**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Performance Report for Grants and Cooperative Agreements** 

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# ACADEMIC YEAR 2018-2019

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**Instruction Manual for Grantees of the Advanced Nursing Education** 

**Annual Performance Report** 

## Welcome

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

1. All required performance measures are linked to the following legislative purpose(s) of the ANE grant program:

#### • To support the enhancement of advanced nursing education and practice.

2. Data submitted by grantees of the program must cover all activities that took place between July 01, 2018 - June 30, 2019 (Referred to as Annual Performance Report).

3. The PRGCA is due no later than July 31, 2019. Failure to submit a PRGCA by this date may place your grant in a noncompliant status.

4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCAs submitted by grantees. In the case that revisions are needed, you will be granted the ability to re-enter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

5. We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center. All requests for technical assistance will be coordinated through the Call Center and responded to promptly: Call Center Phone Number: 877-G04-HRSA (877-464-4772) or Call Center Online Assistance Form: click here.

## **Getting Started**

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The Office of Management and Budget (OMB) has issued a 3-year approval for the annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # 0915-0061; Expiration Date: 03/31/2022). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information that will assist you in completing each subform accurately (see below).

Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

Warks a tip or important note for completing a specific column or subform in the BPMH system.

Warks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of annual reporting, the BPMH system has been recently enhanced to prepopulate specific columns within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.

View Prior Period Data Fields with * are required		
* Add Training Program		
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Select One	•

Figure 1. Screenshot of View Prior Period Data Link

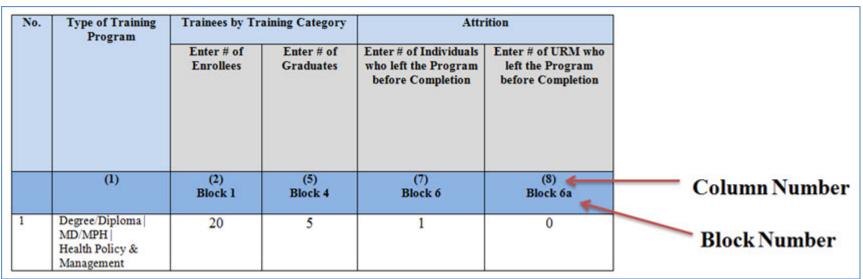


Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

- 1. **Column Numbers:** The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.
- 2. Block Numbers: The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

- 1. HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
- 2. There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: <u>Recommended Settings</u>.
- 3. Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
- 4. Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
- 5. Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

### **Getting Started: Helpful Resources and Recommendations**

The following is a list of resources and tips you may find helpful in the event you need assistance:

- 1. Begin PRGCA data entry early and submit your report prior to the deadline.
- 2. **Browser Settings**: Check your Internet browser and its settings by using 'Recommended Settings' tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
- 3. **Reporting on Your Grant:** Several resources are available through HRSA's "Reporting on Your Grant" link <a href="http://bhw.hrsa.gov/grants/reporting/index.html">http://bhw.hrsa.gov/grants/reporting/index.html</a> including general EHB guidance as well as links to the performance measures and program manual.
- 4. Resource Links: Several resources are available via the 'Resource' tab on the EHB home screen including the following links:
  - 1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
  - 2. Glossary- Current definitions of key terms
  - 3. Instruction Manual-Electronic copy of this program manual (can also be found on the HRSA.gov website)
- 5. Video Recordings:
  - 1. Videos with general information about how to enter data in the BPMH system are available at <a href="https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos">https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos</a>.
- 6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
- 7. Sequence of Forms: Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2)
- 8. Saving and Validating: You must click 'Save and Validate' in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
- 9. Government Project Officers: Contact your Government Project Officer if you need further assistance on the content of your report.
- 10. HRSA Call Center: If you need additional assistance, contact the HRSA Call Center. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email: Call Center Phone Number: 877-Go4-HRSA/877-464-4772 or Call Center Online Assistance Form <u>click here</u>.

### Health Resources and Services Administration Bureau of Health Workforce Order of Required Forms

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The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

Order	Type of Form	Parent Form	Form ID
1	Setup Form	SetupForms	Training Program
2	Setup Form	SetupForms	Faculty Development
3	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-1
4	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	LR-1a
5	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	LR-2
6	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-1
7	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-2
8	Performance Data Form	LegislativeRequirementsDemographicVariables-LRandDVSubforms	DV-3
9	Performance Data Form	IndividualCharacteristics-INDGENSubforms	IND-GEN

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Performance Data Form	Experiential Characteristics-EXPSubforms	EXP-1
Performance Data Form	Experiential Characteristics-EXPSubforms	EXP-2
Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-1
Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-2
Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-1a
Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-1b
Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-2a
Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-2b
Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-4a
Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-4b
Performance Data Form	ContinuingEducationActivities-CESubforms	CE-1
Performance Data Form	ContinuingEducationActivities-CESubforms	CE-2
	erformance Data Form erformance Data Form	erformance Data FormExperientialCharacteristics-EXPSubformserformance Data FormCourseDevelopmentandEnhancement-CDESubformserformance Data FormCourseDevelopmentandEnhancement-CDESubformserformance Data FormFacultyDevelopmentInstructionandRecruitment-FDSubformserformance Data FormContinuingEducationActivities-CESubforms

### **Setup Forms** Setup Forms - Introduction

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## **Training Program - Setup**

**Training Program Setup - Selecting Type of Training Program** 

Warning: A new entry in the Training Program Setup form is only needed training programs other than those previously reported were supported through the grant during the annual reporting period. If no new programs were supported through the grant during the annual reporting period, skip to the last step for this subform.

*Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Load Program Details
Add Record	

Figure 3. Training Program Setup - Selecting Type of Training Program

**Select Type of Training Program Offered:** The Training Program Setup form will configure all subforms specific to various types of training programs. To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the annual reporting period by clicking on the drop-down menu next to "Select Type of Training Program Offered" and choosing **one** of the following options:

• Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Degree/Diploma/Certificate Academic Training Program (Degr€	Load Program Details
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Select One	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Select One	
For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program	Select One	

#### Figure 4. Training Program Setup - Loading Program Details

Next, click on the "Load Program Details" button to activate the remaining drop-down menus in this setup form.

Vote: Clicking on the \"Load Program Details\" button will activate drop-down menus specific to the selection made in the previous step.

*Add Training Program	
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	
Select Delivery Mode Used to Offer Program	
Add Record	

#### Figure 5. Training Program Setup - Adding Degree/Diploma Program

For degree-bearing programs, use the following instructions:

• MS

• PhD

• EdD

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: To complete your entry, select the type of degree program supported through the grant during the annual reporting period by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered" and choosing **one** of the following options:

- DNP
- DNAP

- MSN
- DNP/MPH

- DNSc / DNS
- MSN/MBA

MNMSN/MPH

- Post-Masters Certificate
- MSN/MHA M

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Next, select the degree program's primary focus area by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area" and choosing one of the following options:

- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing NP Adult
- Nursing -Aggregate/Systems/Organizational
- Nursing NP Emergency care

- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing NP Acute care adult gerontology
- Nursing Advanced Practice Nursing
- Nursing NP Adult Psychiatric/Mental health

- Nursing CNS Geropsychiatric
- Nursing CNS Psychiatric/Mental health
- Nursing NP Acute care pediatric
- Nursing NP Adult gerontology
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing CNL Generalist
- Nursing NP Neonatal

- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Other advanced nurse specialists
- Nursing Nurse Administrator
- Nursing Nurse Midwife
- Nursing Community Public Health
- Other Midwife

- Nursing NP Family
- Nursing NP Geropsychiatric
- Nursing NP Pediatrics
- Nursing Nurse Anesthetist
- Nursing CNS Womens Health and Pediatrics
- Nursing Nursing Informatics
- Nursing NP APH/Family

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- Nursing NP Women's health
- Nursing Nurse Educator
- Nursing Nurse Researchers/Scientists
- Nursing Public Health Nurse
- Nursing PhD Leadership

Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu under and choosing **one** of the options listed below.

Next, click on the "Add Record" button to save your entry. Repeat this process to capture the degree programs of all students who received a BHW-funded financial award during annual reporting period.

- Campus-based program
- Distance learning program
- Hybrid program

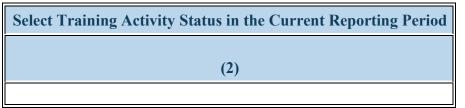


Figure 6. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree programs supported with grant funds during the annual reporting period were captured accurately.

For new records, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the \"Delete\" link under the Option(s) column.

Select Training Activity Status in the Current Reporting Period: Select the Training Activity Status of all reported training programs. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive

*Note: No action is needed for prior records, if they remain Active.* If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), you may select 'Inactive' as the status of the program. Selecting 'Inactive' indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records and CDE records) will be made inactive.

**W** To Complete the Form: Click on \"Save and Validate\" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **Faculty Development – Setup**

### **Selecting Faculty Development Activities**

Faculty Development Activities	Select
Structured Faculty Development Training Program	
Faculty Development Activity	
Faculty Instruction	
No faculty-related activities conducted	

#### Figure 7. Selecting Faculty Development Activities

The Faculty Development Setup form will configure all subforms specific to faculty development activities. To complete the Faculty Development Setup form, select the type(s) of faculty development activities coordinated or supported through the grant during the annual reporting period by choosing **all that apply** under Block 1.

#### **Structured Faculty Development Training Program:**

**Faculty Development Activity:** 

**Faculty Instruction:** 

No faculty-related activities conducted:

Warning: Options for the Faculty Setup form will be automatically selected if you have previously reported one or more training programs or activities through the FD-1a or FD-2a subforms. You may uncheck "Faculty Development Activity" if you have nothing to report. You may uncheck "Structured Faculty Development Training Program" only if you have no training programs still in progress. Please refer to the Faculty Development—FD Subforms page (initial instructions page immediately following CDE forms) for instructions on how to update the status of each previously reported structured faculty development program

Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

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*Reference: Refer to the glossary for a definition of each type of faculty development activity.* 

**To** Complete the Form: Click on \"Save and Validate\" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **Program Characteristics**—**PC Subforms**

**PC Subforms - Introduction** 

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# PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia

Warning: For degree programs previously reported, Column 4 will appear as read-only and is not editable. If the delivery mode for a degree program previously reported has changed, this requires a new entry in the Training Program Setup form.

Select Type(s) of Partners/Consortia Used to Offer this Training
(b) Block 2

Figure 8. PC-1 - Selecting Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia Used to Offer this Training:** Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 6 (Block 2) by selecting all of the type(s) of partnerships or consortia established for the purpose of offering each degree program during the current reporting period.

- Academic department outside the institution
- Alzheimer's Disease Resource Centers
- Community based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government Veterans Affairs
- Federal Government CDC
- Federal Government IHS
- Federal Government Other HRSA Program

- Academic department within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government ACL
- Federal Government Department of Defense/Military
- Federal Government NIH
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government AHRQ
- Federal Government FDA
- Federal Government Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)

- FQHC or look-alike
- Geriatric consultation services
- Health department Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith based)
- Nursing home
- Private/For profit organization
- Senior Center
- Tribal Organization

- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non faith based)
- Other
- Professional Associations
- State Government

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- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

└── Warning: You may not select \''No partners/consortia used\'' in combination with any other option.

Note: If you select the option \"Other\" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).

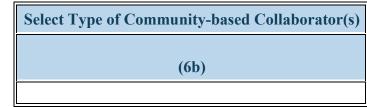


Figure 9. PC-1 - Selecting Type(s) of Community-based Collaborator(s)

**Select Type of Community-based Collaborator(s):** Select Type of Community-based Collaborator(s): Select the type(s) of community-based collaborators used or established for the purpose of offering each program by clicking on the drop-down menu and choosing all that apply from the following options:

- Area Health Education Center
- Community Mental Health Center
- Federally qualified health center or look alikes
- Rural Health Clinic

- Community Health Center
- Critical Access Hospital
- Other Community-Based Organization
- N/A

assessment

Figure 10. PC-1 - Selecting the status of preceptor competency assessment

#### Select the status of preceptor competency assessment:

Complete Column 6d by selecting all of the status of preceptor competency assessment. (Select all that apply)1

- No activities related to preceptor competency assessment
- Evaluated one or more pre-existing preceptor competency assessment(s)
- Preceptor competency assessment under development
- Developed preceptor competency assessment
- Implemented preceptor competency assessment
- Identified preceptor skill-based training gaps/needs
- Identified preceptor knowledge-based training gaps/needs
- Identified preceptor affective/behavioral training gaps/needs
- Implemented preceptor training to address skill-based training gaps/needs
- Implemented preceptor training to address knowledge-based training gaps/needs
- Implemented preceptor training to address affective/behavioral training gaps/needs

- Developed preceptor competency assessment
- Identified preceptor affective/behavioral training gaps/needs
- Identified preceptor skill-based training gaps/needs
- Implemented preceptor training to address affective/behavioral training gaps/needs
- Implemented preceptor training to address skill-based training gaps/needs
- No activities related to preceptor competency assessment

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- Evaluated one or more pre-existing preceptor competency assessment(s)
- Identified preceptor knowledge-based training gaps/needs
- Implemented preceptor competency assessment
- Implemented preceptor training to address knowledge-based training gaps/needs
- Preceptor competency assessment under development

Wote: Select all that apply.

**W** To Complete the Form: Click on the \"Save and Validate\" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

### Legislative Requirements & Demographic Variables—LR and DV Subforms LR and DV - Introduction

Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each type of training program supported through the grant during the annual reporting period.

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## LR-1a: Trainees by Training Category

### **LR-1** - Entering Enrollees Count

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Warning: For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

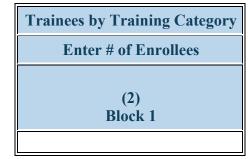


Figure 11. LR-1 - Entering Enrollees Count

Trainees by Training Category: Enter # of Enrollees: Enter the aggregate number of enrollees in the textbox in Column 2 (Block 1).

*Vote:* Do not count individuals who permanently left a training program before graduation during the reporting period in Column 6 (Block 5). These individuals will be captured separately in Column 7 (Block 6).

Health Resources and Services Administration Bureau of Health Workforce LR-1 - Entering Graduates Count

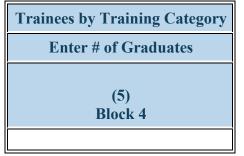


Figure 12. LR-1 - Entering Graduates Count

**Trainees by Training Category: Enter # of Graduates:** Enter the aggregate number of graduates or program completers in the textbox in Column 5 (Block 4).

Vote: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 5 (Block 4). These individuals will be captured separately in Column 7 (Block 6).

1

### **LR-1** - Entering Attrition Information

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Attrition	
Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
(7) Block 6	(8) Block 6a

Figure 13. LR-1 - Entering Attrition Information

Attrition: Enter # of Individuals who left the Program before Completion: Enter the total number of individuals who permanently left the training program before completion (and were being supported by the grant in some manner) by clicking the textbox in Block 6.

Attrition: Enter # of URM who left the Program before Completion: Enter the number of underrepresented minorities who permanently left the training program before completion during the reporting in the textbox under Block 6a.

Note: Counts reported in Column 8 (Block 6a) are a subset of those reported in Column 7 (Block 6).

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

LR-2: Trainees by Age & Gender

LR-2 - Entering Enrollees Count by Age and Gender

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

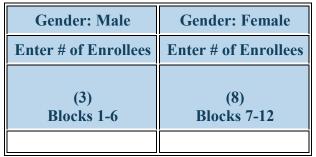


Figure 14. LR-2 - Entering Enrollees Count by Age and Gender

**Gender: Male: Enter # of Enrollees:** Enter the number of male students, by age group, enrolled in each degree program during the annual reporting period in the textbox under Column 3.

**Gender: Female: Enter # of Enrollees:** Enter the number of female students, by age group, enrolled in each degree program during the annual reporting period in the textbox under Column 8.

Warning: For each training program, the sum of enrollees must be equal to the sum of enrollees entered in LR-1.

Note: Enter \"0\" if there were no males or females in a specific age group who participated in the degree programs listed in this subform.

Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

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## LR-2 - Entering Graduates Count by Age and Gender

Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

Gender: Male	Gender: Female
Enter # of Graduates	Enter # of Graduates
(6) Blocks 37-42	(11) Blocks 43-48

Figure 15. LR-2 - Entering Graduates Count by Age and Gender

**Gender: Male: Enter # of Graduates:** To complete the LR-2 subform, enter the number of male students, by age group, who graduated from each degree program during the annual reporting period in the textbox under Column 6.

**Gender: Female: Enter # of Graduates:** Enter the number of female students, by age group, who graduated from each degree program during the annual reporting period in the textbox under Column 11.

Warning: For each training program, the sum of graduates must be equal to the sum of graduates entered in LR-1.

Note: Enter \"0\" if there were no males or females in a specific age group who completed the training programs listed in this subform.

**To** Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **DV-1: Trainees by Racial & Ethnic Background**

**DV-1 - Entering Enrollees Count by Race and Ethnicity** 

Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino
Enter # of Enrollees	Enter # of Enrollees
(3) Blocks 1-7	(8) Blocks 36-42

Figure 16. DV-1 - Entering Enrollees Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Enrollees:** For each training program, enter the aggregate number of Hispanic/Latino enrollees from each race category in Column 3. If there were no Hispanic/Latino enrollees in a specific race category, enter a zero ("0") in the appropriate textbox.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees:** For each training program, enter the aggregate number of Non-Hispanic/Non-Latino enrollees from each race category in Column 8. If there were no Non-Hispanic/Non-Latino in a specific race category, enter a zero ("0") in the appropriate textbox.

Warning: The sum of enrollees must be equal to the sum of enrollees entered in LR-1.

*W* Note: Enter \"0\" if there were no individuals of a specific racial and ethnic group who participated in the training programs listed in this subform.

Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

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Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino
Enter # of Graduates	Enter # of Graduates
(6) Blocks 22-28	(11) Blocks 57-63

Figure 17. DV-1 - Entering Graduates Count by Race and Ethnicity

**Ethnicity: Hispanic/Latino: Enter # of Graduates:** For each training program, enter the aggregate number of Hispanic/Latino graduates from each race category in Column 6. If there were no Hispanic/Latino graduates in a specific race category, enter a zero ("0") in the appropriate textbox.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Graduates:** For each training program, enter the aggregate number of Non-Hispanic/Non-Latino graduates from each race category in Column 11. If there were no Non-Hispanic/Non-Latino graduates in a specific race category, enter a zero ("0") in the appropriate textbox.

**To** Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

## **DV-2:** Trainees from a Disadvantaged Background

### DV-2 - Entering Enrollees Count from Disadvantaged Background

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Warning: For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

Enrollees	
Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM
(2) Block 1	(3) Block 2

Figure 18. DV-2 - Entering Enrollees Count from Disadvantaged Background

**Enrollees: Enter Total # from Disadvantaged Background:** For each training program, enter the aggregate number of enrollees from disadvantaged backgrounds in the textbox in Column 2 (Block 1).

Enrollees: Enter # from Disadvantaged Background who are not URM: For each training program, enter the aggregate number of enrollees from disadvantaged backgrounds who were NOT URM trainees in the textbox in Column 3 (Block 2).

*W* Note: Enter \"0\" in Block 1 if there were no individuals from disadvantaged backgrounds who participated in the degree programs listed in this subform.

Note: Counts reported in Column 3 (Block 2) ARE a subset of counts reported in Column 2 (Block 1).

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*W*Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

*Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.* 

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#### Annual Performance Report Academic Year 2018-2019

### DV-2 - Entering Graduates Count from Disadvantaged Background

Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Warning: For the LR and DV forms, enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

Graduates	
Enter Total # from Disadvantaged Background	Enter # from Disadvantaged Background who are not URM
(8) Block 7	(9) Block 8

Figure 19. DV-2 - Entering Graduates Count from Disadvantaged Background

**Graduates: Enter Total # from Disadvantaged Background:** For each training program, enter the aggregate number of graduates from disadvantaged backgrounds in the textbox in Column 8 (Block 7).

Graduates: Enter # from Disadvantaged Background who are not URM: For each training program, enter the aggregate number of graduates from disadvantaged backgrounds who were NOT URM students in the textbox in Column 9 (Block 8).

Vote: Enter \"0\" if there were no individuals from disadvantaged backgrounds who participated in the training programs listed in this subform.

Note: Counts reported in Block 8 are a subset of counts reported in Block 7.

Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

Reference: Refer to the glossary for a definition of disadvantaged background and underrepresented minority.

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**To** Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

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## **DV-3:** Trainees from a Rural Background

### DV-3 - Entering Enrollees Count from Rural Residential Background

Warning: For the LR and DV forms, Enrollees and Graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

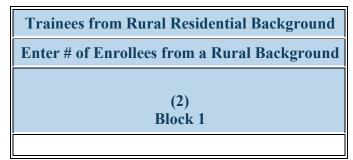


Figure 20. DV-3 - Entering Enrollees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background: For each training program, enter the aggregate number of enrollees from rural residential backgrounds in the textbox in Column 2 (Block 1).

*W* Note: Enter \"0\" if there were no individuals from a rural residential background who participated in the degree programs listed in this subform.

Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

Reference: Refer to the glossary for a definition of rural residential background.

### DV-3 - Entering Graduates Count from Rural Residential Background

Warning: For the LR and DV forms, Enrollees and graduates must be counted separately (i.e., graduates are NOT a subset of enrollees).

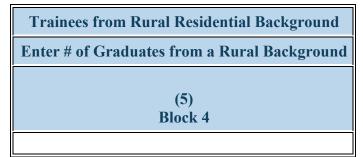


Figure 21. DV-3 - Entering Graduates Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Graduates from a Rural Background: For each training program, enter the aggregate number of graduates from rural residential backgrounds in the textbox in Column 5 (Block 4).

Note: Enter \"0\" if there were no individuals from a rural residential background who completed the training programs listed in this subform.

Reference: Refer to the glossary for a definition of rural residential background.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Health Resources and Services Administration Bureau of Health Workforce Individual Characteristics—INDGEN Subforms INDGEN - Introduction

Notice to Grantees about Individual-level Data:

• You must complete an INDGEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on INDGEN and were not marked as having graduated, completed or attrited from their training program by July 01, 2018 - June 30, 2019.

• For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual. All other fields must be updated on an annual basis until the individual graduates from, completes, or permanently leaves their training program.

The INDGEN subform will automatically calculate and display read-only columns labeled \"Academic Year Total\" and \"Cumulative BHW Financial Award Total.\"

Health Resources and Services Administration Bureau of Health Workforce Annual Performance Report Academic Year 2018-2019

1. The Academic Year Total will display the amount entered for a given academic year.

2. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BMPH system.

• Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.

Health Resources and Services Administration Bureau of Health Workforce Annual Performance Report Academic Year 2018-2019

*W*Note: To view data submitted in previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

## Health Resources and Services Administration Bureau of Health Workforce IND-GEN: Individual Characteristics IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click \"Yes\" to the initial setup question. Clicking \"Yes\" will activate the embedded Excel® form that will allow you to begin data entry.

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA- funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?	<b>Yes</b> (complete IND-GEN) <b>No</b> (click Save and Validate button to proceed to the next form)
---	--

Figure 22. IND-GEN - Setup

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?:

Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you likely have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.

Warning: Prior records cannot be deleted.

Type of Training Program	
(1)	

## Figure 23. IND-GEN - Selecting Type of Training Program

**Type of Training Program:** Select each individual's training program by clicking on the drop-down menu and choosing one of the available options.

Vert Section Way and the section of the section of

Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.



Figure 24. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox in Column 2 (Block 1)

Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide updates for each individual and one-year follow-up data for trainees.

*Note:* This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

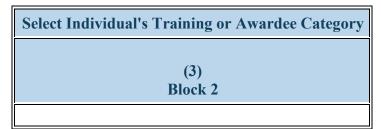


Figure 25. IND-GEN - Selecting Individual's Training or Awardee Category

## Select Individual's Training or Awardee Category:

Select each individual's training category by clicking on the drop-down menu in Column 3 and choosing the 'Faculty' option. If individuals receiving training or award(s) are preceptors, please make a note in the comment section indicating which INDGEN ID #s are preceptors.

• Faculty

*Vote: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.* 

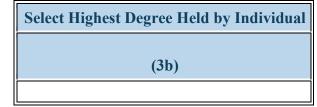


Figure 26. IND-GEN - Selecting Highest Degree Held by Individual

Select Highest Degree Held by Individual: Select the highest degree held by each individual by clicking the on the drop-down menu in Column 3b and selecting one of the following options:

- BS
- DMD
- MD
- MPAS
- PhD
- Master's Degree (not otherwise specified)

- BSN DDS
- DNP DO
- MHS MMSc
- MSN PharmD
- PsyD Doctoral Degree (not otherwise specified)

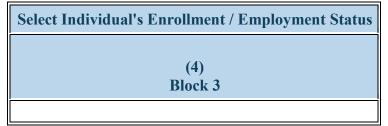


Figure 27. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's current enrollment or employment status by clicking on the dropdown menu in Column 4 (Block 3) and choosing one of the following options:

- Both Full-time and Part-time
- Full-time
- Part-time
- On leave of absence
- Inactive

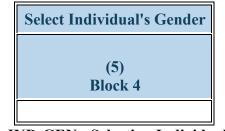


Figure 28. IND-GEN - Selecting Individual's Gender

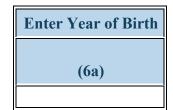
Select Individual's Gender: Select each individual's gender by clicking on the drop-down menu in Column 5 (Block 4) and choosing one of the following options:

- Female
- Male
- Not Reported

Warning: The 'Not Reported' option may not be selected for prior records.

Vote: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

## Health Resources and Services Administration Bureau of Health Workforce IND-GEN - Entering Year of Birth



## Figure 29. IND-GEN - Entering Year of Birth

Enter Year of Birth: Select each individual's year of birth in the dropdown menu under Column 6a.

•	1917	•	1918	•	1919
•	1920	•	1921	٠	1922
•	1923	•	1924	٠	1925
•	1926	•	1927	٠	1928
•	1929	•	1930	•	1931
•	1932	•	1933	•	1934
•	1935	•	1936	•	1937
•	1938	•	1939	٠	1940
•	1941	•	1942	•	1943
•	1944	•	1945	•	1946
•	1947	•	1948	•	1949
•	1950	•	1951	٠	1952
•	1953	•	1954	٠	1955
•	1956	•	1957	٠	1958
•	1959	•	1960	٠	1961
•	1962	•	1963	٠	1964
•	1965	•	1966	•	1967
•	1968	•	1969	•	1970
•	1971	•	1972	٠	1973
•	1974	•	1975	•	1976
•	1977	•	1978	٠	1979
•	1980	•	1981	٠	1982

Health Resources and Services Administration Bureau of Health Workforce

- 1983 1984 1985
- 1986 1987 1988
- 1989 1990 1991
- 1992 1993 1994
- 1995 1996 1997
- 1998 1999 2000
- 2001 2002 2003
- 2004 2005 2006
- 2007 2008 2009
- 2010 2011 2012
- 2013 2014 2015
- 2016 2017 Not Reported

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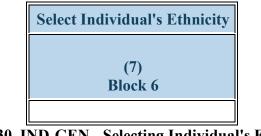


Figure 30. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (Block 6) and choosing one of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported

Warning: The 'Not Reported' option may not be selected for prior records.

*Vote: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.* 

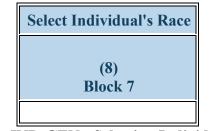


Figure 31. IND-GEN - Selecting Individual's Race

**Select Individual's Race:** Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following options. You may select more than one option for individuals of multiple races:

- American Indian or Alaska Native
  - laska NativeAsianNative Hawaiian or Other Pacific Islander
- Black or African-AmericanWhite
- Not Reported

Warning: You may not select \"Not Reported\" in combination with any other option.

Warning: The 'Not Reported' option may not be selected for prior records.

Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

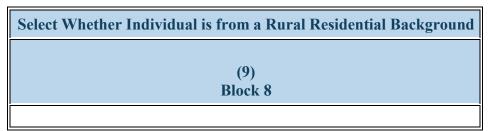


Figure 32. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background: Select whether each individual is from a rural residential background by clicking on the drop-down menu in Column 9 (Block 8) and choosing one of the following options:

- Yes
- No
- Not Reported

Warning: The 'Not Reported' option may not be selected for prior records.

Vote: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of rural setting.

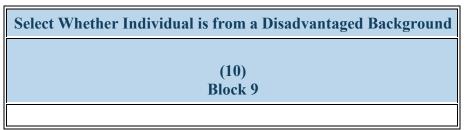


Figure 33. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background: Select whether each individual is from a disadvantaged background by clicking on the drop-down menu in Column 10 (Block 9) and choosing one of the following options:

- Yes
- No
- Not Reported

Warning: The 'Not Reported' option may not be selected for prior records.

*Vote: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.* 

*Reference: Refer to the glossary for a definition of disadvantaged background.* 

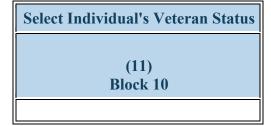


Figure 34. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options:

- Active Duty Military
- Individual is not a Veteran
- ReservistVeteran Retired
- Veteran Prior ServiceNot Reported

Warning: The 'Not Reported' option may not be selected for prior records.

Vote: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of the various types of veteran statuses.



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)	
	Stipend	
(12) Block 11	(13) Block 11	

## Figure 35. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each individual received a BHW-funded financial award during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

**Enter Individual's Financial Award Amount (BHW funds only): Stipend:** If the individual did receive a BHW-funded financial award, select "Yes" in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 12a.

If the individual did not receive a BHW-funded financial award, select "No" in Column 12 (Block 11) and enter "0" in the textbox in Column 12a.

Warning: All NEW records should be for individuals who did receive direct financial support (\"Yes\" for Column 12). The NO response should only be selected for prior records of trainees who did not receive support in the current reporting period.

Note: If an individual participated in more than one (1) program and received salary and benefits for each program, multiple entries on IND-

Health Resources and Services Administration Bureau of Health Workforce GEN are required to capture participation and funding amounts for each program separately. Annual Performance Report Academic Year 2018-2019

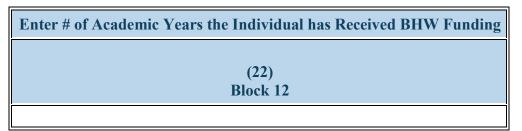


Figure 36. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

**Enter # of Academic Years the Individual has Received BHW Funding:** Select thecumulative number of academic years that each student has received a BHW-funded financial award by clicking on the drop-down menu under Column 22 and choosing one of the following options:

- 0 1
- 2 3
- 4 5 or more

*W* Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years should be reported.

 $\forall$  Note: If an individual has received money for  $\frac{1}{2}$  an academic year, please round up. For example, if a resident or dentist has received a financial award for 1  $\frac{1}{2}$  years, please enter 2.

*Note:* If an individual received a BHW-funded financial award for the first time during the annual reporting period, select \"1\" under Block 12.

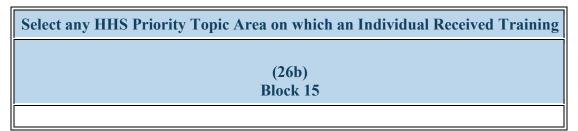


Figure 37. IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

Select any HHS Priority Topic Area on which an Individual Received Training: Use the dropdown menu in Column 26b to select all that apply from the list of topic areas on which the individual was trained.

- Individual participated on a health care team delivering integrated behavioral health services in primary care
- Individual received a SAMHSA waiver to prescribe medication assisted treatment (MAT)
- Individual received training in opioid use treatment
- Individual received training in telehealth

- Individual received training on integrated behavioral health in primary care
- Individual received training in medication assisted treatment (MAT) for SUD/OUD
- Individual received training in substance use treatment
- None of the above

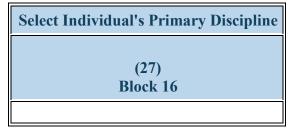


Figure 38. IND-GEN - Selecting Individual's Primary Discipline

**Select Individual's Primary Discipline:** Select individual's profession and discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing the available options.

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health Pastoral/Spiritual Care
- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Other
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine/Aerospace Medicine

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Prosthodontic Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Otolaryngology
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Family Medicine

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Public Health Dentistry
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Internal Medicine

Health Resources and Services Administration Bureau of Health Workforce

- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public health nurse
- Other Allied Health
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant
- Other Occupational Therapy
- Other Pharmacy
- Other Profession Not Listed
- Other Unknown
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention

- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery -Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Pediatrics
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Registered Nurse
- Other Chiropractor
- Other Facility Administrator
- Other Health Informatics/Health Information Technology
- Other Midwife (non nurse)
- Other Office/Support Staff
- Other Physical Therapy
- Other Respiratory Therapy
- Other Veterinary Medicine

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- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery Integrated
- Nursing Advanced Practice Nursing
- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing CNS Psychiatric/Mental health
- Nursing Community health nursing
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Other Community Health Worker
- Other First Responder/EMT
- Other Lay and Family Caregiver
- Other Nutritionist
- Other Optometry
- Other Podiatry
- Other Speech Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Infectious Disease Control

Health Resources and Services Administration Bureau of Health Workforce Annual Performance Report Academic Year 2018-2019

- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Social & Behavioral Sciences

Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

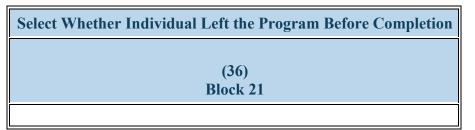
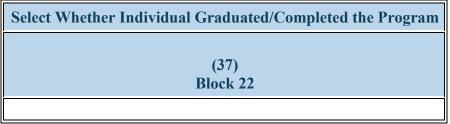


Figure 39. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual permanently left their training program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No



**Figure 40. IND-GEN - Entering Graduation/Completion Information** 

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed from their training program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

Bureau of Health Workforce

## **IND-GEN - Entering the % FTE Individual Spent in Different Roles**

⚠

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter the % FTE Individual Spent on the Following Roles				
Research Teaching		Administration	Clinical	
(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d	

Figure 41. IND-GEN - Entering the % FTE Individual Spent in Different Roles

Enter the % FTE Individual Spent on the Following Roles: Research: Enter the percentage of time each individual spent in 'Research' during the current reporting period in Column 40 (Block 24a).

Enter the % FTE Individual Spent on the Following Roles: Teaching: Enter the percentage of time each individual spent in 'Teaching' during the current reporting period in Column 41 (Block 24b).

Enter the % FTE Individual Spent on the Following Roles: Administration: Enter the percentage of time each individual spent in 'Administration' during the current reporting period in Column 42 (Block 24c).

Enter the % FTE Individual Spent on the Following Roles: Clinical: Enter the percentage of time each individual spent in 'Clinical' during the current reporting period in Column 43 (Block 24d).

Note: Percentages across Columns 40-43 must sum to 100%.

Enter # of Articles Published in Peer-Reviewed Journals
(44) Block 25

Figure 42. IND-GEN - Entering # of Articles Published

**Enter # of Articles Published in Peer-Reviewed Journals:** Enter the number of articles published by each individual in peer-reviewed journals during the current reporting period in the textbox under Column 44.

**To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.** 

#### Annual Performance Report Academic Year 2018-2019

# **Experiential Characteristics—EXP Subforms**

# **EXP** - Introduction

**1. Purpose:** The EXP subforms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.

- The EXP-1 Setup form captures information about the sites used by grantees to provide trainees with clinical or experiential training
- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form.

## 2. Order of Subforms:

- EXP subforms MUST be completed in order, otherwise drop-down menus will not prepopulate correctly.
- You must complete and 'Save and Validate' EXP-1 first before proceeding to EXP-2.

## 3. Pre-population of Prior Records (training sites) reported previously:

- The BPMH system will prepopulate saved information for each previously-used site (i.e., prior record) in the EXP-1 data table.
- You must indicate whether each previously-used site was used again during the current reporting period.

ڬ Warning: Complete the EXP-1 and EXP-2 subforms only for sites used to train individuals who appear on the LR-1 subform.

Health Resources and Services Administration Bureau of Health Workforce EXP-1: Training Site Setup

**EXP-1 - Entering Site Name** 

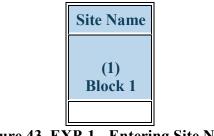


Figure 43. EXP-1 - Entering Site Name

#### Site Name:

Enter the name of any new sites used to train individuals during the current reporting period in the row labeled, "Enter the Site's Name." Next, click the "Add Record" button. New sites will be listed at the bottom of the data table, beneath all previously used sites (i.e., prior records). Repeat this process as necessary to enter the names of each NEW site used during the current reporting period.

Note: There is an option to delete both new and prior records on EXP-1. This option should only be used if the clinical sites will not be used in the future, or were erroneously entered. The delete option is not reversible (i.e. if the site was erroneously deleted, it will need to be re-entered again).

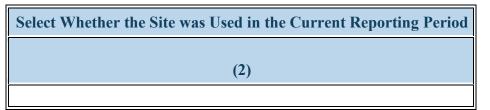


Figure 44. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period: Select whether each site was used during the reporting period by clicking on the drop-down menu in Column 2 and choosing one of the following options:

- Yes
- No

# **Warning:** For NEW sites, you must select \"Yes\" in Column 2.

Vote: If the clinical site was used in the current reporting period, then you must enter or update information for all subsequent columns in that row. If the clinical site was NOT used in the current reporting period, then the remaining columns are not required.

Note: If \"No\" is selected in Column 2, then the training site will not populate in the drop-down menus on the EXP-2 subform.

Health Resources and Services Administration Bureau of Health Workforce EXP-1 - Selecting Type of Site Used

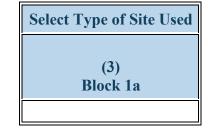


Figure 45. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of site used to train individuals during the current reporting period by clicking on the drop- down menu in Column 3 (Block 1a) and choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Critical Access Hospital
- Emergency Room
- FQHC or look alike
- Federal Government Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization

- Acute care services
- Community based organization
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government Department of Defense / Military
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)

Health Resources and Services Administration Bureau of Health Workforce Annual Performance Report Academic Year 2018-2019

Select	Type of Setting V	Where the Site was Loo	cated
(4) Block	2		
Dioth	-		

Figure 46. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train individuals during the current reporting period was located in a designated setting by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above

Warning: "None of the above" cannot be selected in combination with any other option.

*Vote:* To determine whether a site is located in a medically underserved community, please visit HRSA's Office of Shortage Designation at <u>http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx</u>

*Vote:* To determine whether a site is located in a rural area, please visit HRSA's Office of Rural Health Policy at <u>http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx</u>

Select Type(s) of Pa	artners/Consortia used to Offer Training at this Site
(5)	

Figure 47. EXP-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site: Select the type(s) of partnerships or consortia used or established for the purpose of training individuals at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

- Academic department outside the institution
- Day and home care programs (i.e. Home Health)
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Federally qualified health center or look alikes
- Health department State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)

- Academic department within the institution
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Educational institution (Grades K 12)
- Geriatric ambulatory care and comprehensive units
- Federal Government ACL
- Federal Government CDC
- Extended care facilities
- Hospice
- Federal Government SAMHSA
- Nursing home
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department Tribal
- Health policy center
- Nurse Managed Health Clinics

- Community Health Center (CHC)
- Alzheimer's Disease Resource Centers
- Community based health center (e.g.; free clinic)
- Federal Government Veterans Affairs
- Federal Government Other HRSA Program
- Geriatric consultation services
- Federal Government FDA
- Federal Government NIH
- Federal Government Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Government
- Health department Local
- Health disparities research center

Health Resources and Services Administration Bureau of Health Workforce

- Nonprofit organization (non faith based)
- Rural Health Clinic

• No partners/consortia used

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- Nonprofit organization (faith based)
- Private/For profit organization

A Warning: You may not select \"No partners/consortia used\" in combination with any other option.

Select Type(s) of Vulnerable Population Served at this Site
(7)

Figure 48. EXP-1 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site used to train individuals during the reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

- Adolescents
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Undocumented Immigrants
- Veterans
- None of the above

- Children
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Unemployed
- Victims of abuse or trauma

- Chronically ill
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Uninsured/Underinsured persons/families
- Tribal Population

**Warning:** You may not select \"None of the above\" in combination with any other option.

Enter Zip Code	City	State	Four Digit Zip Code Extension
(8)	(9)	(10)	(11)

Figure 49. EXP-1 - Entering Site's geographical Data

State:

City:

Zip Code: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.

Four Digit Zip Code Extension: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.

*Note:* Four-digit zip code extension information can accessed at <u>https://tools.usps.com/go/ZipLookupAction\_input</u>. Do not enter invalid responses or placeholder entries. If you need assistance when entering the address information for your training sites, contact your Government Project Officer for guidance. Upon saving and validating the EXP-1 form, the city and state information will auto-populate.

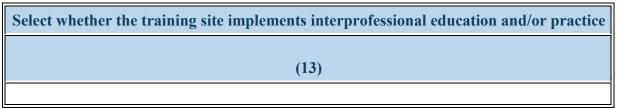


Figure 50. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

Select whether the training site implements interprofessional education and/or practice: Select whether the training site implements interprofessional education and/or practice

- Yes
- No

# Select any HHS Priorities Addressed at this Site (14)

Figure 51. EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site: Using the dropdown menu in Column 14, select all that apply from the list of HHS priorities that were addressed at this site.

- This site offers integrated behavioral health services in a primary care setting
- This site offers opioid use treatment services
- This site offers telehealth services

- This site offers medication assisted treatment (MAT) for OUD
- This site offers substance use treatment services
- None of the above

**W** To Complete the Form: Click on the \"Save and Validate\" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **EXP-2:** Experiential Characteristics - Trainees by Profession/Discipline

**EXP-2 - Selecting Training Program and Site Name** 

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Site Name
(1)	(2) Block 1

Figure 52. EXP-2 - Selecting Training Program and Site Name

**Type of Training Program:** To begin completing the EXP-2 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

Site Name: Next, select a clinical site name by clicking on the drop-down menu under Column 2 and choosing one of the available options.

Vote: The options available under \"Type of Training Program\" will prepopulate with information entered and saved in the Training Program Setup Form.

Vote: The options available under Column 2 will prepopulate with information entered and saved in the EXP-1 subform.

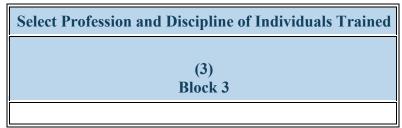


Figure 53. EXP-2 - Selecting Profession and Discipline of Individuals Trained

**Select Profession and Discipline of Individuals Trained:** Select the profession/discipline of individuals trained for each training program/site combination by clicking on the drop-down menu in Column 3. Be sure to select the disciplines of your principal trainees as well as any "other interprofessional" trainees who participated in team-based care at the clinical site. Repeat as necessary to identify all profession/discipline of all individuals trained at each site.

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health -Pastoral/Spiritual Care
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology Social Work or Substance Abuse/Addictions Counseling
- Behavioral Health Psychology
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Home Health Aide
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Other

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work Substance Abuse/Addictions Counseling
- Student Diploma/Certificate
- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Student Physician Assistant
- Medicine Otolaryngology

- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Orthopaedic Surgery
- Medicine Pathology -Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing CNS -Psychiatric/Mental health
- Nursing Community health nursing
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Other Chiropractor
- Other Facility Administrator

- Medicine Pediatrics
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery Integrated
- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public health nurse
- Other Allied Health
- Other Community Health Worker
- Other First Responder/EMT
- Other Lay and Family Caregiver
- Other Midwife
- Other Occupational Therapy
- Other Other
- Other Podiatry
- Other Recreational Therapy
- Other Respiratory Therapy
- Other Unknown
- Public Health Biostatistics
- Public Health Epidemiology

- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Pediatrics
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Registered Nurse
- Other Audiology
- Other Direct Service Worker
- Other Health Education Specialist
- Other Medical Assistant
- Other Midwife (non-nurse)
- Other Office/Support Staff
- Other Pharmacy

- Other Health Informatics/Health Information Technology
- Other Medical Laboratory Technology
- Other Nutritionist
- Other Optometry
- Other Physical Therapy
- Other Radiologic technology
- Other Research
- Other Speech Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Health Policy & Management
- Public Health Nutrition
- Student Nursing Nurse midwife
- Student Certified Nursing Assistant
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental Assistant
- Student Dietician
- Student Graduate Behavioral Health
- Student Graduate Nursing Doctorate
- Student Graduate Other Behavioral Health
- Student Graduate Radiological Assistant
- Student Home Health Aide

- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences
- Student Nursing Registered nurse (RN)
- Student Chiropractic School
- Student CNS Family
- Student CNS Pediatrics
- Student CNS Women's health and pediatrics
- Student Dental Hygiene
- Student EMT
- Student Graduate Clinical Laboratory Services
- Student Graduate Nursing Masters
- Student Graduate Psychology
- Student Graduate Social Work
- Student Law School
- Student Medical School
- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Nurse Anesthetist
- Student Nurse Researchers/Scientists
- Student Nursing Pre-licensure
- Student Optometry
- Student PhD Leadership
- Student Population Health
- Student Public Health Nurse
- Student Rehabilitation Therapy
- Student Undergraduate Clinical Laboratory Services

- Other Profession Not Listed
- Other Registered Dietician
- Other Speech Pathology
- Other Veterinary Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Health Administration
- Public Health Injury Control & Prevention
- Student Nursing Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Alternative/Complementary Nursing
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Community Health Nursing
- Student Dental School
- Student Graduate Allied Health
- Student Graduate Nursing
- Student Graduate Other
- Student Graduate Public Health
- Student Health Informatics
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Midwife
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Student NP Women's health
- Student Nurse Educator
- Student Nursing Assistant

- Student Medical Assistant
- Student Midwife (non nurse)
- Student NP Adult
- Student NP Child/Adolescent Psychiatric/Mental Health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Nurse Administrator
- Student Nurse Midwife
- Student Nursing Informatics
- Student Occupational Therapy
- Student Pharmacy School
- Student Podiatry School
- Student Public Health
- Student Registered Nurse BSN
- Student Undergraduate Allied Health
- Student Undergraduate Public Health

• Student - Undergraduate - Radiological Assistant

- Student Nutrition
- Student Pharmacy
- Student Physical Therapy
- Student Post high school / Pre college
- Student Registered nurse (RN)
- Student Speech Therapy
- Student Undergraduate Other
- Student Undergraduate Radiological Technician

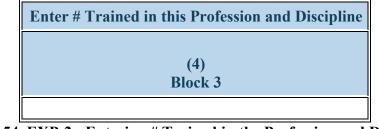


Figure 54. EXP-2 - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** Enter # Trained in this Profession and Discipline: For each row, enter the number of "Principal" trainees in the profession/discipline listed.

 $\frac{1}{2}$  Note: Counts provided in the textbox under Column 4 should be based on individuals reported on LR-1.

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based car
(5)
Block 8

Figure 55. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: For each row, enter the number of all "Other Interprofessional" trainees in each profession/discipline listed.

Note: Do not count faculty, practicing professionals, or support staff.

Note: Counts provided should be based on individuals NOT reported on LR-1.

Health Resources and Services Administration Bureau of Health Workforce EXP-2 - Selecting Type of Site Used

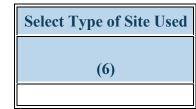


Figure 56. EXP-2 - Selecting Type of Site Used

Select Type of Site Used: Following the selection of a training site in EXP-1, the associated type of site will be automatically populated when the save and validate button is selected.

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Dentist Office
- Federal Government Office or Agency
- Hospice
- International nonprofit/nongovernmental organization
- Long term Care Facility
- National health association
- Nursing Home
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- State Health Department
- Tribal Health Department

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Critical Access Hospital
- Emergency Room
- FQHC or look alike
- Federal Government Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other
- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization

- Acute care services
- Community based organization
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- Federal Government Department of Defense / Military
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- School based clinic
- Residential Living Facility
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)

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Warning: Site types are linked to the name of training sites in EXP-1. To change the associated site type with a particular site name, return to EXP-1.

Select Type of Setting Where the Site was Located
(1)

Figure 57. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above

Warning: Site settings are linked to the name of training sites in EXP-1. To change the associated site settings with a particular site name, return to EXP-1.

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

**To** Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **Course Development and Enhancement—CDE Subforms**

### **CDE - Introduction**

**Purpose of CDE forms:** The CDE forms are used to collect information about curriculum development and enhancement activities, including development status, delivery mode, course topic, etc. for courses offered during the current reporting period.

•

CDE-1: Collects information about newly developed or enhanced courses offered during the current reporting period.

•

CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).

#### **Order of Forms**:

•

The CDE forms MUST be completed in order, otherwise drop-down menus will not populate correctly.

•

You must complete and click 'Save and Validate' in CDE-1 before proceeding to CDE-2.

Health Resources and Services Administration Bureau of Health Workforce **Pre-population of Prior Records:**  Annual Performance Report Academic Year 2018-2019

The BPMH system will prepopulate saved information for each previously offered courses (i.e. "Prior Records") in the CDE-1 data table.

For "Prior Records" you must indicate whether the course was offered during the current reporting period.

**Creation of New Records:** 

٠

•

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The BPMH system will allow you to enter information for newly offered courses or training activities (i.e., "New Record") in the CDE-1 data table. "New Records" will populate below all "Prior Records"

For "New Records" you must indicate whether the course was offered during the current reporting period.

Detailed guidance on how to make the correct selections for the CDE forms can be found below.

# Health Resources and Services Administration Annual Performance Report Bureau of Health Workforce Academic Year 2018-2019 CDE-1: Course Development and Enhancement - Course Information CDE-1 - Setup

To begin providing data about courses and other training activities that have been developed or enhanced through the grant or to provide updates on previously reported activities, click \"Yes\" to the initial setup question. Clicking \"Yes\" will activate the embedded Excel® form that will allow you to begin data entry.

Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant?	Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)	
Figure 58. CDE-1 - Setup		

Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant?:

Health Resources and Services Administration Bureau of Health Workforce **CDE-1 - Entering the Name of Course/Training Activity** 

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Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Name of Course or Training Activity
(1)
(1) Block 1

Figure 59. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

Enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period. All previously reported courses will be saved in the data table from your past performance reports and labeled as "Prior Records." To report on a NEW course, enter the course name in the "Add Course" box at the top of your screen. Click 'Add Record' after each entry and the new courses will appear at the bottom of the data table below, in column 1. Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.

Complete the CDE-1 Setup form only if grant funds were used to develop or enhance NEW courses or training activities other than those previously reported.

### **CDE-1 - Selecting Type of Course or Training Activity**

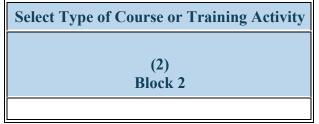


Figure 60. CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity: Select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Column 2 (Block 2) and choosing one of the following options:

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds

Select whether Course or Training Activity was Newly Developed or En	hanced
(3)	
(3) Block 3	

Figure 61. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: Select whether each course or training activity identified under Block 1 was newly developed or was enhanced by clicking on the drop-down menu under Column 3 and choosing one of the following options:

- Enhanced
- Newly developed

Vote: Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.

*Note:* Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.

**Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

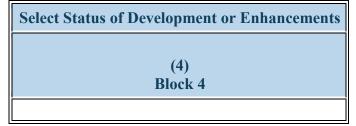


Figure 62. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: Select each course or training activity's current status by clicking on the drop-down menu under Column 4 and choosing one of the following options:

- Developed not yet implemented
- Implemented
- Under development

Select Delivery Mode Used to Offer this Course or Training Activity
(8) Block 6

Figure 63. CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Block 6 and choosing one of the following options:

- Classroom-based Distance learning (Online Webinar)
- Clinical Rotation
   Experiential/Field-based
- Hybrid
- Simulation-based Training

 $\stackrel{\scriptstyle{\sqcup}}{=}$  Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

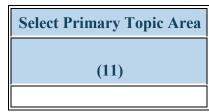


Figure 64. CDE-1 - Selecting Primary Topic Area

Select Primary Topic Area: elect the primary topic area for each course or training activity that was developed or enhanced by clicking on the dropdown menu under Column 11 and choosing one of the following options:

- Behavioral Health Primary Care Integration
- Behavioral Health Suicide
- Chronic Disease -Alzheimer/Dementia
- Clinical Training Community-Based Collaboration
- Clinical Training Healthcare delivery systems
- Clinical Training Public Health
- Clinical Training Skills -Communications Skills
- Clinical Training Technology Other
- Infectious Disease HIV/AIDS
- Population Maternal Child Health
- Population Veterans Health
- Setting Medically-Underserved Communities
- Setting Other

- Behavioral Health Substance Abuse General
- Behavioral Health Treatment
- Chronic Disease Management
- Clinical Training Cultural Competency/Health Disparities
- Clinical Training Interprofessional education/team-based training
- Clinical Training Quality Improvement/Patient Safety
- Clinical Training Skills Leadership and Management
- Clinical Training Telehealth
- Infectious Disease Other
- Population Minority Health
- Population Womens Health
- Setting Primary Care
- Other-Topic Not Listed

- Behavioral Health Substance Abuse Opioids
- Behavioral Health Other
- Chronic Disease Other
- Clinical Training Evidence-based Practice
- Clinical Training Oral Health
- Clinical Training Research
- Clinical Training Technology -Simulation-based training
- Clinical Training Unspecified
- Population Geriatric Health
- Population Rural Health
- Population Other
- Setting Rural

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*Note: Clinical Training-Public health incorporates the following topic areas: health promotion and disease prevention, health policy/advocacy, emergency preparedness and response, environmental health, nutrition, epidemiology, and data collection and analysis. Clinical Training - Technology - Other incorporates the following topic areas: telemedicine, informatics, and electronic medical records.* 

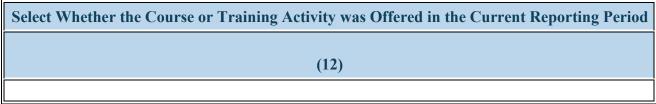


Figure 65. CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

### Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

Select whether the course or training activity that was developed or enhanced was offered, re-offered or not offered in the current reporting period by clicking on the drop-down menu under Column 12 and selecting one of the following options:

- Offered
- Not Offered
- Re-offered

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

## **CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline** CDE-2 - Adding Courses and Profession/Disciplines

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Warning: CDE-1 form must be completed and validated prior to beginning the CDE-2 form.

Name of Course or Training Activity	Profession and Discipline of Individuals Trained
(1) Block 1	(2) Block 7

Figure 66. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: To begin completing the CDE-2 subform for academic courses or workshops for health professions students offered during the annual reporting period, select the name of a course by clicking on the drop-down menu next to "Name of Course or Training Activity" and choosing one of the available options.

**Profession and Discipline of Individuals Trained:** 1. Select the profession(s) and discipline(s) of individuals trained through each course or workshop offered during the reporting period by choosing all that apply from the options listed below.

2. Click on the "Add Record" button to save your entry.

3. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity implemented during the reporting period.

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health Pastoral/Spiritual Care
- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Dentistry Dental Assistant
- Dentistry General Dentistry

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry

- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Otolaryngology
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery -Integrated
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Pediatrics
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Researcher/Scientist
- Other Community Health Worker
- Other First Responder/EMT

- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Family Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Public health nurse
- Other Audiology
- Other Direct Service Worker
- Other Health Education Specialist
- Other Lay and Family Caregiver

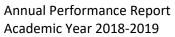
- Dentistry Prosthodontic Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Integrative Medicine
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Other
- Medicine Pediatrics
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Internal Medicine
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery Integrated
- Nursing NP Acute care adult gerontology
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Registered Nurse
- Other Chiropractor
- Other Facility Administrator
- Nursing CNS Generalist
- Other Medical Assistant
- Other Nutritionist
- Other Pharmacy
- Other Respiratory Therapy
- Other Allied Health
- Other Speech Therapy
- Public Health Disease Prevention & Health Promotion

- Other Health Informatics/Health Information Technology
- Other Midwife
- Other Office/Support Staff
- Other Podiatry
- Other Unknown
- Other Occupational Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Student Certified Nursing Assistant
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene
- Student Graduate Nursing Doctorate
- Student Graduate Other Behavioral Health
- Student Graduate Social Work
- Other Education Assessment and Evaluation Specialists
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Other Perfusion Technology
- Student Nurse Midwife

- Other Midwife (non nurse)
- Other Optometry
- Other Profession Not Listed
- Other Veterinary Medicine
- Other Physical Therapy
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention
- Student Chiropractic School
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Masters
- Student Graduate Psychology
- Student Home Health Aide
- Student Medical School
- Other Health Systems Management
- Student NP Child/Adolescent Psychiatric/Mental Health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student NP Women's health
- Student Occupational Therapy
- Student Registered Nurse BSN
- Student Podiatry School
- Student Pharmacy

- Public Health Health Policy & Management
- Public Health Social & Behavioral Sciences
- Student Alternative/Complementary Nursing
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other
- Student Graduate Public Health
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Nurse Anesthetist
- Student Physician Assistant
- Student Undergraduate Other
- Student CNL

- Student Post high school / Pre college
- Student Undergraduate Public Health
- Student Industrial Engineering



Note: Only the names of courses/training activities that were marked as \"Implemented\" in the CDE-1 subform (for new records) will appear as options in the drop-down menu.

