



Tribal B.E.A.R. Project

Building Effective AIDS Response



INDIVIDUAL TRAINING NEEDS ASSESSMENT (Case Manager)

Current Clinic Position: _____

Number of patients you currently work with who have HIV or AIDS: _____

Number of patients you have worked with in the past with HIV or AIDS: _____

Date and main topic of last HIV/AIDS training you attended: _____

Topics of all previous HIV/AIDS trainings you've attended: _____

1. Please read the following statements and give some thought to what you currently know. Then circle the number that best represents your knowledge, skill, and comfort levels today where “1 = basic” and “5 = advanced” knowledge, skill, or comfort.

| KNOWLEDGE AND SKILL STATEMENTS | SELF ASSESSMENT |
|--|-----------------|
| Knowledge of HIV pathophysiology (transmission, infection, and natural history of disease) | 1 2 3 4 5 |
| Skill in performing comprehensive assessments for people with HIV or AIDS | 1 2 3 4 5 |
| Skill in the on-going development, implementation, and revision of service plans | 1 2 3 4 5 |
| Skill in conducting a thorough HIV/STD risk assessment | 1 2 3 4 5 |
| Knowledge of local and regional HIV-specific resources and services available | 1 2 3 4 5 |
| General knowledge of community resources | 1 2 3 4 5 |
| Skill in working with people who have mental illness | 1 2 3 4 5 |
| Skill in working with people who have chemical dependency | 1 2 3 4 5 |
| Knowledge of harm reduction | 1 2 3 4 5 |
| Skill in working with people with life-challenging illnesses | 1 2 3 4 5 |
| Comfort working with two-spirit, gay, lesbian or bi-sexual patients | 1 2 3 4 5 |
| Skill in providing HIV pre- and post-counseling | 1 2 3 4 5 |
| Willingness to work with a team of western and traditional healers and other providers to provide holistic HIV/AIDS care, treatment, and services. | 1 2 3 4 5 |

| KNOWLEDGE AND SKILL STATEMENTS (CONTINUED) | SELF ASSESSMENT |
|--|-----------------|
| Skill in providing care consistent with individual patients' cultural beliefs | 1 2 3 4 5 |
| Skill in assisting patients and their families to make care and treatment decisions | 1 2 3 4 5 |
| Knowledge of tribal, IHS, and/or state reporting requirements for HIV | 1 2 3 4 5 |
| Knowledge of the continuum of patient and family educational needs specific to various stages of HIV disease | 1 2 3 4 5 |
| Skill in providing emotional support for clients and their families | 1 2 3 4 5 |
| Skill in helping clients and families discuss end-of-life decision making | 1 2 3 4 5 |

2. Now that you have assessed your knowledge and skills in providing care and services, please identify the topics for which you would like to receive additional training and education by placing a check mark in the column to the left. [Note: Some of the topics listed below are directly related to your role on the HIV Response Team. Other topics may be more relevant to other team member roles, but you are welcome to identify and attend all training sessions of interest to you.]

| √ | EDUCATION AND TRAINING TOPICS |
|---|---|
| | HIV/AIDS overview |
| | Epidemiology |
| | Transmission |
| | Natural course of the disease |
| | HIV/AIDS diagnosis |
| | Sexual History taking |
| | Risk Assessment |
| | Symptoms |
| | Testing and Counseling |
| | Laboratory tests and interpretation of results |
| | Testing and counseling |
| | Current types of testing available |
| | Partner notification |
| | Confidentiality |
| | Reporting requirements (state, IHS, local) |
| | Care and treatment |
| | Holistic model of care |
| | Prescribing and monitoring antiretroviral therapies |
| | Managing co-morbidities |
| | Identifying and managing opportunistic infections |

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| √ | EDUCATION AND TRAINING TOPICS |
| | Chemical dependency /substance abuse issues |
| | Nutritional needs |
| | Mental health care |
| | Spiritual well being |
| | Traditional healing and alternative therapies |
| | Oral (dental) care |
| | Issues specific to antiretroviral therapies |
| | Drug-drug interactions |
| | Drug side effects |
| | Food-drug interactions |
| | Resistance testing and salvage therapies |
| | Care and treatment issues for specific populations |
| | Infants and children |
| | Adolescents |
| | Women (including reproductive health/pregnancy) |
| | Two-spirit, gay, lesbian, bi-sexual |
| | Incarcerated |
| | Individuals with multiple diagnoses (mental illness, chemical dependency) |
| | Post-exposure prophylaxis (PEP) |
| | Occupational exposure |
| | Sexual activity or assault |
| | End-of-life (palliative) care |
| | Pain and symptom management |
| | Patient/client decision-making (including legal issues) |
| | Communicating with patients about end-of-life issues |
| | Psychological, psychosocial and spiritual issues |
| | Prevention |
| | Primary, secondary, tertiary prevention strategies |
| | Harm reduction strategies |
| | Preventing opportunistic infection |
| | Preventing mother to fetus transmission |
| | Case management |
| | Holistic model of care and treatment |
| | Ryan White Care Act programs/services |
| | Designing/implementing care and service plans |

| | |
|---|--|
| √ | EDUCATION AND TRAINING TOPICS |
| | Strategies for identifying resources (asset mapping) |
| | Benefits/entitlements/managed care |

3. What would be the most effective and efficient manner for you to receive HIV education at your facility? Please choose three options and rank them from 1-3 (1=highest)

- | | |
|--|--|
| <input type="checkbox"/> _____ Case conferences | <input type="checkbox"/> _____ Role-plays |
| <input type="checkbox"/> _____ Computer-based learning | <input type="checkbox"/> _____ Videotape instruction |
| <input type="checkbox"/> _____ Instructional websites | <input type="checkbox"/> _____ Skill-building workshops |
| <input type="checkbox"/> _____ Lectures | <input type="checkbox"/> _____ Individual mentoring |
| <input type="checkbox"/> _____ Preceptorships | <input type="checkbox"/> _____ Other (<i>Please explain</i>) _____ |

4. How do you best acquire and retain information?

- Written Oral Visual Experiential Combination

5. Please indicate how much time you can devote to HIV education.

Training days per month: _____

Hours per training session: _____

6. Other comments on your HIV/AIDS-related educational needs: