

Form Approved
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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**

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1428)

Post- training Provider Survey

TABLE OF CONTENTS

INTRODUCTION TEXT
PrEP
FAMILIARITY &
ATTITUDES
PrEP USE &
INTENTIONS
CULTURAL
COMPETENCY
& PrEP CARE
EVALUATION OF
TRAINING
CONCLUSION TEXT

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We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist.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:

[illegible]

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

[illegible]

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

[illegible]

[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: _____

- [For clinicians only]

- 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

- 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

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

[illegible]

[illegible]

14. How comfortable would you feel interacting with patients who have different cultural backgrounds/identities than you during future patient interactions?

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

15. After completing the training, how would you describe your familiarity with sexual behaviors that can facilitate HIV transmission?

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

16. Do you collect sexual history information from patients?

- 0 Yes
0 No

[If 16 is Yes]

17. How often do you think you will practice the following while gathering sexual history in your future patient interactions? Please skip this question if you are not involved in collecting sexual history information.

[illegible]

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	Agree	Neutral	Disagree	Strongly disagree	Decline to 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.