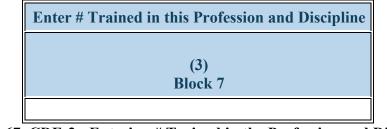


Figure 67. CDE-2 - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** For each row, enter the number of trainees from that profession and discipline in the textbox under Column 3 (Block 7). Repeat this step as many times as necessary to capture the total number of individuals who were trained in each course or workshop offered during the current reporting period.

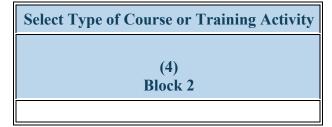


Figure 68. CDE-2 - Selecting Type of Course or Training Activity

**Select Type of Course or Training Activity:** Following the selection of the Type of Course or Training Activity in CDE-1, the Type of Course or Training Activity will be automatically populated when the save and validate button is selected.

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds

Select whether Course or Training Activity was Newly Developed or Enhanced
(5) Block 3

Figure 69. CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: Following the selection of whether the Course or Training Activity was Newly Developed or Enhanced in CDE-1, the Newly Developed or Enhanced course or Training Activity will be automatically populated when the save and validate button is selected.

- Enhanced
- Newly developed

Vote: Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.

*Vote:* Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.

Select Delivery Mode Used to Offer this Course or Training Activity
(7) Block 6

### Figure 70. CDE-2 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: Following the selection of a training site in CDE-1, the delivery mode will be automatically populated when the save and validate button is selected.

- Classroom-based Distance learning (Online Webinar)
- Clinical Rotation
   Experiential/Field-based
- Hybrid Simula
- Simulation-based Training

*Wote:* This Block will prepopulate for prior records with data submitted in the previous reporting period.

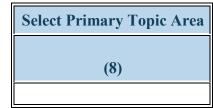


Figure 71. CDE-2 - Selecting Primary Topic Area

Select Primary Topic Area: Following the selection of the Primary Topic Area in CDE-1, the Primary Topic Area will be automatically populated when the save and validate button is selected.

- Behavioral Health Primary Care Integration
- Behavioral Health Suicide
- Chronic Disease -Alzheimer/Dementia
- Clinical Training Community-Based Collaboration
- Clinical Training Healthcare delivery systems
- Clinical Training Public Health
- Clinical Training Skills -Communications Skills
- Clinical Training Technology Other
- Infectious Disease HIV/AIDS
- Population Maternal Child Health
- Population Veterans Health
- Setting Medically-Underserved Communities
- Setting Other

- Behavioral Health Substance Abuse General
- Behavioral Health Treatment
- Chronic Disease Management
- Clinical Training Cultural Competency/Health Disparities
- Clinical Training Interprofessional education/team-based training
- Clinical Training Quality Improvement/Patient Safety
- Clinical Training Skills Leadership and Management
- Clinical Training Telehealth
- Infectious Disease Other
- Population Minority Health
- Population Womens Health
- Setting Primary Care
- Other-Topic Not Listed

- Behavioral Health Substance Abuse Opioids
- Behavioral Health Other
- Chronic Disease Other
- Clinical Training Evidence-based Practice
- Clinical Training Oral Health
- Clinical Training Research
- Clinical Training Technology -Simulation-based training
- Clinical Training Unspecified
- Population Geriatric Health
- Population Rural Health
- Population Other
- Setting Rural

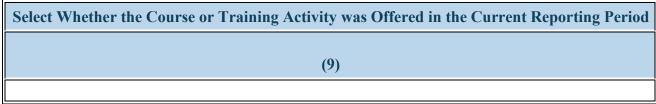


Figure 72. CDE-2 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: Following the selection of the Course or Training Activity Offered in the Current Reporting Period in CDE-1, the Course or Training Activity offered in the Current Reporting Period will be automatically populated when the save and validate button is selected.

- Offered
- Not Offered
- Re-offered

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Purpose: The FD-1 subforms collect information about the characteristics and the trainees of structured faculty development programs. Purpose: The FD-2 subforms collect information about the characteristics and the trainees of faculty development activities. Purpose: The FD-4 subforms collect information about the characteristics of faculty-instructed courses.

Warning: The FD-1a and FD-1b subforms will only appear if \"Structured Faculty Development Training Program\" was selected in the Faculty Development Setup Form.

Warning: The FD-2a and FD-1b subforms will only appear if \"Faculty Development Training Activity\" was selected in the Faculty Development Setup form.

Warning: The FD-4a and FD-4b subforms will only appear if \"Faculty Instruction\" was selected in the Faculty Development Setup form.

### FD-1a: Faculty Development - Structured Faculty Development Training Programs

**FD-1a - Adding Structured Faculty Development Programs** 

Warning: The FD-1a and FD-1b subforms will only appear if \"Structured Faculty Development Training Program\" was selected in the Faculty Development Setup form.

🚯 Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

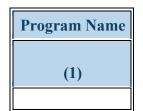


Figure 73. FD-1a - Adding Structured Faculty Development Programs

**Program Name:** Program Name:

1. Enter the name of each new structured faculty development program coordinated and/or supported through the grant during the current reporting period.

2. Select "Add Record."

3. Repeat this process as necessary to enter each new structured faculty development program that was coordinate and/or supported through the grant during the current reporting period.

Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported. You do not need to reenter information about structured faculty development programs previously reported. To provide updates for these programs, skip to the instructions for the next step.

Warning: If a previously-completed program (prior record) is being offered again with a new cohort, it will need to be re-created as a new record.

*Example:* The John Doe School of Nursing used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the

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costs of training an additional seven (7) faculty members.	

Since each faculty development program supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-1a and FD-1b subforms for each of these programs.

Select Program Status in the Current Reporting Period
(1a)
()

Figure 74. FD-1a - Selecting Program Status

Select Program Status in the Current Reporting Period: Select Program Status in the Current Reporting Period: Select the status of each structured faculty development program at the end of the current reporting period by clicking on the drop-down menu under Block 1a and choosing one of the following options:

- Complete
- Ongoing

Wote: Select \"Ongoing\" if the training program did not conclude by the end of the current reporting period.

Note: Select \"Complete\" if the training program concluded at some point during the reporting period.

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### FD-1a - Entering Program Information for Degree/Non-Degree Programs

<u>/!</u>

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Whether this was a Degree	For Degree-bearing Programs		For Non-Degree Bearing Program, Enter Length of
Bearing Program	Select Type of Degree Offered	Select Primary Focus Area	Training Program in Clock Hours
(2) Block 2	(3) Block 2a	(4) Block 2b	(5) Block 3

#### Figure 75. FD-1a - Entering Program Information for Degree/Non-Degree Programs

Select Whether this was a Degree Bearing Program: Select whether each structured faculty development program that was supported through the grant during the current reporting period culminates in awarding participants with a professional certificate or academic degree by clicking on the drop-down menu and choosing one of the following options:

- Yes
- No

For Degree-bearing Programs: Select Type of Degree Offered: 1. If you selected "Yes" in Column 2 (Block 2), select the type of degree that participants will earn when completing each program by clicking on the drop-down menu in Column 3 (Block 2a) and choosing one of the options below.

• Diploma

2. If you selected "No" in Column 2 (Block 2), select "N/A" in Column 3 (Block 2a).

- BA
- BS
- BSW
- DDS/MPH

- BCHS • BPH
- Certificate • BSN • DDS
- DC
- DDS/MSPH

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- DMD
- DNAP
- DO
- DO/MSPH
- DrPH
- Joint Degrees not otherwise specified
- MBA
- MD/DrPH
- MD/PhD
- MHA
- MMS/DrPH •
- MMS/ScD
- MPAS
- MPAS/MSPH
- MS
- MSHS
- MSN/MHA
- MSPH
- No Degree Earned
- PhD
- N/A

- DMD/MPH
- DNP
- DO/DrPH • DO/ScD
- DVM
- MA
- MCHS
- MD/MPH
- MD/ScD
- MHS
- MMS/MPH
- MN
- MPAS/DrPH • MPAS/MPH
- MPAS/ScD
- MS-CTS
- MSN
- MSSW
- PharmD • PsyD
- Post-Masters Certificate

• MSW

• ScD

For Degree-bearing Programs: Select Primary Focus Area: For Degree-bearing Programs: Select Primary Focus Area:

1. If you selected "No" in Column 2 (Block 2), select "N/A" in Column 4 (Block 2b).

2. If you selected "Yes" in Column 2 (Block 2), select the primary focus area of the degree-bearing structured faculty development program by clicking on the drop-down menu in Column 4 (Block 2b) and choosing one of the options below.

- Nursing Clinical Research
- Nursing CNS Geropsychiatric
- Nursing CNS Psychiatric/Mental health
- Nursing Leadership

- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing Education
- Nursing NP Acute care pediatric

- Annual Performance Report Academic Year 2018-2019
- DO/MPH • Doctoral Degree Not Otherwise Specified
- EdD
  - Master's Degree Not Otherwise Specified
  - MD
  - MD/MSPH

• DMD/MSPH

• DNSc

- MEd
  - MMS
- MMS/MSPH
  - MPAP
- MPH
- MSCR
- MSN/MBA
- MSPAS • MSN/MPH

Advanced Nursing Education

- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Other advanced nurse specialty
- Nursing Nurse Administrator
- Nursing Nurse Midwife
- Nursing Public Health Nurse
- N/A

- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing NP Pediatrics
- Nursing Nurse Anesthetist
- Nursing Nurse Researchers/Scientists
- Other Midwife

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- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing NP Women's health
- Nursing Nurse Educator
- Nursing Nursing Informatics
- Other Focus Area

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: For Non-Degree-Bearing Program, Enter Length of Training Program in Clock Hours:

1. If you selected "Yes" in Column 2 (Block 2), enter a zero ("0") in Column 5 (Block 3).

2. If you selected "No" in Column 2 (Block 2), enter the length of each non-degree bearing structured faculty development program in clock hours in the textbox in Column 5 (Block 3).

### FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter the % of Time Spent Developing Competencies for the Following Roles			
Clinician	Administrator	Educator	Researcher
(6) Block 5	(7) Block 5	(8) Block 5	(9) Block 5

Figure 76. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Enter the % of Time Spent Developing Competencies for the Following Roles: Clinician: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Clinician' in Column 6.

Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Administrator' role in Column 7.

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Educator' role in Column 8.

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Researcher' role in Column 9.

*Wote: Percentages of time spent across the four roles must sum up to 100%.* 

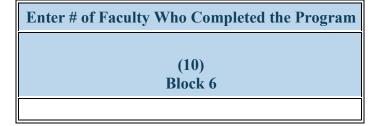


Figure 77. FD-1a - Entering # of Faculty Who Completed the Program

**Enter # of Faculty Who Completed the Program:** Enter # of Faculty Who Completed the Program:

If you marked a program as "Complete" in Column 1a, enter the number of faculty who completed each faculty development program during the current reporting period in the textbox in Column 10 (Block 6).

If you selected "Ongoing" in Column 1a, enter a zero ("0") in the textbox in Column 10 (Block 6).

Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program
(11) Block 7

Figure 78. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program: Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program: Select whether any faculty who participated in a structured faculty development program and received any type of BHW-funded financial award during the current reporting period by clicking on the drop-down menu in Column 11 (Block 7) and choosing from the following options:

- Yes
- No

Warning: You must complete an INDGEN subform for each faculty who received a BHW-funded financial award during the current reporting period for participating in a structured faculty development program.

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

FD-1b - Adding Profession and Discipline for Structured Programs

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Program Name	Profession and Discipline of Faculty Trained	
(1)	(2) Block 4	

Figure 79. FD-1b - Adding Profession and Discipline for Structured Programs

**Program Name:** Select a program name by clicking on the drop-down menu next to "Program Name" and choosing one of the available options (available options will be those entered and saved in the FD-1a subform).

**Profession and Discipline of Faculty Trained:** 1. Select the profession(s)/discipline(s) of all faculty members who participated in each structured faculty development program during the current reporting period by choosing all that apply from the options below.

2. Select "Add Record."

3. Repeat this process to capture the profession/discipline of all faculty members who participated in each structured faculty development program during the current reporting period.

- Behavioral Health Clinical Social Work
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medicine Emergency Medicine
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Integrative Medicine

- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Nursing CNS Psychiatric/Mental health
- Medicine General Preventive Medicine

- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine

- Other Community Health Worker
- Other Direct Service Worker
- Medicine Medical Genetics
- Other Occupational Therapy
- Other Pharmacy
- Medicine Obstetrics and Gynecology
- Physician Assistant
- Medicine Physical Medicine and Rehabilitation
- Public Health Biostatistics
- Medicine Preventive Medicine/Public Health
- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences
- Nursing CNL Generalist
- Nursing CNS Family
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Nursing NP Acute care adult gerontology
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Aerospace Medicine
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse anesthetist
- Medicine Thoracic Surgery
- Medicine Urology
- Nursing Aggregate/Systems/Organizational
- Other Allied Health
- Nursing CNS Neonatal
- Other Health Informatics/Health Information Technology

- Nursing NP Family
- Medicine Other
- Medicine Internal Medicine/Family Medicine
- Medicine Psychiatry
- Medicine Allergy and Immunology
- Other Office/Support Staff
- Medicine Colon and Rectal Surgery
- Medicine Dermatology
- Public Health Health Policy & Management
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Public Health Environmental Health
- Public Health Injury Control & Prevention
- Medicine Neurological Surgery
- Medicine Nuclear Medicine
- Nursing CNS Geropsychiatric
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Medicine Preventive Medicine/Pediatrics
- Nursing Nurse administrator
- Nursing Nurse educator
- Nursing Nurse informaticist
- Medicine Vascular Surgery -Integrated

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- Nursing Registered Nurse
- Medicine Preventive Medicine
- Other Health Education Specialist
- Nursing Other
- Medicine Anesthesiology
- Other Physical Therapy
- Medicine Occupational Medicine
- Public Health Other
- Medicine Preventive Medicine/Internal Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Epidemiology
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Nursing CNS Adult gerontology
- Medicine Ophthalmology
- Medicine Otolaryngology
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Medicine Plastic Surgery
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Medicine Radiation Oncology
- Medicine Radiology Diagnostic
- Medicine Surgery General
- Medicine Thoracic Surgery Integrated
- Nursing Advanced Practice Nursing
- Nursing Alternative/Complementary Nursing
- Other Facility Administrator

- Nursing Community health nursing
- Other Podiatry
- Nursing NP Neonatal
- Nursing Other (e.g. CNA PCA)
- Other Midwife (non nurse)

- Nursing Researcher/Scientist
- Other Chiropractor
- Other First Responder/EMT
- Other Medical Assistant
- Other Optometry
- Other Respiratory Therapy
- Nursing NP Pediatrics
- Nursing Public health nurse
- Other Nutritionist

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- Nursing CNS Pediatrics
- Nursing CNS Women's health and pediatrics
- Nursing NP Acute care pediatric
- Other Speech Therapy
- Nursing Nurse midwife
- Other Lay and Family Caregiver
- Other Veterinary Medicine

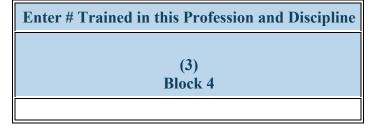


Figure 80. FD-1b - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** Enter # Trained in this Profession and Discipline:

For each structured faculty development program, enter the number of faculty in each profession/discipline who participated in the program during the current reporting period in the textbox in Column 3 (Block 4).

Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each structured faculty development program during the current reporting period.

## T

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

### **FD-2a: Faculty Development - Faculty Development Activities**

FD-2a - Entering Faculty Development Activities

Warning: The FD-2a and FD-2b subforms will only appear if \"Faculty Development Activities\" was selected in the Faculty Development Setup form.

🚯 Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

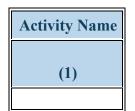


Figure 81. FD-2a - Entering Faculty Development Activities

Activity Name: Enter the name of each new faculty development activity coordinated and/or supported through the grant during the current reporting period in Column 1 (Block 1).

Select "Add Record."

Repeat this process as necessary to enter each new faculty development activity that was coordinated and/or supported through the grant during the current reporting period.

## Warning: If a previously-completed faculty development activity (prior record) is being offered again with a new cohort, it will need to be recreated as a new record.

*Example:* The John Doe School of Nursing used BHW funds to pay for the cost of sending five (5) faculty members to the annual Academy Health conference. In addition, the school also used BHW funds to pay for the cost of sending two (2) faculty members to a local workshop on the integration of behavioral health and primary care. Since each faculty development activity supported through the grant must be reported separately, the John Doe School of Nursing would have 2

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 entries—one entry for the Academy Health Annual Conference and one for the Integration of Behavioral Health and Primary care workshop (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-2a and FD-2b subforms for each of these activities.

### FD-2a - Selecting Type of Faculty Development Activity Offered

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Type of Faculty	For Courses or Workshops	
Development Activity Offered	Select Whether Activity is Accredited for Continuing Education Credit	Select Whether Attendance was to Acquire or Maintain Professional Certification
(2) Block 8	(3) Block 8a	(4) Block 8b

Figure 82. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: Select the type of faculty development activity supported and/or coordinated through the grant during the current reporting period by clicking on the drop-down menu under Column 2 (Block 8) and choosing one of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Professional Conference
- Training/Workshop for Continuing Education

**For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit:** 1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select N/A for Column 3 (Block 8a). 2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under Column 3 (Block 8a) and choosing one of the following options:

- Yes
- No

• N/A

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For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification: 1. For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8), Select N/A for Column 4 (Block 8b).

2. For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8), select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Column 4 (Block 8b) and choosing one of the following options:

- Yes
- No
- N/A



Figure 83. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the duration (in clock hours) of each faculty development activity in the textbox in Column 5 (Block 9).

*Note:* For activities less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as 15/60 = .25.

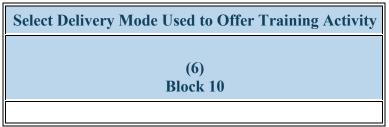


Figure 84. FD-2a - Selecting Delivery Mode

**Select Delivery Mode Used to Offer Training Activity:** Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu in Column 6 (Block 10) and choosing one of the following options:

- Classroom-based
- Clinical Rotation
- Distance learning (Online Webinar)
- Hybrid

Select the Faculty Role(s) Addressed at Training Activity
(7) Block 11

Figure 85. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: Select the faculty role(s) addressed in each faculty development activity by clicking on the drop-down menu in Column 7 (Block 11) and choosing all that apply from the following options:

- Administrator
- Clinician
- Educator
- Researcher

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

## FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

FD-2b - Adding Profession and Discipline for Activities

A Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Activity Name	Profession and Discipline of Faculty Trained	
(1)	(2) Block 12	

Figure 86. FD-2b - Adding Profession and Discipline for Activities

Activity Name: Select an activity name by clicking on the drop-down menu next to "Activity Name" and choosing one of the available options (available options will be those entered and saved in the FD-2a subform).

**Profession and Discipline of Faculty Trained:** 1. Select the profession(s)/discipline(s) of all faculty who participated in each faculty development activity during the current reporting period by choosing all that apply from the options below.

2. Select "Add Record."

3. Repeat this process to capture the profession/discipline of all faculty who participated in each faculty development activity during the current reporting period.

- Behavioral Health Clinical Psychology
- Behavioral Health Other Psychology
- Behavioral Health Other Social Work Substance Abuse/Addictions Counseling
- Dentistry Dental Assistant
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Nursing CNS Psychiatric/Mental health

- Behavioral Health Clinical Social Work
- Behavioral Health Marriage and Family Therapy
- Dentistry Endodontic Dentistry
- Dentistry Oral Surgery Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry

- Behavioral Health Counseling Psychology
- Behavioral Health -Pastoral/Spiritual Care
- Dentistry General Dentistry
- Dentistry Dental Hygiene
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medicine Emergency Medicine

- Medicine General Preventive Medicine
- Nursing NP Family
- Medicine Other
- Medicine Internal Medicine/Family Medicine
- Medicine Psychiatry
- Medicine Allergy and Immunology
- Other Office/Support Staff
- Medicine Colon and Rectal Surgery
- Medicine Dermatology
- Other Unknown
- Public Health Other
- Medicine Preventive Medicine/Internal Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Epidemiology
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Nursing CNS Adult gerontology
- Medicine Ophthalmology
- Medicine Otolaryngology
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Medicine Plastic Surgery
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Medicine Radiation Oncology
- Medicine Radiology Diagnostic
- Medicine Surgery General
- Medicine Thoracic Surgery Integrated

- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Nursing Registered Nurse
- Medicine Preventive Medicine
- Other Health Education Specialist
- Nursing Other
- Medicine Anesthesiology
- Other Physical Therapy
- Other Profession Not Listed
- Physician Assistant
- Medicine Physical Medicine and Rehabilitation
- Public Health Biostatistics
- Medicine Preventive Medicine/Public Health
- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences
- Nursing CNL Generalist
- Nursing CNS Family
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Nursing NP Acute care adult gerontology
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Aerospace Medicine
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse anesthetist

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- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Integrative Medicine
- Other Community Health Worker
- Other Direct Service Worker
- Medicine Medical Genetics
- Other Occupational Therapy
- Other Pharmacy
- Medicine Obstetrics and Gynecology
- Medicine Occupational Medicine
- Public Health Health Policy & Management
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Public Health Environmental Health
- Public Health Injury Control & Prevention
- Medicine Neurological Surgery
- Medicine Nuclear Medicine
- Nursing CNS Geropsychiatric
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Medicine Preventive Medicine/Pediatrics
- Nursing Nurse administrator
- Nursing Nurse educator

- Nursing Advanced Practice Nursing
- Nursing Alternative/Complementary Nursing
- Other Facility Administrator
- Nursing CNS Pediatrics
- Nursing CNS Women's health and pediatrics
- Nursing NP Acute care pediatric
- Other Speech Therapy
- Nursing Nurse midwife
- Other Lay and Family Caregiver
- Other Veterinary Medicine

- Medicine Thoracic Surgery
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Other Allied Health
- Nursing CNS Neonatal
- Other Health Informatics/Health Information Technology
- Nursing Community health nursing
- Other Podiatry
- Nursing NP Neonatal
- Nursing Other (e.g. CNA PCA)
- Other Midwife (non nurse)

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- Nursing Nurse informaticist
- Medicine Vascular Surgery -Integrated
- Nursing Researcher/Scientist
- Other Chiropractor
- Other First Responder/EMT
- Other Medical Assistant
- Other Optometry
- Other Respiratory Therapy
- Nursing NP Pediatrics
- Nursing Public health nurse
- Other Nutritionist

*Vote:* Information regarding the names of faculty development activities will prepopulate with the information that was entered and saved in the FD-2a subform.

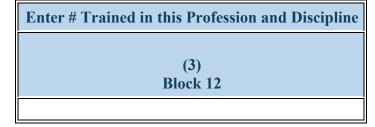


Figure 87. FD-2b - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox in Column 3 (Block 12). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each faculty development activity during the current reporting period.

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

### **FD-4a: Faculty Development - Faculty Instruction**

FD-4a - Adding Faculty Instructional Activities

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully. Notice to Grantees about Forms Pertaining to Faculty Instruction Activities

The FD-4a and FD-4b subforms prepopulate specific information about the names and characteristics of instructional activities offered in previous reporting periods. Please read the following instructions carefully to ensure the FD-4 subforms are completed accurately. For instructional activities reported previously:

- The BPMH system will prepopulate certain fields in the FD-4a subform.
- You must select whether each instructional activity reported previously was offered during the current annual reporting period.
- If an instructional activity reported previously was also offered during the current annual reporting period, all other Blocks in the FD-4a subform must be completed.
- If an instructional activity reported previously was not offered during the current annual reporting period, complete only Block 1a in the FD-4a subform.

Name of the Course or Workshop Offered by the Faculty
(1) Block 17

Figure 88. FD-4a - Adding Faculty Instructional Activities

Name of the Course or Workshop Offered by the Faculty: 1. For new records, enter the name of an instructional activity offered during the current reporting period in the textbox next to "Enter the Name of the Course or Workshop Offered by the Faculty".

- 2. Next, click on the "Add Record" button to save your entry.
- 3. Repeat this process to capture all instructional activities offered during the current reporting period.

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Warning: Only complete the Setup for new instructional activities. The FD-4a subform will prepopulate the name of instructional activities previously reported. If no new instructional activities were offered other than those previously reported, skip to the next page.

Select Whether the Course/Workshop was Offered in the Current Reporting Period		
(1a)		

Figure 89. FD-4a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course/Workshop was Offered in the Current Reporting Period: Select whether each instructional activity was offered during the current reporting period by clicking on the drop-down menu under Column 1a and choosing **one** of the following options:

- Yes
- No

Warning: For new records, you must select \"Yes\" under Column 1a.

Warning: If \"Yes\" is selected for a prior record, then the remaining Blocks in the FD-4a subform must be completed. If \"No\" is selected for a prior records, do not complete any other columns in the FD-4 subform.

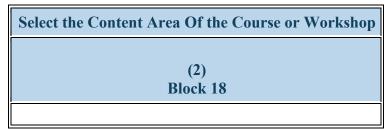


Figure 90. FD-4a - Selecting Content Area

Select the Content Area Of the Course or Workshop: Select the content area of each instructional activity offered during the current reporting period by clicking on the drop-down menu under Column 2 and choosing **one** of the following options:

- Acute care
- Alcohol and substance misuse/prevention
- Alzheimer's disease/dementia
- Asian Americans
- Behavioral assessment and consultation in primary care
- Bioterrorism/preparedness
- Cancer
- Clinical Practice Information
- Communications
- Community collaboration
- Computer based instructions
- Cultural competence in nursing
- Delirium
- Diabetes
- Drug resistant diseases
- Emergency preparedness
- Epidemiology
- Evidence Based Practices
- Experiences

- Advocacy/health policy
- Alternative/complementary medicine
- Ambulatory care
- Asthma
- Behavioral health
- Border Health
- Chronic Disease
- Clinical preventive services
- Community Based Care
- Community health nursing
- Consumers' rights
- Cultural Competencies
- Dementia
- Domestic Violence
- E Learning technology
- Emergency training
- Ethics and confidentiality
- Evidence Based Medicine
- Extended care

- African Americans
- Alzheimer's disease
- American Indian/Alaska Natives
- Basic restorative skills
- Behavioral interventions for primary care
- Border health activities
- Chronic disease management
- Communication Skills
- Community based continuity of care
- Community needs assessment
- Crisis intervention
- Data collection and analysis
- Depression
- Domestic Violence/Interpersonal violence
- Elder abuse
- Environmental health
- Ethics/bioethics
- Evidence Based Medicine/Practice
- Financial planning and management (including budgeting)

- Focus groups
- Genomics
- Geriatrics
- Health care and older adults
- Health literacy
- Health Reform/Health Insurance Marketplaces
- Hepatitis
- HIV/AIDS and other infectious diseases
- Homeless
- Improving communication skills
- Informatics
- Interactive simulated case studies
- Interprofessional Education
- Leadership Training
- Long Term Care
- Mannequin based and patient simulators
- Medication basics
- Mental health
- Minority Health
- Needs specific training
- Nursing leadership and management
- Obesity
- Other simulated or virtual methods
- Palliative care
- Perioperative care
- Physical activity/active lifestyles
- Primary care
- Program evaluation
- Project management
- Public health policy development
- Quality improvement and patient safety
- Research

- Food borne Disease
- Geriatric education for direct care providers
- Gerontological nursing
- Health Disparities
- Health promotion
- Healthy aging
- Hispanics
- Home health
- Homelessness
- Infection control
- Information Technology
- Interdisciplinary training
- Interprofessional integrated models of care
- Leadership/Management
- Long term care nursing
- Maternal and child health
- Medications/drugs
- Mental health and older adults
- Minority health issues
- Negotiations
- Nutrition
- Oral health
- Pain management
- Pastoral/Spiritual Care
- Personal care skills
- Prescription drug abuse
- Professional development
- Program management
- Public health infrastructure
- Public health science
- Rehabilitation

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- Genetics
- Geriatric medicine
- Grant writing
- Health information technology
- Health Promotion and disease prevention
- Heart disease
- HIV/AIDS
- Home health care
- Hypertension
- Influenza
- Injury prevention
- Interpersonal skills
- Interprofessional team training
- Lesbian/Gay/Bisexual/Transgender individuals
- Managed Care
- Medical economics
- Meeting facilitation
- Migrant health initiatives
- Native Hawaiian/Pacific Islander
- Nursing care for vulnerable populations
- Nutrition/healthy eating
- Other
- Palliative and end of life care
- Patient safety (medical errors)
- Pharmacology
- Prevention/Primary care
- Program design
- Program planning
- Public health law
- Quality Improvement
- Rehabilitation Therapies
- Secondary care Technology

- Sexual health
- Social marketing
- Suicide
- Teledentistry
- Tertiary care
- Transitional care
- Urban health
- Veterans Health
- Women's health
- Workforce development

- Rural Health
- Sexually transmitted infections
- Stroke
- Survey design
- Telehealth
- Tobacco cessation
- Trauma
- Urgent care
- Violence
- Women's health issues
- Wound care

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- Skills based training (including coalition building)
- Substance Abuse
- Sustainability
- Telemedicine/telehealth
- Training
- Tuberculosis
- Veteran Related
- Virtual simulation
- Worker and patient safety

*Vote:* This Block will prepopulate for prior records with data submitted in the previous reporting period.

