**	**(2) = Disagree**	**(1) = Strongly Disagree**	**(0) = Not Applicable**
13. I feel confident acknowledging how hard it must be to talk about trauma.	☐	☐	☐	☐	☐
14. I do not feel confident recognizing when someone is reexperiencing a traumatic event.	☐	☐	☐	☐	☐

Please indicate how strongly you agree or disagree with the following statements about the agency/organization where you work.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree
15. Generally speaking, the staff at my facility has a solid understanding of trauma among persons with HIV.	☐	☐	☐	☐
16. Trauma-informed care is a primary emphasis in my facility.	☐	☐	☐	☐
17. Overall, the staff is supportive of efforts to enhance the use of trauma-informed care in my facility.	☐	☐	☐	☐
18. Overall, leadership is supportive of efforts to enhance the trauma-informed care provided in my facility.	☐	☐	☐	☐

Please indicate how strongly you agree or disagree with the following statements.	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
19. It is not part of my role to listen to patients talk about their trauma.	☐	☐	☐	☐	☐
20. I have a good understanding of what trauma-informed care means.	☐	☐	☐	☐	☐
21. I can explain to patients what trauma is, including its effects.	☐	☐	☐	☐	☐
22. I have a good understanding of how to take a sexual history using trauma-informed strategies.	☐	☐	☐	☐	☐

We are interested in what you think about the CoP and how participation has impacted you personally. Please tell us about your experience.	(5) = Greatly	(4) = Somewhat	(3) = Undecided	(2) = Very Little	(1) = Not At All
23. I am satisfied with my experience.	☐	☐	☐	☐	☐
24. My collaborative network expanded.	☐	☐	☐	☐	☐
25. My knowledge of trauma-informed care increased.	☐	☐	☐	☐	☐
26. My knowledge of best practices increased.	☐	☐	☐	☐	☐
27. My capacity to perform my work increased.	☐	☐	☐	☐	☐
28. Participation provided new ways of doing my job.	☐	☐	☐	☐	☐
29. The CoP met its goals.	☐	☐	☐	☐	☐
30. My ability to develop productive collaborations increased.	☐	☐	☐	☐	☐
31. My learning expectations have been met.	☐	☐	☐	☐	☐
32. My networking experiences increased.	☐	☐	☐	☐	☐
33. My work changed as a result of my experience.	☐	☐	☐	☐	☐
34. I will take action on ideas that were generated as a result of my work with the CoP.	☐	☐	☐	☐	☐

35. As a result of the CoP, did your facility implement a new evidence-based, evidence-informed, or emerging intervention/practice?

☐ Yes (continue to 36)
☐ No   (skip to 38)
☐ Don't Know/Not Sure (skip to 38)

36. What is the name of the intervention or practice that was implemented?

37. How closely did you adhere to the standard program or intervention model?

To a Great Extent ☐
Somewhat ☐
Very Little ☐
Not at All ☐
Don't Know/Not Sure ☐

We would like to have a deeper understanding of your experiences. Please respond to the following questions:

38. What was the most effective part of the CoP?

39. What did you learn that will help you perform better in your role?

40. How have you put what you learned in this CoP to use?

41. Has participation in this CoP resulted in changes in your collaborations or partnerships? If so, please describe.

42. Has participation in this CoP helped you achieve your goals related to (*trauma-informed care*)? Why/why not?

43. How can Bizzell improve the implementation of CoP?