

Date: _____

Participant name: _____

Time: _____ a.m./p.m.

Interviewed by: _____

Project Code: _____

Structured Participant Interview: Training Projects: How Do Trainees Use What They Learned?

[Interviewer, read:]

Thank you so much for taking the time to talk with me briefly about the *[Insert name of individual project]* project. I'm calling from The Measurement Group in California. We are evaluators who are working with several projects around the country that offer training opportunities to people like you. We're speaking with people who have participated in the training programs or sessions offered by *[Insert name of individual project]* – as well as from nine other similar projects funded by the HRSA Special Projects of National Significance Program. You may have already received a letter from *[Insert name of individual project]* about this interview.

We'd like to hear your thoughts and perspectives about the training(s) you attended. Specifically, we're interested in hearing about the ways you may have used information you learned in your daily life – perhaps through your own work [and care for patients/clients], through consultations that you have with others, or any other way that you might have used the information.

By getting your perspective on the *[name of individual project]* training and learning how you used the information, we can get a better sense about whether the trainings are useful and how the information is actually put to use.

The entire interview should take about 20 minutes. Of course, participation in this interview is completely voluntary. You can choose to decline to participate or refuse to answer any interview questions. Your responses to these questions will be reported only in the aggregate and never will be attributed to you individually. If you would like, we can send you a copy of the completed report.

Is it okay if we begin the interview?

***[If yes]* → "Great! Do you have any questions before we begin?"**

[Interviewer: Answer any questions the respondent has at this time. If s/he does not wish to participate in the interview, go to question page 2 and ask them for their demographic information (questions 4-16). Then, thank him/her for his/her time and conclude the call.]

Declined, does not want to participate

Part 1: Background Information

[Interviewer: Make sure you have the respondent background information sheet including and the sessions the person attended – with dates if available.]

[Interviewer: read]

OK, first, we would like to ask you a couple of questions about the training program(s) that you attended and understand some of the reasons why you attended it (them).

Our records indicated that you participated in a training on _____ (Topic) on _____ (Dates).

1. Do you remember attending or participating in this training offered by [Insert name of the individual training project or key trainer]? (Check one)

1 Yes

0 No → If no, are you sure? If so, thank respondent for time and end interview. Mark "declined interview" to the right. → Declined, does not remember

[Interviewer: before ending the interview make sure to ask questions 4 - 16 (until the end of Part I).]

2. Overall, how valuable did you find the training to be?

(Read options and check one answer; 1 = "Not at all valuable" to 5 = "Extremely valuable")

1 Not at all
valuable

2 Not very
valuable

3 Somewhat
valuable

4 Very
valuable

5 Extremely
valuable

3. Would you recommend (or have you recommended) this training to others? (Check one)
If yes: How many?

2 Yes, several people

1 Yes, a few people

0 No

[Interviewer, read:]

Now we would like to ask a few basic questions about you and the kind of work you do. Then, we'll ask you some more questions about the training.

4. Age (Write in) _____

5. How would you identify yourself? [Interviewer: Check response]

1 Male

2 Female

3 Transgender

6. Ethnicity (Check all that apply)

1 African American/Black

1 Caucasian

1 Latino

1 Unknown

1 Asian/Pacific Islander

1 Other: _____

1 Native American/Aleutian/Native Alaskan or Eskimo

7. What type of organization do you work in now? (Write in and check all that apply)

[Interviewer: code response.]

- | | |
|--|--|
| <input type="checkbox"/> Ambulatory/outpatient/free-standing clinic | <input type="checkbox"/> Home health/visiting nurse |
| <input type="checkbox"/> Church/religious | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Long-term care/skilled nurse facility |
| <input type="checkbox"/> Community health center | <input type="checkbox"/> Not health care |
| <input type="checkbox"/> Educational setting:secondary, primary | <input type="checkbox"/> Not working |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Private practice |
| <input type="checkbox"/> Educational setting: university, college, med-prog school | <input type="checkbox"/> Other: _____ |

8. What is your current position? (Write in) _____

9. How long have you been in your current position? (Years and months)

- | | | |
|-------|--------|--|
| _____ | _____ | <input type="checkbox"/> Less than one month |
| Years | Months | |

10. What is your primary involvement with HIV-positive individuals? (Write in and check all that apply)

[Interviewer: code response.]