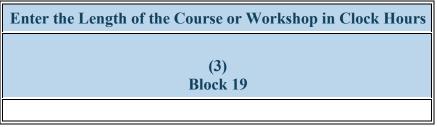


Figure 91. FD-4a - Entering Course/Workshop Length

Enter the Length of the Course or Workshop in Clock Hours: Enter the duration, in clock hours, of each instructional activity offered during the current reporting period in the textbox under Column 3.

For courses less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as 15/60 = .25.

Vote: This Column will prepopulate for prior records with data submitted in the previous reporting period.

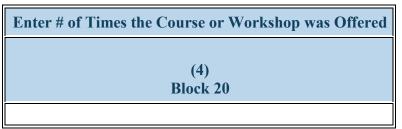


Figure 92. FD-4a - Entering # of Times the Course or Workshop was Offered

Enter # of Times the Course or Workshop was Offered: Enter the number of times each instructional activity was offered during the current reporting period in the textbox under Column 4.

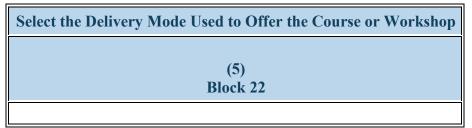


Figure 93. FD-4a - Selecting Delivery Mode

Select the Delivery Mode Used to Offer the Course or Workshop: Select the delivery mode used to offer each instructional activity offered during the current reporting period by clicking on the drop-down menu under Column 5 and choosing **one** of the following options:

• Archived/Self-paced distance learning

- Classroom-based
- Clinical Rotation
- Hybrid

- Distance learning (Online Webinar)Other
- Real-time/Live distance learning



**To** Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

## FD-4b: Faculty Development - Faculty Trained by Profession/Discipline

FD-4b - Adding Profession and Discipline for Faculty Instructional Activities

🍐 Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Name of the Course or Workshop Offered by the Faculty	Profession and Discipline of Individuals Trained
(1) Block 17	(2) Block 21

Figure 94. FD-4b - Adding Profession and Discipline for Faculty Instructional Activities

Name of the Course or Workshop Offered by the Faculty: To add information about the profession and discipline of individuals trained through each instructional activity offered during the current reporting period, select an instructional activity by clicking on the drop-down menu next to "Name of the Course of Workshop Offered by the Faculty" and choosing **one** of the available options.

#### **Profession and Discipline of Individuals Trained:**

- Select profession(s) and discipline(s) of all individuals trained in each instructional activity offered during the current reporting period by choosing **all that apply** from the options listed below.
- Next, click on the "Add Record" button to save your entry.
- Repeat this process as necessary to identify the profession and discipline of all individuals trained in each instructional activity offered during the current reporting period.
- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health Pastoral/Spiritual Care
- Dentistry Dental Hygiene

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Behavioral Health Psychology
- Dentistry Endodontic Dentistry

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other

- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry
- Medicine Aerospace Medicine
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Nursing CNL Generalist
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Pediatrics
- Nursing Nurse anesthetist

- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Other
- Medicine Pediatrics
- Medicine Plastic Surgery -Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery -Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult gerontology
- Nursing NP Emergency care

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- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry
- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Otolaryngology
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery Integrated
- Nursing Advanced Practice Nursing
- Nursing Clinical Nurse Specialist (CNS)
- Nursing Community health nursing
- Nursing NP Acute care adult gerontology
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Other Community Health Worker
- Other First Responder/EMT

- Nursing Nurse midwife
- Nursing Public health nurse
- Other Audiology
- Other Direct Service Worker
- Other Health Education Specialist
- Other Lay and Family Caregiver
- Other Midwife (non nurse)
- Other Optometry
- Other Profession Not Listed
- Other Veterinary Medicine
- Other Physical Therapy
- Public Health
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Student Certified Nursing Assistant
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene
- Student Graduate Nursing Doctorate
- Student Graduate Other Behavioral Health
- Student Graduate Public Health
- Student K 8 (primary)
- Student Medical School
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Other Perfusion Technology
- Student Nurse Anesthetist
- Student Occupational Therapy

- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Nurse practitioner
- Nursing Registered Nurse
- Other Chiropractor
- Other Facility Administrator
- Nursing CNS Generalist
- Other Medical Assistant
- Other Nutritionist
- Other Pharmacy
- Other Respiratory Therapy
- Other Allied Health
- Other Speech Therapy
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention
- Student Chiropractic School
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Masters
- Student Graduate Pharmacy
- Student Graduate Social Work
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Midwife
- Other Health Systems Management
- Student NP Child/Adolescent Psychiatric/Mental Health

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- Other Health Informatics/Health Information Technology
- Other Midwife
- Other Office/Support Staff
- Other Podiatry
- Other Unknown
- Other Occupational Therapy
- Physician Assistant
- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Social & Behavioral Sciences
- Student Alternative/Complementary Nursing
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other
- Student Graduate Psychology
- Student Home Health Aide
- Other Education Assessment and Evaluation Specialists
- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student NP Women's health
- Student Nursing Doctorate
- Student Post high school / Pre college

- Student Registered nurse (RN)
- Student Undergraduate Public Health
- Student Industrial Engineering

- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student NP Psychiatric/Mental health
- Student Nurse Midwife
- Student Physician Assistant
- Student Registered Nurse BSN
- Student Podiatry School
- Student Pharmacy

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- Student Undergraduate Other
- Student CNL

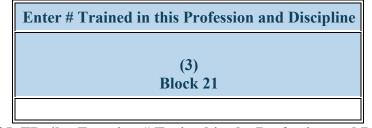


Figure 95. FD-4b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of individuals trained in each profession and discipline under Column 3.

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**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **Continuing Education Activities—CE Subforms**

# **CE** - Introduction

The CE-1 and CE-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of continuing education courses reported previously. Please read the following instructions carefully to ensure the CE-1 and CE-2 subforms are completed accurately. For continuing education courses reported previously:

1. The BPMH system will prepopulate the following Columns in the CE-1 subform.

Name of Course Accreditation Status Duration Primary Topic Addressed

2. You must select whether a course reported previously was offered during this reporting period.

3. If a course reported previously was offered in during this reporting period, all other Columns in the CE-1 form must be completed.

4. If a course reported previously was not offered during this reporting period, you do not have to complete any other Blocks in the CE-1 subform. In addition, the course name will not appear as an option in the CE-2 subform.

# Health Resources and Services Administration Annual Performance Report Bureau of Health Workforce Academic Year 2018-2019 CE-1: Continuing Education - Course Characteristics and Content CE-1 - Setup

To begin providing information about continuing education courses offered during this reporting period or to provide updates on courses previously offered, click \"Yes\" to the initial setup question. Clicking \"Yes\" will activate the embedded Excel® form that will allow you to begin data entry.



Figure 96. CE-1 - Setup

Health Resources and Services Administration Bureau of Health Workforce **CE-1 - Entering Course Title** 

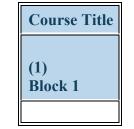


Figure 97. CE-1 - Entering Course Title

Course Title: To begin completing the CE-1 subform for new records, enter the name of each course offered under Column 1 of the CE-1 subform.

Warning: Course titles are limited to 200 characters. Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form. Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.



Figure 98. CE-1 - Selecting Whether Course is Approved for Continuing Education Credit

Select Whether Course is Approved for Continuing Education Credit: Select whether each course is accredited for continuing education credit by clicking on the drop-down menu under Column 2 and choosing one of the following options:

- Yes
- No

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

*Reference: Refer to the glossary for a definition of continuing education course accreditation.* 

Enter the Duration of the Course in Clock Hours
(3)
Block 3

Figure 99. CE-1 - Entering Course Duration

Enter the Duration of the Course in Clock Hours: Enter the duration, in clock hours, of each course offering in the textbox under Column 3.

Vote: For courses less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as 15/60 = .25.

*Note:* This Block will prepopulate for prior records with data submitted in the previous reporting period.

Enter #	<sup>4</sup> of Times Course was Offered
(4) Block 4	L .

Figure 100. CE-1 - Entering # of Times Course was Offered

Enter # of Times Course was Offered: Enter the total number of times the course was offered during the reporting period in the textbox under Column 4.

*Note:* For distance learning courses offered on an ongoing basis, enter \"999\".

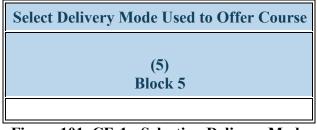


Figure 101. CE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer Course: Select the primary delivery mode used to offer each course during the reporting period by clicking on the drop-down menu under Column 5 and choosing one of the following options:

- Classroom-based
- Distance learning (Online Webinar)
- Hybrid

Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (6) Block 6

Figure 102. CE-1 - Selecting Type(s) of Partnership(s)

Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course: Select the type(s) of partnerships or consortia established for the purposes of delivering each course by clicking on the drop-down menu under Column 6 and choosing all that apply from the following options:

- Academic department outside the institution
- Alzheimer's Disease Resource Centers
- Community based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government ACL
- Federal Government Department of Defense/Military
- Federal Government NIH
- Federal Government Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith based)

- Academic department within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government AHRQ
- Federal Government FDA
- Federal Government Other
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local
- Health disparities research center
- Hospice
- Long Term Care Facility
- Nonprofit organization (non faith based)
- Other

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government CDC
- Federal Government IHS
- Federal Government Other HHS Agency/Office
- Federal Government Veterans Affairs
- Geriatric Behavioral or Mental Health Units
- Health department State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization

- Nursing Home
- Private/For profit organization
- Senior Center
- Tribal Organization

- Professional Associations
- State Governmental Programs

- Annual Performance Report Academic Year 2018-2019
- Tribal Government

**Warning:** You may not select **\"No partners/consortia used\" in combination with any other option.** 

Bureau of Health Workforce

## **CE-1 - Entering Employment Location Data for Individuals Trained**

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Whether Employment Location Data are Available for Individuals Trained	Enter # of Individuals Trained by Employment Location (not mutually exclusive)		
	Primary Care	Medically Underserved	Rural
	Setting	Community	Area
(8)	(9)	(10)	(11)
Block 9	Block 9a	Block 9b	Block 9c

Figure 103. CE-1 - Entering Employment Location Data for Individuals Trained

Select Whether Employment Location Data are Available for Individuals Trained: Select whether employment location data are available for trainees who participated in each course during the current reporting period by clicking on the drop-down menu under Column 8 and choosing one of the following options:

- Yes
- No

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Primary Care Setting: If "Yes" was selected in the dropdown under Column 8, please provide the following information: In Column 9, enter the total number of participants who are employed in a primary care setting. If none of the participants are employed in this setting, enter "0" in Column 9.

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Medically Underserved Community: If "Yes" was selected in the drop-down under Column 8, please provide the following information:

Health Resources and Services AdministrationAnnual Performance ReportBureau of Health WorkforceAcademic Year 2018-2019In Column 10, enter the total number of participants who are employed in a medically underserved community.If none of the participants are employed in this setting, enter "0" in Column 10.

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Rural Area: If "Yes" was selected in the drop-down under Column 8, please provide the following information:

In Column 11, enter the total number of participants who are employed in a rural area. If none of the participants are employed in this setting, enter "0" in Column 11.

*Note:* Individuals can be counted multiple times if their place of employment is located in more than one type of designated setting. As a result, counts provided under Columns 9, 10 and 11 are not meant to be mutually exclusive.

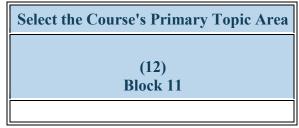


Figure 104. CE-1 - Selecting Primary Topic Area

Select the Course's Primary Topic Area: Select the primary topic area addressed in each course offered during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Behavioral Health Primary Care Integration
- Behavioral Health Suicide
- Chronic Disease -Alzheimer/Dementia
- Clinical Training Community-Based Collaboration
- Clinical Training Healthcare delivery systems
- Clinical Training Public Health
- Clinical Training Skills -Communications Skills
- Clinical Training Technology Other
- Infectious Disease HIV/AIDS
- Population Maternal Child Health
- Population Veterans Health
- Setting Medically-Underserved Communities

- Behavioral Health Substance Abuse General
- Behavioral Health Treatment
- Chronic Disease Management
- Clinical Training Cultural Competency/Health Disparities
- Clinical Training Interprofessional education/team-based training
- Clinical Training Quality Improvement/Patient Safety
- Clinical Training Skills Leadership and Management
- Clinical Training Telehealth
- Infectious Disease Other
- Population Minority Health
- Population Womens Health
- Setting Primary Care
- Other-Topic Not Listed

- Behavioral Health Substance Abuse Opioids
- Behavioral Health Other
- Chronic Disease Other
- Clinical Training Evidence-based Practice
- Clinical Training Oral Health
- Clinical Training Research
- Clinical Training Technology Simulation-based training
- Clinical Training Unspecified
- Population Geriatric Health
- Population Rural Health
- Population Other
- Setting Rural

• Setting - Other

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Vote: Clinical Training-Public health incorporates the following topic areas: health promotion and disease prevention, health policy/advocacy, emergency preparedness and response, environmental health, nutrition, epidemiology, and data collection and analysis. Clinical Training - Technology - Other incorporates the following topic areas: telemedicine, informatics, and electronic medical records.

**To** Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

# **CE-2: Continuing Education - Individuals Trained by Profession/Discipline**

# **CE-2** - Selecting Profession and Discipline of Individuals Trained

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Course Title	Select Profession and Discipline of Individuals Trained
(1) Block 1	(2) Block 8

Figure 105. CE-2 - Selecting Profession and Discipline of Individuals Trained

## **Course Title:**

Begin by selecting the name of the course or training activity from the dropdown menu at the top of the screen. Available course names will prepopulate from the CDE-1 form. Only the names of courses that were marked as "Offered" or "Re-offered" from CDE-1 form will appear as options in the drop-down menu.

