STRIPE HIV Learner Pre-test





Thank you for participating in STRIPE HIV.

To better understand the impact of the STRIPE HIV training, we are asking you to take part in a research study being done by a team at the University of California, San Francisco. Participation in this study is optional. If you choose to be in the study, you will complete a paper-based pre-survey in advance of the STRIPE HIV Workshop and a post-survey following the completion of the Workshop.

Each of the surveys will take less than 20 minutes and will have required and optional components. You may be asked at a later time to participate in a follow up focus group or interview or to complete an additional survey, all of which are optional as well. Your responses will help the AFREhealth and UCSF team learn what improvements and changes we need to make to the training curriculum—we greatly value your feedback.

Please consider the following: 1) your answers will not be linked to or impact your academic grades or standing; 2) only de-identified responses will be shared outside the research team. We will keep your answers confidential and will not share your personal information with anyone outside the research team. You can stop the survey at any time.

If you have any questions, please contact the STRIPE study team at STRIPEHIV@ucsf.edu. If you have questions or concerns about your rights as a research participant, you can call the UCSF Institutional Review Board at +1 415-476-1814.

Please check the accept box, if you agree to participate and continue to the survey.

☐ Accept

STRIPE HIV Learner Pre-test

Please print legibly.	Health Profession Category:		
First Name	O Medical		
First Name:	O Nursing/midwifery		
Last Name:	O Pharmacy		
University Affiliate:	O Laboratory		
Country:	O Other:		
Partner or Clinical Site:	Gender:		
	O M		
Training Level:	O F		
O Pre-service Student	O Other		
O Post-graduate new provider (within 12 mo of graduation)	Email:		
O Post-graduate (beyond 12 months of graduation)	(Please print as clearly as possible.)		

Module 1

New HIV Diagnosis and ART Initiation in a Woman of Childbearing Age



Required

Multiple Choice Questions

- 1. What do the UNAIDS 95-95-95 goals strive to achieve for people with HIV (PWH)?
- O a. 95% of PLWH know their status, 95% who know their status take ART, 95% taking ART are virally suppressed
- O b. 95% of PWH are linked to care, 95% linked to care take ART, and 95% taking ART get routine laboratory work
- O c. 95% of PWH know their status, 95% who know their status are linked to care, and 95% linked to care take ART
- O d. 95% of PWH know their status, 95% who know their status get routine laboratory work, and 95% who get routine lab work are virally suppressed
- 2. Which of the below increases the risk of HIV infection?
- O a. Previous sexually transmitted infection
- O b. Hugging, kissing, or shaking hands with a person with HIV
- O c. Sharing toilet seats with a person with HIV
- O d. Use of an intrauterine device (IUD)

- 3. Which of the following contraception methods are affected by antiretroviral therapy (ART)?
- O a. Intrauterine device
- O b. Condom
- O c. Oral contraceptive pills
- O d. Diaphragm
- 4. Which of the following best describes when to start antiretroviral therapy (ART)?
- O a. CD4 cell count <500 cells/mm3
- O b. CD4 cell count <200 cells/mm3
- O c. All patients with HIV should initiate ART
- O d. All patients should take ART while pregnant, then stop and wait for the CD4 cell count to drop below <500 cells/mm3 before re-initiating ART

Likert Scale Questions

	I feel uncomfortable with this topic/need supervision from my supervisor.	I feel somewhat comfortable with this topic/need partial supervision from my supervisor.	I feel comfortable with this topic/need my supervisor to discuss unusual scenarios or challenging cases.	I feel very comfortable with this topic/without supervision as though in independent practice.
Disclosing a positive HIV result to a patient	0	0	0	0
Providing contra- ception options for women with HIV	0	0	0	0
Providing care for a patient newly diagnosed with HIV as part of a team	0	0	0	0
 Recognizing the psychosocial implications of a new diagnosis of HIV 	•	0	0	0
5. Initiating ART for a patient newly diagnosed with HIV, appropriate to my training level	0	0	0	0
6. Developing trusting relationships with women of child bearing age who are starting treatment for HIV	0	O	0	0