- | | |
|--|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Nurse, Psychiatry |
| <input type="checkbox"/> Chemical dependency counselor | <input type="checkbox"/> Occupational Therapist; Physical Therapist |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Other Counselor |
| <input type="checkbox"/> Consumer/PWA | <input type="checkbox"/> Paralegal/Legal Assistant |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Employer/Supervisor | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Family Member/Friend | <input type="checkbox"/> Social Work, Psychiatry |
| <input type="checkbox"/> LPN/Nurse Aide | <input type="checkbox"/> Social Work, other |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Trainer |

11. How many years have you been working as an HIV/AIDS service provider or administrator? (Years and months)

- | | | |
|-------|--------|--|
| _____ | _____ | <input type="checkbox"/> Less than one month |
| Years | Months | |

12. Do you have special professional credentials? (Write in and check all that apply)

[Interviewer: code response.]

- | | |
|---|--|
| <input type="checkbox"/> Advanced Nurse Practitioner | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Certified Alcohol/Drug Abuse Counselor | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> LCSW/Social Worker | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Masters in Counseling | <input type="checkbox"/> Attorney |

13. What is your highest level of formal education? (Write in and check one)

[Interviewer: code response.]

- | | |
|---|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> High School or Equivalency | <input type="checkbox"/> Doctorate (MD, PhD, EdD) |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Professional (law, business) |
| <input type="checkbox"/> Bachelors Degree | |

14. Are you a program administrator or manager? (Check one)

- Yes No

If Yes, please specify: _____

15. Do you provide education or training on topics related to HIV/AIDS to others? (Check one)

- Yes No

If Yes, please specify: _____

16. Do you provide direct services to patients or clients? (Check one)

- Yes No

If Yes, please specify: _____

End of Part 1

a. Overall, how would you rate the effect that the training experience(s) had on how you think about HIV? (Read options and check response)

-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Large negative effect (made it much worse)	Medium negative effect (made it worse)	Small negative effect (made it slightly worse)	No effect (didn't make it better or worse)	Small positive effect (made it slightly better)	Medium positive effect (made it better)	Large positive effect (made it much better)

b. Why is that? (Record response)

[Interviewer, read:]

Section A. Changes in Patient/Client Care

Now, I'd like to ask you about a few different aspects of Patient/Client Care that might have been affected by the training. I'm mostly interested in hearing about any specific examples that you can provide – so, when I ask you about different areas of care, please tell me what you can about some of the concrete ways you have changed how you provide services to individuals living with HIV/AIDS.

2. How has the training session(s) you attended improved or changed the way you provide care to patients/clients? Please tell me a specific example from your own experience about how you changed your provision of service to patients/clients as a result of the trainings.

[Prompt if necessary: there are many examples of changes like this. For example,

- *Are you providing more sensitive and appropriate services?*
- *Are you more willing to treat patients/clients?*
- *Have you improved the care you provide?*
- *Have you increased documentation of cases or charted these cases more effectively?*
- *Have you changed the way you detect and intervene with patients/clients (e.g., are you identifying or treating patients/clients at earlier stages of HIV?)*

*[Interviewer: Make sure that the respondent is being as specific as possible. Ask, if necessary: **In what way? Can you give me a specific example?**]*

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in direct client/patient care.

[Interviewer: if you are sure the respondent has nothing to say, go to the next question on page 9.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given: Overall, how would you rate the effect the training experience(s) had on how you provide services to your patients/clients? (Read options and check response)*

-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Large negative effect (made it much worse)	Medium negative effect (made it worse)	Small negative effect (made it slightly worse)	No effect (didn't make it better or worse)	Small positive effect (made it slightly better)	Medium positive effect (made it better)	Large positive effect (made it much better)

b. Why is that? (Record response)

[Interviewer, read:]

3. How has the training you attended improved or changed the way you inform patients/clients or family members about HIV/AIDS issues relevant to them? Please tell me a specific example from your own experience about how the training experience(s) affected how you present options for care to patients/clients or their families.

[Prompts: there are many examples of such changes, such as....

- *Did you improve how you educate patients/clients and/or family members?*
- *Did you increase the availability of appropriate treatment options?*
- *Were you able to provide patients/clients and families with more options about prevention or treatment?*
- *Did you encourage patients/clients to take more responsibility for their own care?*
- *Did you increase awareness of counseling and testing or risk reduction services?]*

*[Interviewer: Make sure that the respondent is being as specific as possible. Ask, if necessary: **In what way? Can you give me a specific example?**]*

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in direct client/patient care.

