

Date: _____

Unique ID: _____
Birth MM | Birth DD | Last 4 Digits SSN**Training Feedback**

1. Please rate the following components of this training program: 1=Poor, 2=Fair, 3=Good, 4=Excellent, N=Not Applicable

Program Component	Usefulness of the Clinical Information Provided					Appropriateness of the Teaching Method(s) Used				
	1	2	3	4	N	1	2	3	4	N
<i>HIV/AIDS Prevention, Early Intervention, and Health Promotion CD (MPAETC)</i>	1	2	3	4	N	1	2	3	4	N
KU Internal Medicine Midtown Clinic	1	2	3	4	N	1	2	3	4	N
Counseling and Testing with Case Management Staff	1	2	3	4	N	1	2	3	4	N
Psychosocial Issues with Case Management Staff	1	2	3	4	N	1	2	3	4	N
Daily Clinic Debriefing with Dr. Sweet	1	2	3	4	N	1	2	3	4	N
Daily Clinic Debriefing with Dr. Ta	1	2	3	4	N	1	2	3	4	N
Daily Clinic Debriefing with Kathryn Thiessen, ARNP	1	2	3	4	N	1	2	3	4	N
KAETC Orientation with Susan Tusher	1	2	3	4	N	1	2	3	4	N
HIV Dental Clinic	1	2	3	4	N	1	2	3	4	N
Outreach Clinics	1	2	3	4	N	1	2	3	4	N
Dr. Donna E. Sweet, MD (Director)	1	2	3	4	N	1	2	3	4	N
Dr. Ha Ta, MD	1	2	3	4	N	1	2	3	4	N
Kathryn Thiessen, ARNP	1	2	3	4	N	1	2	3	4	N
Susan Tusher, LMSW (KAETC Coordinator)	1	2	3	4	N	1	2	3	4	N
Other clinic staff	1	2	3	4	N	1	2	3	4	N
	1	2	3	4	N	1	2	3	4	N

2. Based on this training experience, do you anticipate making changes in the way you work with your individual patients? If so, what kind of changes do you think you might make?

___Yes ___No Comments:

3. Based on this training experience, do you think you might suggest any changes in the way your organization operates? If so, what kind of changes do you think the organization should make?

___Yes ___No Comments:

4. Is there information from this training experience that you plan to share with your colleagues when you go back to your organization? If so, what are the key points you want to share with them?

___Yes ___No Comments:

5. What part of the mini-sabbatical experience was most useful/applicable?

6. What part of the mini-sabbatical experience was least useful/applicable?

7. Would you be interested in becoming one of MPAETC’s network of trainers, to teach other health professionals about issues related to HIV? (flexible time commitment, depending on your interests and availability)

___Yes ___No *Comments:*

8. Do you have any other thoughts, comments, or suggestions for improving this training experience that you would like to share?

Comments:

HIV Clinical Experience and Knowledge

9. Assuming that a patient is ready to begin antiretroviral therapy for the first time, please indicate under “Recommendations” if you generally Treat (T), Offer Treatment (OT), or Defer Treatment (DT) for the HIV-infected patients described in the following table:

Clinical Category	CD4+ T Cell Count (mm ³)	Plasma HIV RNA (viral load) (copies/ml) By bDNA or RT-PCR	Recommendations		
			T	OT	DT
AIDS-defining illness or severe symptoms	Any value	Any value			
Asymptomatic	<200	Any value			
Asymptomatic	>200 but ≤350	Any value			
Asymptomatic	>350	>100,000			
Asymptomatic	>350	<100,000			

10. Your responses to the following questions will help us assess your current level of HIV-related knowledge and provide information for tailoring your clinical training experience. Please answer each question by placing an “X” in the appropriate box(es). There may be more than one correct answer to each question.