Management of HIV-TB Co-Infection



Required

Multiple Choice Questions

- 1. A 26-year-old woman was diagnosed with TB by sputum Gene Xpert testing during a community health campaign three days ago and was sent to your clinic for further evaluation. She was initiated on isoniazid, ethambutol, rifampicin and pyrazinamide. During your initial evaluation, you recommend an HIV test, which she obtains and turns positive. A point of care CD4 cell count shows 150 cells/mm3. When is the most appropriate time to initiate antiretroviral therapy (ART) for this patient?
- O a. Delay ART until she completes the entire 6-month course of TB treatment
- O b. Delay ART until she completes the intensive phase (2-months) of TB treatment
- O c. Start TB treatment first, but then initiate ART as soon as possible during the intensive phase of TB treatment
- O d. Provide no specific recommendation, but start ART whenever the patient thinks she is ready for it
- 2. Two months after initiation of isoniazid, rifampin, pyrazinamide, and ethambutol (HRZE) the patient complains that he feels numbness and tingling in his feet. Which of the following measures could have prevented this side effect?
- O a. Vitamin A
- O b. Periodic monitoring of liver function tests
- O c. Monthly eye exams
- O d. Pyridoxine (vitamin B6)

- 3. Which of the following antiretroviral (ART) options should be dose adjusted with rifamycin therapy?
- O a. Lamivudine
- O b. Tenofovir disoproxil fumarate
- O c. Abacavir
- O d. Dolutegravir
- 4. Match the following side effects with its most common offending medication.
- O a. Pyrazinamide
- 1. Red urine
- O b. Rifampin
- 2. Neuropathy
- O c. Ethambutol
- 3. Gout
- O d. Isoniazid
- 4. Vision changes
- 5. Which of the following is a symptom of medication-induced hepatotoxicity?
- O a. Decreased appetite
- O b. Vision changes
- O c. Rash
- O d. Headache

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Starting a patient with HIV-TB co-infection on ART	0	0	0	0
Anticipating the toxicities of TB therapy on a patient with HIV-TB co-infection	0	0	•	•
3. Recognizing indications to prescribe TPT (TB preventive therapy)	0	0	0	0
4. Caring for a patient with HIV-TB co-infection as part of an interprofessional team	0	0	0	0
5. Developing an interprofessional patient care plan for individuals with HIV that are also suffering from TB	0	0	0	0

PMTCT & Care for the Pregnant Woman with HIV





Multiple Choice Questions

- Studies have shown an increased risk of HIV acquisition to women during pregnancy and in the post-partum period. Which of the following reasons could explain the increased risk of HIV acquisition in the post-partum period?
- O a. Woman are more likely to be more sexually active during this time, than at other times
- D. Biologic changes during pregnancy and post-partum may increase susceptibility to HIV
- O c. Providers often tell patients to stop taking their ART
- O d. Condom use increases in the post-partum period
- 2. Early infant diagnosis is based on the WHO recommendation that infants born to mothers with HIV be tested for HIV between 4 and 6 weeks of age. Why is early infant diagnosis of HIV important?
- O a. It can help inform the mother that she should stop breastfeeding
- O b. It can improve the chance of starting life-sustaining treatment as early as possible
- O c. It can alert the mother
- O d. It saves the health system money

- 3. Which scenario carries the highest risk for perinatal transmission of HIV from mother to newborn?
- O a. A woman who has been on ART for 15 years and has an undetectable viral load
- O b. A woman with excellent adherence to ART
- O c. A woman who started ART early in pregnancy
- O d. A woman infected with HIV late in pregnancy
- 4. Which of the following is NOT a strategy for prevention of mother-to-child transmission in a pregnant woman with HIV?
- O a. Use of sterile technique during labor
- O b. Avoidance of artificial rupture of membranes
- O c. Use of ART for prophylaxis
- O d. Use of condoms during sex while pregnant

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Identifying periods during and after pregnancy that are high risk for HIV acquisition	•	•	0	0
2. Identifying appropriate ART regimens during pregnancy to prevent mother-to-children transmission of HIV	•	•	0	0
3. Identifying strate- gies for prevention of mother-to-child transmission of HIV in a mother present- ing late in pregnan- cy with a high viral load	0	0	0	0
Recognizing the importance of early infant diagnosis	0	0	0	0
5. Using a Fishbone diagram to identify contributors to a systems-based problem	0	0	0	0
6. Recognizing the roles of different health care providers in caring for the unique needs of mothers and newborns related to HIV	•	•	•	0