**Select Profession and Discipline of Individuals Trained:** Select the profession(s) and discipline(s) of individuals trained through each course offered (or re-offered) during the current reporting period by choosing all that apply from the options listed below. Click on the "Add Record" button to save your entry. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health -Pastoral/Spiritual Care
- Dentistry Endodontic Dentistry

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Dentistry Dental Assistant
- Dentistry General Dentistry
- Dentistry Other
- Dentistry Periodontic Dentistry
- Dentistry Radiology Dentistry

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work Substance Abuse/Addictions Counseling
- Dentistry Dental Hygiene
- Dentistry Oral Surgery Dentistry
- Dentistry Pathology Dentistry
- Dentistry Prosthodontic Dentistry

- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine
- Medicine Integrative Medicine
- Medicine Internal Medicine/Pediatrics
- Medicine Neurology
- Medicine Occupational Medicine
- Medicine Other
- Medicine Physical Medicine and Rehabilitation
- Medicine Preventive Medicine
- Medicine Preventive Medicine/Internal Medicine
- Medicine Preventive Medicine/Public Health
- Medicine Radiology Diagnostic
- Medicine Thoracic Surgery -Integrated
- Nursing Advanced Practice Nursing
- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing CNS -Psychiatric/Mental health
- Nursing Community health nursing

- Medicine Anesthesiology
- Medicine Emergency Medicine
- Medicine Geriatric Psychiatry
- Medicine Internal Medicine
- Medicine Medical Genetics
- Medicine Nuclear Medicine
- Medicine Ophthalmology
- Medicine Otolaryngology
- Medicine Plastic Surgery
- Medicine Preventive Medicine/Aerospace Medicine
- Medicine Preventive Medicine/Occupational Medicine
- Medicine Psychiatry
- Medicine Surgery General
- Medicine Urology
- Nursing -Aggregate/Systems/Organizational
- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing Home Health Aide
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Neonatal
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Other Community Health Worker
- Other First Responder/EMT

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- Medical Interpreter
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology
- Medicine Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical
- Medicine Plastic Surgery Integrated
- Medicine Preventive Medicine/Family Medicine
- Medicine Preventive Medicine/Pediatrics
- Medicine Radiation Oncology
- Medicine Thoracic Surgery
- Medicine Vascular Surgery Integrated
- Nursing Alternative/Complementary Nursing
- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing CNS Women's health and pediatrics
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Pediatrics
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Public health nurse
- Other Allied Health
- Other Direct Service Worker

- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Other
- Nursing Registered Nurse
- Other Chiropractor
- Other Facility Administrator
- Other Health Informatics/Health Information Technology
- Other Midwife (non-nurse)
- Other Office/Support Staff
- Other Physical Therapy
- Other Speech Therapy
- Public Health Biostatistics
- Public Health Epidemiology
- Public Health Injury Control & Prevention

- Other Lay and Family Caregiver
- Other Nutritionist
- Other Optometry
- Other Podiatry
- Other Veterinary Medicine
- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Other

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- Other Health Education Specialist
- Other Medical Assistant
- Other Occupational Therapy
- Other Pharmacy
- Other Respiratory Therapy
- Physician Assistant
- Public Health Environmental Health
- Public Health Infectious Disease Control
- Public Health Social & Behavioral Sciences

Only the names of courses/training activities that were marked as \"Offered" or "Re-offered" in the CDE-1 form will appear as options in the dropdown menu.

## **CE-2** - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline
(3) Block 8

Figure 106. CE-2 - Entering # Trained in the Profession and Discipline

## Enter # Trained in this Profession and Discipline:

For each course, enter the number of participants from the professions/disciplines you have indicated under Column 3 (Block 7). Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

Once you have completed Columns 1 through 3 for all rows, click 'Save and Validate' to automatically populate Columns 4 through 9 with responses from CDE-1.

 $\overline{}$ 

**W** To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

- To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
- Next, click the 'Print All Forms' button below the Resources section of the Review Page.

formance Report	<ul> <li>(Reporting Period: 7/1/2014 - 12/31/2014)</li> </ul>			
rview atus sic Information up Data <sup>1</sup> Training Program	Resources C     View     Last NoA   Current Performance Report   Prior Performance Report   Program Manual   Glossary   FAQs			
PC-1 IND-GEN	Print All Forms	Ta	ble of Contents	
INDGEN-GPC	N ( 1 ) N Page size: 15 • Go			
INDGEN-PY EXP-1	Section	Туре	Options	
EXP-1 EXP-2	• 7		• 7	
EXP-3	View: Semi-Annual Performance Report			
ents	Training Program	HTML	View 💌	
ge Comments	PC	HTML	View 🔻	
and Submit	IND-GEN	HTML	Vew 🔻	
tion Summary	INDGEN-GPC	HTML	View 🔻	
w	INDGEN-PY	HTML	View 🔻	
8	EXP	HTML	View 💌	
	Comments and Certification	HTML	View •	

Figure 107. Screenshot of Printing Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

ALL FUNCTIONS «	≥ Submit Report		
Performance Report	(Reporting Period: 7/1/201	4 - 12/31/2014)	Due In: 100 Days
Overview Status Basic Information Setup Data Training Program	▼ Resources 🗳 View	Performance Report   Program Manual   Glossary   FAQs	
Performance Data  Performance Data  Performance Data  Performance Data  Performance Data  Performance Data  Performance Data Performance Performance Data Perfo	Users with Permission		
	Submission Report Status		
	Section	Status	Option
	Setup Data	1	
	Training Program	✓ Complete	🖉 Update 👻
	Performance Data		
	PC-1	Complete	🖉 Update 👻
	IND-GEN	🖌 Complete	🖉 Update 👻
	INDGEN-GPC	V Complete	🖉 Update 👻
Review	INDGEN-PY	V Complete	🕜 Update 👒
Submit	EXP-1	🖌 Complete	🖉 Update 👻
	EXP-2	V Complete	🖉 Update 👻
	EXP-3	✓ Complete	@ Update 👻
	Go to Previous Page		Submit

Figure 108. Screenshot of the Submit Report Page

#### Annual Performance Report Academic Year 2018-2019

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

#### Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ View More)

Confirmation:     This is a confirmation page! You MUST Click on the appropriate button to complete your action.	
Fields with * are required	
* Certification	View Report 🗗
I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.  Please check the box to electronically sign the Report.	
Cancel	Confirm

## Figure 109. Screenshot of the Submit Report - Confirm Page

Health Resources and Services Administration Bureau of Health Workforce Appendix A: Glossary

https://bhw.hrsa.gov/grants/resourcecenter/glossary

Annual Performance Report Academic Year 2018-2019

#### **General FAQs**

#### When is the due date for the performance report?

Performance reports are due by **July 31, 2019** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by the due date may place your grant in a non-compliant status.

#### What dates does the performance report cover?

The performance report submitted by grantees should cover all activities conducted through the grant during the current reporting period July 01, 2018 - June 30, 2019.

#### Is it possible to change data entered incorrectly in a prior reporting period?

No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

#### Where will grantees be able to locate the instruction manuals for the performance reports?

Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

#### Is there a way to look at the data forms required for my program without logging into EHB?

Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

#### Are reports from prior years stored in the EHBs?

Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

#### Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes his/her specific training program or permanently leaves before completion.

#### Does this report allow us to submit any attachments?

No, you cannot add attachments to the performance report.

#### When specific data, such as "N/A" is required after completing a cell, can those cells populate automatically?

No, grantees are required to enter all data themselves due to Section 508 requirements.

#### FAQs about Technical Support & Assistance

#### Who do we contact if we need technical assistance entering data in EHB?

Grantees should contact HRSA's Call Center for any questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

#### FAQs about the Training Program Setup forms

#### The wrong program name was entered last year. Going forward, should we list the correct name?

If the grantee changes the program name, all the previous years' data will be reset (everything entered in the past will not reappear this year). The best course of action is to make a note in the comments field and leave the program name as-is.

#### FAQs about the Program Characteristics (PC) forms

#### Do I need to set up my training program again if it is being reused in the current reporting period?

No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

#### What are the status options for the different types of programs?

Structured and Unstructured Training programs use program status options "Ongoing" or "Complete." All other training programs (degree/certificate, internships, fellowships, 1year retraining, practica/field placements, residencies) use the status options "Active" or "Inactive."

#### In the PC forms, do we count all trainees in our program, regardless of the year of study; do we include full-time/part-time trainees, etc.?

Yes, as long as trainees are enrolled or participating in the training program identified in Column 1.

#### Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?

The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

#### FAQs about the LR-1 through DV-3 forms

#### In the LR and DV tables, are the counts for graduates and/or program completers a subset of the total trainee number, or are they to be reported separately?

On the LR and DV forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

#### Health Resources and Services Administration

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#### Which address should we use to determine whether an individual is from a rural residential background?

The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

#### FAQs about the INDGEN form

#### Where do we get the Trainee Unique ID?

Grantees are responsible for developing a unique ID for each individual for whom an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide follow-up data through the BPMH system.

#### What are the characters of the 7-digit unique ID?

Each unique ID must be made up of 7 alphanumeric characters. Do not include any personally identifiable information in the ID (name, birthdate, SSN, etc.).

#### Are INDGEN records from the last reporting period stored in the EHB?

Yes; they will appear in the INDGEN table as 'Prior Records' until (a) the individual is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program.

#### Last year we created unique IDs in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant?

The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same "unique ID-training program" combination cannot be present more than once.

#### What if an individual already listed on INDGEN did not receive a financial award during the reporting period?

If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Column 12. The record will remain on INDGEN until this individual is marked as a graduate/program completer or permanently leaves the training program prior to completion.

#### Is reporting the underrepresented Asian distinction no longer included?

The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

#### Can we use our institution's definitions/standards for disadvantaged background?

The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

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#### Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

If the faculty member is already accounted for in the grant's personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

#### Do conference registration fees count as financial support?

Yes, but only for non-project staff.

#### How do we find out an individual's family income?

The institution's financial aid office should have that information, as part of the required application for financial aid.

#### For veteran status, are we asking only for the trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

Only the trainee's status should be reported.

#### How is the academic year funding total calculated?

Once you have validated the form, the academic year total is automatically calculated in EHB as the sum of funding during the academic year.

#### How is the cumulative funding total calculated?

The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use, starting with Academic Year 2012-2013.

#### Can I cut and paste rows in the INDGEN table?

The cut and paste capability is currently set up at the row level, rather than individual data elements. After a row of data has been copied and pasted, edits will need to be made to individual cells using the dropdowns. Please note that the system does not accept data that has been cut and pasted from sources outside the report itself.

#### Do we include faculty or preceptors on this form?

If direct funds were given to the individuals AND the individuals were not already included in the grant application, then yes, include them on INDGEN. Otherwise, do not include them.

#### In INDGEN Column 13, Stipend, should we include salaries?

The individual's salary (unless it's paid by the grant) should not be included. However, the BHW funding should be included.

# On the prior report we indicated that a trainee graduated when he had not. Because of that, he is not showing up on the current report. Can he be moved back to the INDGEN form?

If the individual moves to the INDGEN-PY form you can locate the record of the mislabeled graduate. Scroll all the way to the right, and use the link called "Move to INDGEN", which will allow you to reset that record back to the INDGEN table for continued reporting.

I submitted a report last year using the 'not reported' option for trainee demographics. Why am I getting an error this year?

#### Health Resources and Services Administration

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You may only select the 'not reported' option during the first reporting period for each trainee. Demographics are required information and grantees are expected to collect and report the information in all subsequent reports.

#### FAQs about the INDGEN-PY form

#### How do I use the INDGEN-PY form?

One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

#### FAQs about the Experiential Training (EXP) forms

#### Which training sites do I need to report on this form? Is it all of the sites our program uses?

Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

#### Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

You should list the specific clinics and offices within the hospital that provide training to supported trainees.

#### Do I need to list a site more than once on EXP-2?

For sites that provide training to students, trainees, and faculty from different training programs, the site should be listed on the form for each training program the grant sponsors.

#### How can I report interprofessional team-based care at the training sites?

Interprofessional team-based care reporting is a three-step process on the EXP-2 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including that of the principal HRSA-sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who participated at the site, alongside the principal trainees, but who were not enrolled in the HRSA-sponsored program.

#### What training sites do I report on EXP if I don't have directly-funded individuals in INDGEN?

You should report all training sites used to train individuals touched by your grant funding. If no individuals are reported in INDGEN, consider those you reported on the LR-1 form.

#### The values I added in EXP-1 aren't prepopulating in EXP-2. Why can I only see my active prior records?

You must select each program-site combination using the drop down menus in columns 1 and 2. The values you added in EXP-1 will load in the dropdown menu in EXP-2 column 2.

#### Why do I need to enter the zip code of my training sites?

The zip codes allow HRSA to identify sites that are in rural areas, medically underserved communities, and health professions shortage areas. Because the designation of each location may change over time, the zip code allows HRSA to adjust the way it labels a site.

#### Where can I find the 4-digit zip code extension?

You can locate your site's 4-digit zip code extension by visiting the US Postal Service website: https://tools.usps.com/go/ZipLookupAction\_input

#### FAQs about the Curriculum Development and Enhancement (CDE) forms

#### What if courses are created using a variety of funding sources?

Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

#### For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

# In the CDE-1 table, I have entered a course that has been implemented, but when I try to select the site where the course was taught, I receive an error message that based on my responses for columns 2 and 4, this site is not allowed. Shall I use N/A as the site?

If it is an academic course or training/workshop for health professions students, fellows, or residents, then N/A will need to be used.

Can I delete a course from last year?

You will not be able to delete a previously used course. You may indicate that the course from last year was not used again this year.

#### FAQs about the Faculty Development (FD) forms

#### What is the difference between a structured faculty development program and an unstructured faculty development activity?

Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds. What are the definitions for the roles of educator and administrator?

The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

#### FAQs about the Continuing Education (CE) forms

#### For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

Count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

Health Resources and Services Administration Bureau of Health Workforce In creating and enhancing courses for continuing education, what should the site be? Enter N/A for these courses.

#### When should I use the 'Other' option for type of continuing education?

The 'Other' option is available if there was a CE activity that the grantee does not identify as an unstructured training or structured CE course. We anticipate that few (if any) grantees will need to use this option.