[Interviewer: if you are sure the respondent has nothing to say, go to the next question on page 11.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given:]* Overall, how would you rate the effect the training experience(s) had on how you educate patients/clients or their families about their options for care? *(Read options and check response)*

-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Large negative effect (made it much worse)	Medium negative effect (made it worse)	Small negative effect (made it slightly worse)	No effect (didn't make it better or worse)	Small positive effect (made it slightly better)	Medium positive effect (made it better)	Large positive effect (made it much better)

b. Why is that? *(Record response)*

[Interviewer, read:]

4. How has the training improved or changed the way you refer patients/clients to other services? Please tell me a specific example from your own experience about how the training(s) affected your referrals/referral patterns.

[Prompt if necessary, there are many examples of changes in this area. For example,

- *Did you change the way you refer your patients/clients for other care?*
- *Are there new agencies or service providers that you now use for referrals that you didn't use before?*
- *Are there new or different things you do to make sure that patients/clients follow through on their referrals?*
- *Are you making more or fewer referrals?]*
- *Are there any changes in the way you conduct outreach?*

*[Interviewer: Make sure that the respondent is being as specific as possible. Ask, if necessary: **In what way? Can you give me a specific example?**]*

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in direct client/patient care.

[Interviewer: if you are sure the respondent has nothing to say, go to the next question on page 13.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given: Overall, how would you rate the effect the training experience(s) had on your referrals/referral patterns for your patients/clients? (Read options and check response)*

- | | | | | | | |
|--|--|--|--|---|---|---|
| -3 <input type="checkbox"/> | -2 <input type="checkbox"/> | -1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Large negative effect (made it much worse) | Medium negative effect (made it worse) | Small negative effect (made it slightly worse) | No effect (didn't make it better or worse) | Small positive effect (made it slightly better) | Medium positive effect (made it better) | Large positive effect (made it much better) |

b. Why is that? (Record response)

[Interviewer, read:]

Section B: Changes in How the System is Run

Now I'd like to ask you about ways the training might have influenced changes in how the system is run or how things are accomplished more generally at the system or organization-level.

How the System is Run. Let's continue with thinking about how you may have been able to change how care is provided – how, because of the training, you might have been able to change the way the system in general provides care. We'd like to know how procedures, guidelines, and the way things are done might have changed as a result of the training, such as procedures in place now that were not in place before. The changes could be big or small.

5. How has the training session improved or changed the way care is delivered in general? Please tell me a specific example from your own experience how the training experience(s) affected how care is delivered at the system-level. *[Prompt if necessary... There are many examples of changes like this...]*
- *Did you develop standardized approaches for improving care? (New medical procedures, standards of care, new case management approaches)*
 - *Were you able to change how care is provided at the system level?*
 - *Were HIV funds used more effectively?*
 - *Was a common language for HIV concepts adopted and used?*
 - *Was there increased recognition of all groups affected by the epidemic?*
 - *Did you observe a change in how clinical care is documented?]*

[Interviewer: Make sure that the respondent is being as specific as possible. Ask, if necessary: **In what way? Can you give me a specific example?**]

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in administration.

[Interviewer: if you are sure the respondent has nothing to say, go to the next question on page 15.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given:]* Overall, how would you rate the effect the training experience(s) had on how the system, in general, offers care? *(Read options and check response)*

-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Large negative effect (made it much worse)	Medium negative effect (made it worse)	Small negative effect (made it slightly worse)	No effect (didn't make it better or worse)	Small positive effect (made it slightly better)	Medium positive effect (made it better)	Large positive effect (made it much better)

b. Why is that? *(Record response)*

[Interviewer, read:]

OK, I'd like you to think again about the general HIV/AIDS service system for a moment.

6. How has the training you attended improved or changed the way people in your area educate others about care? Please tell me a specific example from your own experience that shows how the training affected how others in the service system are trained.

[Prompt if necessary: there are many examples of changes like this. For example,

- *Were you able to create new training systems for others because of the training you attended?*
- *Was there a greater awareness that staff can get retrained (continuing education)?*
- *Was there a greater move to make sure that agency staff are trained appropriately?*
- *Were "training-of-trainer" opportunities created?*
- *Were other methods of educating or disseminating knowledge about various topics in HIV/AIDS from the training (e.g., through papers, research, other workshops)?]*

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in administration.

