STI, HIV & VH Academic Detailing Survey

We are interested in providing academic detailing (AD) to healthcare providers in South Carolina with the goal of improving patient outcomes. Academic detailing provides service-oriented outreach by sharing evidence-based information to healthcare providers.

The goal is to increase awareness and knowledge regarding sexually transmitted infections (STIs), HIV, and viral hepatitis (VH) testing, prevention, and treatment. Your responses will assist us in tailoring your academic detailing needs.

Thank you for completing this survey.

ASSESSMENT

Do you test patients for the following?

Syphilis:	◯ Yes ◯ No
Gonorrhea:	◯ Yes ◯ No
Chlamydia:	◯ Yes ◯ No
Trichomoniasis:	◯ Yes ◯ No

Do you treat patients for the following?

Syphilis:	◯ Yes ◯ No
Gonorrhea:	◯ Yes ◯ No
Chlamydia:	◯ Yes ◯ No
Trichomoniasis:	◯ Yes ◯ No

At your health care facility, what barriers prevent patients from being tested and treated (if indicated) for syphilis, gonorrhea, chlamydia and trichomoniasis? (Select all that apply)

☐ I am unaware of current STI testing guidelines.
☐ I am unaware of current STI treatment guidelines.
☐ I need refresher training on STI signs, symptoms, diagnosis, and treatment.
☐ Patient's scheduled visit time is too short to address STI testing.
☐ Taking a patient's sexual history is too time consuming.
☐ Lack of patient insurance coverage for STI testing and treatment.
☐ Lack of medications on-hand to treat patients (e.g., Benzathine penicillin G for syphilis treatment)
☐ Lack of laboratory resources to conduct STI testing.
☐ Other

Please specify "Other"	_____
What is your practice for testing patients for the Hepatitis C Virus?	☐ Routine testing ☐ Opt-out testing ☐ Patient request ☐ I do not test patients
Do you treat patients for the Hepatitis C Virus?	◯ Yes ◯ No
What is your practice for testing patients for HIV?	☐ Routine testing ☐ Opt-out testing ☐ Patient request ☐ I do not test patients
Do you treat patients for HIV?	◯ Yes ◯ No
Do you test for HIV during the third trimester of pregnancy?	◯ Yes ◯ No
Do you test for Syphilis during the third trimester of pregnancy?	◯ Yes ◯ No
Do you discuss HIV PrEP to individuals who qualify based on sexual partners, practices, and past STI history?	◯ Yes ◯ No
Do you prescribe PrEP?	◯ Yes ◯ No
Which of the following vaccinations do you provide? Select all that apply:	☐ HPV vaccination ☐ HBV vaccination ☐ HAV vaccination ☐ Mpox vaccination ☐ none

TECHNICAL ASSISTANCE

Would you like to receive information on any of the following topics?

Testing and treatment for STIs (Syphilis, Gonorrhea, Chlamydia, Trichomoniasis):	◯ Yes ◯ No
Testing and treatment for HCV:	◯ Yes ◯ No
Testing for HIV:	◯ Yes ◯ No
PrEP prescribing:	◯ Yes ◯ No
Would you like to be included on our email list to receive additional information?	◯ Yes ◯ No

Please provide the following information for the point of contact in your practice:

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____