<p>a. The CDC currently recommends voluntary HIV testing as a part of routine medical care for all persons between the ages of 13 and 64.</p> <p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>	<p>b. A patient who previously received HIV-care out-of-state, presents seeking HIV care to the office of a clinician who is inexperienced at providing HIV care. What should this clinician see as the most important first step in developing an HIV care plan for this individual?</p> <p><input type="checkbox"/> complete a thorough risk assessment</p> <p><input type="checkbox"/> discuss ways the patient can decrease the risk of transmitting HIV to others</p> <p><input type="checkbox"/> develop a consultative relationship with an HIV care specialist</p> <p><input type="checkbox"/> develop a clinic protocol for post-exposure prophylaxis (PEP)</p>
<p>c. Which of the following qualifies an HIV-infected patient for an AIDS diagnosis:</p> <p><input type="checkbox"/> CD4+ T cell count <350</p> <p><input type="checkbox"/> CD4+ T cell count <200</p> <p><input type="checkbox"/> CD4+ T cell percent <14%</p> <p><input type="checkbox"/> Viral Load > 100,000</p> <p><input type="checkbox"/> Esophageal Candidiasis</p>	<p>d. To confirm or rule out suspected acute HIV infection, a patient should have the following blood tests ordered:</p> <p><input type="checkbox"/> p24 antigen test</p> <p><input type="checkbox"/> HIV antibody test (Western Blot)</p> <p><input type="checkbox"/> HIV viral load</p> <p><input type="checkbox"/> Viral culture</p> <p><input type="checkbox"/> CD4 count</p>

<p>e. One of the doctors in your clinic requests post-exposure prophylaxis after a needle-stick injury. Which of the following should be obtained if the source patient's status is unknown?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis B surface antigen, Hepatitis C antibody and HIV antibody. No screening is necessary for the exposed provider. <input type="checkbox"/> Hepatitis C antibody and HIV antibody screening for both the exposed provider and the source patient. Hepatitis B screening isn't necessary since the risk in the U.S. is low. <input type="checkbox"/> A rapid HIV antibody test on both the exposed provider and the source patient. No further screening is necessary if this is negative. <input type="checkbox"/> Hepatitis B surface antigen, Hepatitis C antibody and HIV antibody on both the source patient and exposed provider. Rapid HIV antibody testing preferred if available. 	<p>f. A patient presents complaining of a thick, white coating on her tongue and along the sides of her mouth during the course of her routine exam. She reports first noticing it several days ago. You should consider which of the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient has recently taken antibiotics and her symptoms are probably a side effect of her illness and the medication <input type="checkbox"/> Patient's symptoms are inconsistent for her age and may be a symptom of immunocompromise; recommend she be tested for HIV <input type="checkbox"/> Since you've already finished your exam advise the patient to schedule a separate appointment for her complaint <input type="checkbox"/> Refer the patient for dental care
<p>g. Risk of progression to an AIDS defining diagnosis is best predicted by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plasma viral load <input type="checkbox"/> CD8 count <input type="checkbox"/> Age at HIV infection <input type="checkbox"/> CD4 and plasma viral load <input type="checkbox"/> Number of sexual partners 	<p>h. Predictors for good adherence to HIV medication include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of opportunistic infection <input type="checkbox"/> A trusting relationship between patient and provider <input type="checkbox"/> Emotional support <input type="checkbox"/> Integration of medicines into daily routine <input type="checkbox"/> Patient's ability to identify medications
<p>i. Patients co-infected with HIV and HCV should:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Be vaccinated against Hepatitis A if no evidence of immunity <input type="checkbox"/> Be monitored with frequent cytologic screening <input type="checkbox"/> Be encouraged to defer antiretroviral therapy due to antiretroviral-associated liver enzyme elevations <input type="checkbox"/> Be vaccinated against Hepatitis B if no evidence of immunity <input type="checkbox"/> Avoid alcohol <input type="checkbox"/> Be evaluated for treatment 	

11. How would you rate your current level of knowledge about this content . . .

- Expert Very knowledgeable Knowledgeable Not very knowledgeable Novice