

Form Approved  
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## **Expanding PrEP in Communities of Color (EPICC+)**

### **Attachment 4d Aim 1 Provider Post-Training Survey**

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# Post- training Provider Survey

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**Welcome back to EPICC+!**

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We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist.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 [EPICC@nursing.fsu.edu](mailto:EPICC@nursing.fsu.edu) or (448) 488-9069.

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

## Motivational Interviewing

**1. After completing the training, how would you describe your level of familiarity with motivational interviewing or MI?**

- ☐ Very Unfamiliar
- ☐ Somewhat familiar
- ☐ Neither familiar or unfamiliar
- ☐ Somewhat familiar
- ☐ Very Familiar
- ☐ Decline to answer

**2. How often do you think you'll use motivational interviewing (MI) in future interactions with patients?**

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Decline to answer

**3. How comfortable would you feel using MI techniques during future patient interactions?**

- ☐ Completely uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Somewhat comfortable
- ☐ Completely comfortable
- ☐ Decline to answer

**4. How helpful do you feel use of MI techniques will be in discussing PrEP with patients?**

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Neither helpful nor unhelpful
- ☐ Somewhat unhelpful
- ☐ Very unhelpful
- ☐ Decline to answer

## PrEP Familiarity & Attitudes

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

[illegible]

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

[illegible]

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

[illegible]

[illegible]

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

[illegible]

## PrEP Use & Intentions

[for clinicians only]

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

[illegible]

[For clinicians only]

**10. 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                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily oral PrEP with Truvada®, or Descovy®                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On-demand PrEP with Truvada® (also known as episodic or 2-1-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CAB-LA PrEP (injectable)                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

**11. 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]

**12. 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]

**13. 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: \_\_\_\_\_

[illegible]



**17. What did you like most about the training?**

**18. What could be improved?**

**19. 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      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The online educational modules increased my knowledge of available PrEP options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The online modules were useful/or relevant to my work                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**20. 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 EPICC+ study. Your responses are very important to us, and we appreciate your time.