*Nursing Assessment and Interventions for Patients Experiencing Side-effects During Treatment for DR-TB*

**Job Aid Evaluation**

1. **What country do you work in?** \_\_\_\_\_\_\_\_\_\_\_\_\_
2. **How long have you been working as a nurse?** \_\_\_ Years \_\_\_ Months
3. **What level(s) of nursing training did you complete?** (list all) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **What is your job title?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **What is your primary work setting?** 🞎 In-patient setting 🞎 Out-patient setting (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **How long have you been working with MDR-/XDR-TB patients?** \_\_\_ Years \_\_\_ Months
7. **During the past 3 months, how many DR-TB patients did you provide care for per week on average?**

🞎 0 🞎 1-5 🞎 6-10 🞎 11-15 🞎 16-20 🞎 21-25 🞎 26-30 🞎 >31

1. **Have you received training on side effect management for second-line TB medications?** 🞎 Yes / 🞎 No
2. **Self-Assessment:** Consider what you already knew and what you may have learned after using this job aid then circle the number below that best describes **your confidence level to help MDR-TB patients with side effects** BEFORE and AFTER using the job aid.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 = No confidence | | | | | 2 = Somewhat confident | | | 3= Confident | 4= Very confident | | 5 = Extremely confident | | | | |
| Before | | | | | | ***Your confidence related to your ability to:*** | | | **After** | | | | | | |
| **1** | **2** | **3** | **4** | | **5** | *Help MDR-TB patients who have side effects during treatment* | | | **1** | | **2** | **3** | **4** | **5** | |

1. **When seeing patients on second-line anti-TB treatment (MDR- or XDR-TB treatment), have you used this tool to guide your assessment and/or nursing interventions?** *(circle one of the following options)*
2. No, I have not used it
3. Yes, I used it with some symptomatic patient interactions
4. Yes, I use it with most symptomatic patient interactions
5. Yes, I use it with every symptomatic patient interaction

10a) **If no, why you have not used the job aid?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10b)  **If yes, what was/were the patient symptoms, what assessments and/or interventions listed on the job aid did you use and what was the outcome?** (use table below or a separate page if needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient symptom(s)** | **Nursing Assessment(s) made** | **Nursing Intervention(s) used** | **Outcome** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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10c) **If you used this job aid, describe how using it influenced your nursing practice or comfort level in addressing DR-TB patient side effects.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Is the amount of information on the job aid appropriate?** *(circle one of the following options)*
2. No, there is not enough information on the job aid
3. No, there is too much information
4. Yes, the amount of information is enough

11a)  **If answer above was no, what changes do you recommend?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Was there content in the job aid that needed more explanation?** \_\_\_\_\_Yes; \_\_\_\_\_\_\_ No

**If yes, please describe:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What nursing assessments OR interventions are common to your TB nursing practice and location that you did not see in this job aid?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Please indicate your level of agreement with each statement below using the following scale:**

**1 =Strongly disagree; 2= Disagree; 3= Not applicable or Neutral; 4= Agree; 5= Strongly Agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **a** | The information is useful | 1 | 2 | 3 | 4 | 5 |
| **b** | The information is complete, nothing was missing | 1 | 2 | 3 | 4 | 5 |
| **c** | The information presented is easy to read and understand | 1 | 2 | 3 | 4 | 5 |
| **d** | The suggested assessments will be easy to implement in our setting | 1 | 2 | 3 | 4 | 5 |
| **e** | The suggested nursing interventions can be implemented in our setting | 1 | 2 | 3 | 4 | 5 |
| **f** | The information was organized in a way that made it easy to access and retrieve what I needed. | 1 | 2 | 3 | 4 | 5 |
| **g** | The visual design of the job aid is pleasant, has sufficient contrast to distinguish important information and text was well sized | 1 | 2 | 3 | 4 | 5 |

1. **Please add below, any comments or feedback you have regarding this job aid and/or thoughts about what would improve the job aid for nurses in your setting/country.**

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1. **What do you recommend the title for this job aid should be?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_