

Family Medicine

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Appendix A – PrEP Resident Survey

Thank you for participating in this survey. We are asking questions about use of PrEP as part of a larger effort to assess our success at training residents in emerging health issues and treatment options.

- 1) Degree type, graduation year from Shadyside Family Medicine Residency Program, and current practice setting (Check all that apply):
 - Degree type: DO, MD
 - YEAR of graduation:
 - Current Practice setting:
 - Private
 - Community Health Center
 - Academic/Residency
 - Hospitalist
 - Other (please specify)

- 2) During your residency training at Shadyside Family Medicine Program, which training opportunities for PrEP were you exposed to? (Check all that apply)
 - a. Readings
 - b. Didactics
 - c. Office precepting/patient care
 - d. Other (please specify below) _____ -
 - e. Did not receive exposure to PrEP training. (skip to question 4)

- 3) Which learning modality did you find most effective in gaining **competency** in prescribing PrEP?
 - a. Readings
 - b. Didactics
 - c. Office precepting/patient care
 - d. Other (please specify below) _____ -
 - e. Did not receive exposure to PrEP training.

- 4) Which learning modality did you find most effective in gaining **confidence** in prescribing PrEP?

- a. Clinical reading
- b. Didactics
- c. Office precepting/patient care
- d. Other _____ -
- e. Did not receive exposure to PrEP training.

5) Upon completion of residency did you reach a level of confidence to prescribe PrEP in your own practice?

- a. Yes
- b. No
- c. Unsure

6) In your current practice are you prescribing PrEP

- a. Yes, but I don't have any active patients
- b. Yes, for 1- 10 patients
- c. Yes, for more than 10 patients
- d. No I do not prescribe PrEP in my current practice although I am competent to do so
- e. No I do not prescribe PrEP in my current practice because I need additional training/skills
- f. No, prescribing PrEP is not relevant to my type of practice now

7) Compared to other health issues physicians must address, how important is it for family physicians to include PrEP within a primary care practice. (Rate on a scale of 1-4, with four being the most important).

1 - unimportant 2 - somewhat important 3 - very important 4 - critically important

8) Have you pursued additional information or training in the use of PrEP since graduation? (Check all that apply)

- a. Yes through reading
- b. Yes through training
- c. Yes through other (please specify below) _____
- d. No

9) Have you considered prescribing PrEP for heterosexual patients with: (Check all that apply)

- a. Non-monogamous relationships
- b. Infrequent condom use
- c. Bacterial STI diagnosis reported in the past 6 months.
- d. Partners of unknown HIV status
- e. Recent diagnosis of STI
- f. Injectable drug use
- g. None of the above

10) Which of the following is part of your regular practice for patients receiving PrEP (Check all that apply)

- a. Assessing the continued need for PrEP at each visit
- b. Follow-up visits every 3 months
- c. HIV testing every 3 months
- d. Assessing STI symptoms
- e. Testing for bacterial STIs
- f. Testing for pregnancy
- g. Assessing for hepatitis B
- h. Assessing renal function
- i. None of the above