Care for the Pediatric Patient with HIV





Multiple Choice Questions

- 1. A 13-month-old girl is brought in by her parent for minimal weight gain. You would like to test her for HIV. Which of the below tests is most appropriate to order in this patient?
- O a. HIV-1 viral load
- O b. HIV-1 DNA
- O c. HIV-1 antibody
- O d. HIV-1 p24 antigen
- 2. A 6-year-old boy with HIV is brought in for routine HIV care. Which of the following antiretroviral therapy (ART) options is contraindicated in him?
- O a. Efavirenz
- O b. Lamivudine
- O c. Tenofovir
- O d. Zidovudine

- 3. When caring for a paediatric patient with HIV, which of the following options for antiretroviral therapy (ART) is best?
- O a. Preferential use of syrups
- O b. Preferential use of large oral tablets
- O c. Preferential use of granules
- O d. Deferring ART until the child is old enough to be informed of his/her HIV diagnosis, as long as the CD4 cell count remains >500 cells/mm3
- 4. In which paediatric HIV scenario below, who would you prescribe TB-preventive therapy?
- O a. A 7-year-old boy with weight loss and hemoptysis
- O b. A 9-year-old girl who is asymptomatic and does not have a known TB contact
- O c. A 10-year-old girl who is asymptomatic and has a known TB contact
- O d. A 3-month-old boy who is asymptomatic and does not have a known TB contact

Likert Scale Questions

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Using the 5 WHYs technique to identify a systems-based problem	0	0	0	0
 Diagnosing HIV in children less than 18 months of age 	0	0	0	0
Disclosing HIV status to a child	0	0	O	0
Recommending ART for children	0	0	0	0
5. Caring for a child with HIV as part of an interprofessional team I.	0	0	0	0

O a. Efavirenz

O b. Tenofovir

O c. Lamivudine

CVD in PWH

Co-Morbidities in a Patient with Well Controlled HIV

1. Simvastatin is started in a patient with hyperlipid-

should be avoided if a statin is prescribed?

emia and whose father had a heart attack at the

age of 42 years. Which antiretroviral therapy (ART)



the patient?

2. You work at a clinic that does not have simvastatin

have a patient whose lab results demonstrate a

O a. Travel 6 hours to the capital weekly to pick up meds

O b. Screen for modifiable risk factors for cardiovascular

or any lipid-lowering medication available, but you

mild elevation in cholesterol. In the absence of sim-

vastatin in your district, what do you recommend to



Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

O d. Ritonavir disease O c. Start a diuretic O d. Tell the patient there is nothing you can do for him Likert Questions Please select your current comfort level considering the scale below. (Select only one answer per question.) I feel uncomfortable I feel somewhat I feel comfortable with I feel very comfortable with this topic/need comfortable with this this topic/need my with this topic/without supervision from my topic/need partial supervisor to discuss supervision as though supervision from my unusual scenarios or in independent supervisor. supervisor. challenging cases. practice. 1. Identifying CVD risk factors in PWH 2. Providing CVD risk counselling for PWH 3. Identifying strategies to manage CVD among PWH as part of a team 4. Recognizing statin indications and how to evaluate for drug interactions with statins 5. Recognizing the roles of different health care providers in managing

Module 5 Optional

Care for the Adolescent Girl at Risk for HIV



Multiple Choice Questions

- A 14-year-old girl comes in with vaginal discharge after having sex with an older man. Which of the following treatments would be the most appropriate if you suspected a sexually transmitted infection?
- O a. Ciprofloxacin for 3 days
- O b. HIV post-exposure prophylaxis for 14 days
- O c. Acyclovir for 7 days
- O d. Ceftriaxone once and doxycycline for 7 days

- 2. Adolescents are at high risk for HIV acquisition. Which of the following is NOT a likely reason for the increased risk?
- O a. Smoking
- O b. Peer pressure
- O c. Lack of sex education
- O d. Lack of access to condoms