[Interviewer: if you are sure the respondent has nothing to say, go to the next question on page 17.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given:]* Overall, how would you rate the effect the training experience(s) had on how the system, in general, can offer other educational or training opportunities? *(Read options and check response)*

-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Large negative effect (made it much worse)	Medium negative effect (made it worse)	Small negative effect (made it slightly worse)	No effect (didn't make it better or worse)	Small positive effect (made it slightly better)	Medium positive effect (made it better)	Large positive effect (made it much better)

b. Why is that? *(Record response)*

[Interviewer, read:]

7. How has the training session(s) you attended improved or changed the way service providers interact with each other and provide services? Please tell me a specific example from your own experience how the training(s) affected how collaborations among agencies are established.

[Prompt if necessary: there are many examples of changes like this. For example,

- *Have collaborations among agencies been established that were not there before?*
- *Do you find referrals among agencies to be increasing?*
- *Is there a more stable organizational treatment system?*
- *Have formal or informal collaborations been established or expanded?]*

[Interviewer: Make sure that the respondent is being as specific as possible. Ask, if necessary: In what way? Can you give me a specific example?]

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in administration.

[Interviewer: if you are sure the respondent has nothing to say, go to the next question on page 19.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given:]* Overall, how would you rate the effect the training experience(s) had on how the system, in general, encourages establishing collaborations among service agencies? *(Read options and check response)*

- | | | | | | | |
|--|--|--|--|---|---|---|
| -3 <input type="checkbox"/> | -2 <input type="checkbox"/> | -1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Large negative effect (made it much worse) | Medium negative effect (made it worse) | Small negative effect (made it slightly worse) | No effect (didn't make it better or worse) | Small positive effect (made it slightly better) | Medium positive effect (made it better) | Large positive effect (made it much better) |

b. Why is that? *(Record response)*

[Interviewer, read:]

Finally, I want you to think very broadly about how the training may have affected large-scale change in how HIV/AIDS care is delivered.

8. How has the training improved or contributed to large-scale changes in the way HIV-related care is provided? Please tell me a specific example from your own experience how the training session(s) led to large-scale policy and/or attitude change?

[Prompt if necessary: for example,

- *Have any laws or regulations been developed or introduced that were not there before?*
- *Do you find that agency attitudes have changed?*
- *Have changes to policies or guidelines come about because of the training?]*

*[Interviewer: Make sure that the respondent is being as specific as possible. Ask, if necessary: **In what way? Can you give me a specific example?**]*

(Interviewer: Use this space and any additional pages needed to record the response).

Is there anything else you would like to add?

- Does not apply because respondent not involved in administration.

[Interviewer: if you are sure the respondent has nothing to say, read final paragraph of the interview on page 21.]

[Interviewer: If an example is given above, read:] **Thinking about that example for a minute and any other examples you may have...**

a. *[Interviewer read whether or not an example was given:]* Overall, how would you rate the effect the training experience(s) had on the way HIV-related care is provided? *(Read options and check response)*

- | | | | | | | |
|--|--|--|--|---|---|---|
| -3 <input type="checkbox"/> | -2 <input type="checkbox"/> | -1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Large negative effect (made it much worse) | Medium negative effect (made it worse) | Small negative effect (made it slightly worse) | No effect (didn't make it better or worse) | Small positive effect (made it slightly better) | Medium positive effect (made it better) | Large positive effect (made it much better) |

b. Why is that? *(Record response)*

Do you have any other comments that you would like to make about your experiences with the [Insert name of the individual training project] training?

End of Part 2

[Interviewer, read:]

Great. Thank you. That brings us to the end of our interview. Thank you so much for helping us with this topic and taking the time to talk with me about [Insert name of the individual Training project]. Your responses are very helpful to us. We hope that we can figure out the specific ways that people who attend training programs actually use the information in their everyday work. Afterall, the people being trained are in the best positions to actually make change by using this information in their work and when they are providing services.

If you have any questions about the interview, please contact [Contact Person] at [Insert name of the individual Training project] or call Dr. George Huba, Dr. Lisa Melchior, or Dr. Abigail Panter at The Measurement Group at 888-864-4636 (888-TMG-INFO). It's a toll-free number.

One more thing...would you like a copy of the report when it is available? [If yes, record name and address on a the "Training Outcome Interview Participant Worksheet".

Yes

No