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| **NAME:** |  |  | |
| **TITLE/ROLE:** |  | **YEAR:** |  |

***Aware:*** I have heard of it; I regularly consult with others.

***Knowledgeable***: I am comfortable with this topic and my ability to apply the skill/knowledge; I occasionally consult others.

***Proficient:***  I am very comfortable with this, an expert; teach others; others consult with me. ***Not Relevant:*** This doesn’t really apply to my current position.

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| 1. With respect to **Knowledge of STBBI transmission modes, infection and disease progression, and treatment options** , I would assess my demonstrated ability in these areas as: | | | | |
|  | **PROFICIENT**  Expert/others consult with me | **KNOWLEDGEABLE**  Comfortable; occasionally consult with others | **AWARE**  Heard of it; regularly consult with others | **NOT RELEVANT** |
| Can demonstrate consistent use of universal precautions |  |  |  |  |
| Can identify, share, and contextualize best practices in prevention of STBBI transmission |  |  |  |  |
| Understands that the presence of one STBBI may increase the risk of other infections. |  |  |  |  |
| Demonstrates knowledge of bio-medical risks associated with sexual practices (including insertive, receptive, anal, vaginal). |  |  |  |  |
| Recognizes the complex factors involved in assessing a person for risk in sexual and non-sexual decision making, including the need for intimacy and pleasure. |  |  |  |  |
| **COMMENTS**: | | | | |

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| 1. Regarding **respect for the diverse range of beliefs, practices, and values that influence sexual practices and decision making**, I would assess my demonstrated ability in these areas as: | | | | |
|  | **PROFICIENT**  Expert/others consult with me | **KNOWLEDGEABLE**  Comfortable; occasionally consult with others | **AWARE**  Heard of it; regularly consult with others | **NOT RELEVANT** |
| Can recognize how the determinants of health (DoH) influence STBBI risk for specific populations. |  |  |  |  |
| Can see how culture shapes an individual’s sexual health and decision making. |  |  |  |  |
| Understands how stigma and discrimination can lead to further exclusion and isolation. |  |  |  |  |
| Knows and appreciates the factors that impact vulnerability (FIV). |  |  |  |  |
| Understands how a person’s experiences affect decisions about accessing services, getting tested, and having treatment. |  |  |  |  |
| **COMMENTS**: | | | | |

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| 1. With respect to **effective use of interventions to modify the risk of STBBIs**, I would assess my demonstrated ability in these areas as: | | | | |
|  | **PROFICIENT**  Expert/others consult with me | **KNOWLEDGEABLE**  Comfortable; occasionally consult with others | **AWARE**  Heard of it; regularly consult with others | **NOT RELEVANT** |
| Creates and maintains appropriate boundaries within the client-service provider relationship. |  |  |  |  |
| Can identify and apply harm reduction strategies. |  |  |  |  |
| Applies approaches that meet the STBBI prevention needs of the client, such as motivational interviewing and active listening. |  |  |  |  |
| Supports clients in making informed decisions while acknowledging they are experts in their own lives. |  |  |  |  |
| Can discuss sexual practices, related risks, and prevention of STBBIs with a level of comfort. |  |  |  |  |
| Can put situations in context in order to effectively meet the needs of those at increased risk of STBBIs. |  |  |  |  |
| **COMMENTS**: | | | | |

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| 1. With respect to **advocacy on behalf of those at risk of STBBIs and living with HIV,** I would assess my demonstrated ability in these areas as: | | | | |
|  | **PROFICIENT**  Expert/others consult with me | **KNOWLEDGEABLE**  Comfortable; occasionally consult with others | **AWARE**  Heard of it; regularly consult with others | **NOT RELEVANT** |
| Demonstrates awareness of the impact that organizational policies and practices have on access to STBBI prevention services. |  |  |  |  |
| Ensures a safe and respectful environment that does not isolate or marginalize clients. |  |  |  |  |
| Identifies appropriate referral options for clients whose complex health needs may impact their risk of STBBIs. |  |  |  |  |
| Acknowledges one’s own limitations and be able to support clients in the navigation of systems. |  |  |  |  |
| **COMMENTS**: | | | | |

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| 1. With respect to **planning, implementation, adaptation, and evaluation of STBBI programs and policies**, I would assess my demonstrated ability in these areas as: | | | | |
|  | **PROFICIENT**  Expert/others consult with me | **KNOWLEDGEABLE**  Comfortable; occasionally consult with others | **AWARE**  Heard of it; regularly consult with others | **NOT RELEVANT** |
| Can apply health equity lens to inform programs, services, and interventions. |  |  |  |  |
| Can disparity and adapt programs to ensure inequities are not increased. |  |  |  |  |
| Knows the laws and organizational policies surrounding disclosure and confidentiality. |  |  |  |  |
| Demonstrates an understanding and ability to adapt as necessary to people from diverse backgrounds. |  |  |  |  |
| Ensures that programs and services are not only culturally relevant but also culturally safe for populations most at risk of infections. |  |  |  |  |
| Can apply organizational procedures, protocols, and standards to the delivery of STBBI services. |  |  |  |  |
| **COMMENTS**: | | | | |