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Taking a sexual history from an adolescent girl with vaginal discharge who is at high risk for acquiring HIV	0	0	•	•
2. Suggesting a treatment plan for an adolescent girl with vaginal discharge who is at high risk for acquiring HIV	0	0	0	•
Counseling an adolescent girl on prevention of HIV	O	0	0	0
4. Caring for adolescents at high risk for acquiring HIV as part of an interprofessional team	0	0	0	•
5. Developing interpro- fessional strategies for reducing HIV risk among adolescents	0	0	0	0

Post-Exposure-Prophylaxis





Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

- 1. Post-exposure prophylaxis (prescribing antiretroviral therapy (ART) after a potential exposure to HIV) decreases the risk of HIV acquisition. Which of the following ART options is currently recommended for post-exposure prophylaxis?
- O a. TDF, FTC, RAL
- O b. AZT, DDI, d4T
- O c. TDF, FTC
- O d. TDF alone

- 2. Which of the following occupational exposures is highest risk for HIV transmission?
- O a. Percutaneous needlestick
- O b. Blood splash to intact skin
- O c. Blood splash to mucus membrane
- O d. Urine splash to intact skin

Likert Questions

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Performing a risk assessment for an occupational exposure to HIV	0	0	0	0
2. Providing emotional and psychosocial support for a colleague who has had an occupational exposure to HIV	0	0	0	0
Making recommen- dations for a post-exposure prophylaxis regimen	0	0	0	0
4. Working as part of an interprofessional team to reduce the risk of occupational exposure to HIV	0	0	0	0

Care for the Patient with HIV and Cryptococcal Meningitis



Optional

Multiple Choice Questions

- 1. A 29-year-old man with HIV is diagnosed with cryptococcal meningitis. He received 2 weeks of amphotericin B and fluconazole and was transitioned to oral fluconazole prior to discharge to outpatient care. When is the optimal time to start ART in this patient?
- O a. Day of admission
- O b. One week into anti-fungal therapy
- O c. Two weeks into anti-fungal therapy
- O d. Five weeks into anti-fungal therapy

- 2. A woman with cryptococcal meningitis is admitted to the ward. Which of the following cerebrospinal fluid (CSF) findings is most predictive of cryptococcal infection?
- O a. Positive CSF cryptococcal antigen
- O b. Low CSF glucose
- O c. Low CSF white blood cells
- O d. High CSF opening pressure

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Appropriate to my professional training, I feel comfortable managing cryptococcal meningitis	0	0	0	0
I feel comfortable caring for a patient with CCM as a team	0	0	0	0
3. Appropriate to my professional training, I can generate a differential diagnosis of altered mental status in a patient with HIV	0	0	0	0
4. I know when to start ART in a patient with CCM	0	0	0	0
5. Developing an interprofessional patient care plan for a patient suffering from cryptococcal meningitis	0	0	0	0

Management of Sepsis in a Person with HIV





Multiple Choice Questions

- 1. A 56-year-old woman with well-controlled HIV on TDF, 3TC, and DTG is brought to the hospital by her family members because she is confused. Her vital signs are notable for BP 76/40, HR 156, RR 32, T 38.4°C. Collateral history reveals that she complained of burning urine and back pain 1 day ago. Physical exam reveals severe tenderness on deep palpation at the costophrenic angles bilaterally. She appears septic. Which of the following interventions should be prioritized?
- O a. Intravenous paracetamol
- O b. Intravenous dextrose
- O c. Intravenous normal saline
- O d. Intravenous beta-blocker

- 2. A 33-year-old man is admitted to the hospital with confusion. One day later, a diagnosis of cryptococcal meningitis is made. Intravenous amphotericin B deoxycholate is initiated. On day 5 of admission, after initial improvement, he develops fever of 38.2 (recorded twice 8 hours apart). The overnight nurse changed his IV catheter because the patient was complaining about "it being uncomfortable during infusion of medications". He has no other complaints. Which of the following is the MOST likely source of sepsis in this patient?
- O a. Urinary tract infection
- O b. Hypersensitivity from Amphotericin B deoxycholate
- O c. TB meningitis
- O d. Septic thrombophlebitis

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Listing required variables for SIRS criteria	0	0	0	0
2. Recommending lab- oratory testing when sepsis is suspected	O	0	0	О
3. Caring for a patient with sepsis as part of an interprofessional team	0	0	0	0
4. Using the CUS or two-challenge rule if I recognize a safety breach that is ignored by the team-leader	•	•	•	0
5. Counseling a patient on U=U	0	O	O	0
 Counseling a patient on how to disclose HIV status to his/her partner 	0	0	0	0
7. Addressing conflict and differences of opinions among interprofessional team members	0	0	0	0
8. Addressing conflict and differences of opinions among interprofessional team members	0	•	0	0

ART Adherence and Evaluation of Virologic Failure





Multiple Choice Questions

- 1. A 34-year-old HIV positive man was initiated on a fixed dose combination of tenofovir, lamivudine and dolutegravir (TLD). After six months of therapy, a blood sample was collected for a routine viral load test. The test results showed that his viral load was 3500 copies/ml. Which of the following is most appropriate about the management of this patient?
- O a. The patient has a very low viral load and should be supplied with three months' worth of TLD to continue his HIV treatment
- O b. The patient is failing on first line antiretroviral therapy (ART). He should be initiated on a protease inhibitor containing second line ART regimen
- O c. The patient may be having adherence problems and needs an interprofessional team to establish and man age the causes of viral non-suppression
- O d. The patient should be referred urgently to an HIV specialist and a blood sample should be drawn to measure blood levels of the ART drugs

- 2. The previous patient with an HIV viral load of 3500 copies/mL wishes to join a pharmacy only (pharmacy refill) group where he can collect his ART at the pharmacy window every three months without having any clinical reviews. Which of the following is most appropriate?
- O a. In line with the WHO-recommended differentiated ser vice delivery models, this patient qualifies for pharmacy only visits.
- O b. This patient's request should be put on hold until they attain a suppressed viral load for at least 24 months.
- O c. At present, this patient should not be considered for pharmacy only (pharmacy refill) visits because he presented with a detectable viral load on ART
- O d. Whatever the patient requests, the patient should receive

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Recognizing and addressing reasons for ART non-adher- ence in PWH	0	0	0	0
Assessing a patient's adherence to ART	0	0	0	0
3. Managing a patient's non-adherence as part of an interprofessional team	0	0	0	0
Caring for a patient with virologic failure while on ART	O	O	O	O

End of Life Care for a Patient with HIV





Likert Questions

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Eliciting a patient's preferences around end of life care	0	0	0	0
Delivering bad news to patients	0	0	0	0
Promoting comfort and caring for a patient at the end of life	0	0	0	0
4. Working as part of an interprofessional team to provide compassionate, person-centered end of life car	0	0	0	0





Pre-exposure Prophylaxis and Care for Men Who Have Sex with Men

Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

- 1. For which of the following patients would you recommend pre-exposure prophylaxis?
- O a. A 13-year-old girl who is starting school and thinking about becoming sexually active
- O b. A 23-year-old man who has sex without condoms with unknown partners
- O c. A 43-year old man who is in a monogamous relationship with his wife who does not have HIV
- O d. A 33-year old woman who is in a monogamous relationship with her husband who has HIV but is virologically suppressed

- 2. All of the following are key populations that are particularly vulnerable to HIV EXCEPT
- O a. Men who have sex with men
- O b. Female sex workers
- O c. People who inject drugs
- O d. Poorly controlled diabetics

Likert Questions

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1.	Identifying the indications for pre-exposure prophylaxis (PrEP)	0	0	0	0
2.	Recommending a pre-exposure prophylaxis (PrEP) regimen and follow-up	0	0	0	0
3.	Taking a sexual history from a man who has sex with men (MSM)	0	0	0	0
4.	Developing trusting relationships with patients/clients from key and vulnerable populations	0	0	0	0

Care for the Adolescent Male with Perinatally-Acquired HIV





Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

- 1. A 17-year-old male patient with perinatally acquired HIV was previously doing well in school until he found out he was HIV positive. He is seen in clinic, and you want to screen for depression. Which of the following is a mental health assessment tool used to help screen for depression?
- O a. STAR-12
- O b. PHQ-9
- O c. LCW-3
- O d. DST-6

- 2. What does the communication tool SBAR stand for?
- O a. Situation, Basics, Analysis, Recommendation
- O b. Synthesis, Background, Assessment, Recap
- O c. Situation, Background, Assessment, Recommendation
- O d. Story, Background, Analysis, Recap

Likert Questions

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1.	Recognizing the psychosocial and biomedical impact of perinatally-acquired HIV	0	0	0	0
2.	Addressing poor adherence to ART in adolescents with HIV	0	0	0	0
3.	Screening for depression	0	0	0	0
4.	Using an SBAR communication to hand-off care of a patient.	0	0	0	0
5.	Justifying recom- mendations/actions with more senior health care providers	0	0	0	0

Health System Building Blocks: Delivering High Quality Care to Patients with HIV





Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

- 1. Which one of the following is NOT one of the WHO six pillars of health care?O a. Leadership and governance
- O b. Financing
- O c. Health workforce
- O d. Skills training

Likert Questions

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1.	Applying the 6 WHO Building Blocks of Health Systems to my workplace	0	0	0	0
2.	Suggesting potential solutions to manage an ART drug stock out	0	0	0	0
3.	Communicating with a patient who is angry or upset	0	0	0	0
4.	Working together with facility leader-ship and management to address health systems issues	0	0	0	•

Community-Based HIV Service Delivery





Likert Questions

	I feel uncomfortable with this topic/need supervision from my supervisor.	I feel somewhat comfortable with this topic/need partial supervision from my supervisor.	I feel comfortable with this topic/need my supervisor to discuss unusual scenarios or challenging cases.	I feel very comfortable with this topic/without supervision as though in independent practice.
I feel comfortable navigating health systems in my geographic area of practice	0	0	0	0
2. I feel comfortable working with an interprofessional team to provide community-based care for PWH	0	0	•	0

Traditional and Complementary Medicine and Pneumocystis Pneumonia





Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

- Adjunctive corticosteroids are used in severe Pneumocystis pneumonia for which of the following reasons?
- O a. Restoration of muscle mass after critical illness myopathy
- O b. Treatment of fatigue
- O c. Hyperglycemic effects
- O d. Improved survival rates

- 2. A 23-year-old man has a viral load that is detectable 6 months after starting ART, and he admits to seeing a healer instead of taking antiretroviral therapy (ART). How can you best engage this patient?
- O a. Explore reasons why he is seeing a healer instead of taking ART
- O b. Explain the pathophysiology of HIV and explain why viral suppression is critical
- O c. Call the healer to explain the pathophysiology of HIV to him/her
- O d. Change his ART in case he does not like this regimen

Likert Questions

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Counseling a patient interested in traditional & complementary medicine	0	0	0	0
Diagnosing & managing Pneumocystis pneumonia	0	0	0	0
3. Working together as part of an interprofessional team to promote ART to a patient who demonstrates a preference for traditional and complementary medicine	0	0	0	0

Health Workforce Challenges and HIV Care Delivery





Multiple Choice Questions

Please select the best answer option from those provided below (select only one answer choice per question).

- 1. Which of the following interventions is effective in reducing the risk of TB transmission in health care settings?
- O a. Encouraging health care workers to wear N95 respirators when assisting patients with confirmed pulmonary TB
- O b. Opening windows on the medical wards
- O c. Separating coughing patients from other people with HIV in HIV clinic waiting rooms
- O d. All of the above

- 2. A 33-year-old nurse is diagnosed with pulmonary TB after a six-week period of weight loss, fever and cough. Which of the following factors may have contributed to her risk of TB acquisition?
- O a. Prolonged exposure to a patient with spinal tuberculosis only
- O b. Past medical history of high blood pressure (in the nurse)
- O c. Working in an outdoor health screening fair
- O d. Assisting to induce sputum samples in clinic patients

Likert Questions

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1.	Recognizing common causes of health worker absenteeism	0	0	0	0
2.	Describing common causes for health worker attrition	0	0	0	0
3.	Proposing strate- gies to reduce the health workforce shortage	0	0	0	0
1.	Providing peer support to workers of other professions to maintain a supportive working environment	0	0	0	0