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



#### 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 **NEPQR** grant program:
  - E1: Expanding the enrollment in baccalaureate nursing programs
  - E2: Providing education in the new technologies, including distance learning methodologies
  - P1: Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Centers) to demonstrate methods to improve access to primary health care in medically underserved communities
  - P2: Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence
  - P3: Providing quality coordinated care, and other skills needed to practice in existing and emerging organized health care systems
  - P4: Developing cultural competencies among nurses
  - R1: Career Ladder Program to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce
  - R2: Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties.
- 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.

Annual Performance Report Academic Year 2018-2019

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**

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.



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

Marks 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.



Figure 1. Screenshot of View Prior Period Data Link

# Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition		
		Enter # of Enrollees	Enter # of Graduates	Enter# of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion	
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a	Column Number
1	Degree/Diploma   MD/MPH   Health Policy & Management	20	5	1	0	Block Number

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.

# **Getting Started: Browser Settings**

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: **Recommended Settings**.
- 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 https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos.
- 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 click here.**

# **Order of Required Forms**

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	Applicable Grant Purpose(s)
1	Setup Form	SetupForms	Grant Purpose	
2	Setup Form	SetupForms	Training Program	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known as E2)
3	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-1	E1,R1
4	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-3	E2,P4
5	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-4	R2 (formerly known as E2)
6	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-7	P1,P2,P3

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
7	Performance Data	ProgramCharacteristics-PCSubforms	PC-8	R2 (formerly known as E2)
	Form			
8	Performance Data	LegislativeRequirementsDemographicVariables- LRandDVSubforms	LR-1a	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form	LRandDvSubforms		as E2)
9	Performance Data	LegislativeRequirementsDemographicVariables-	LR-2	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form	LRandDVSubforms		as E2)
10	Performance Data	LegislativeRequirementsDemographicVariables-	DV-1	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form	LRandDVSubforms		as E2)
11	Performance Data	LegislativeRequirementsDemographicVariables-	DV-2	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form	LRandDVSubforms		as E2)
12	Performance Data	LegislativeRequirementsDemographicVariables-	DV-3	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form	LRandDVSubforms		as E2)
13	Performance Data	ExperientialCharacteristics-EXPSubforms	EXP-1	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form			as E2)
14	Performance Data	ExperientialCharacteristics-EXPSubforms	EXP-2	E1,E2,P1,P2,P3,P4,R1,R2 (formerly known
	Form			as E2)
15	Performance Data	ContinuingEducationActivities-CESubforms	CE-1	E2,P2,P3,P4,R4
	Form			
16	Performance Data	ContinuingEducationActivities-CESubforms	CE-2	E2,P2,P3,P4,R4
	Form			

**Setup Forms Setup Forms - Introduction** 

Annual Performance Report Academic Year 2018-2019

# **Grant Purpose – Setup**

#### **Selecting Grant Purpose(s)**

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the annual reporting period (July 01, 2018 - June 30, 2019).

Grant Purpose	Select	
E1: Expanding the enrollment in baccalaureate nursing programs		
E2: Providing education in the new technologies, including distance learning methodologies		
P1: Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Centers) to demonstrate methods to improve access to primary health care in medically underserved communities		
P2: Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence		
P3: Providing quality coordinated care, and other skills needed to practice in existing and emerging organized health care systems		
P4: Developing cultural competencies among nurses		
R1: Career Ladder Program to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce		
R2 (formerly known as E2): Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties		
R4: Enhancing patient care delivery systems through improving the retention of nurses and enhancing patient care that is directly related to nursing activities		

**Figure 3. Selecting Grant Purpose(s)** 

- E1: Expanding the enrollment in baccalaureate nursing programs:
- E2: Providing education in the new technologies, including distance learning methodologies:
- P1: Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Centers) to demonstrate methods to improve access to primary health care in medically underserved communities:
- P2: Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence:
- P3: Providing quality coordinated care, and other skills needed to practice in existing and emerging organized health care systems:
- P4: Developing cultural competencies among nurses:
- R1: Career Ladder Program to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce:
- R2 (formerly known as E2): Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties:
- R4: Enhancing patient care delivery systems through improving the retention of nurses and enhancing patient care that is directly related to nursing activities:
- Warning: Selections made in this form will affect the types of subforms and/or drop-down menu options that will appear throughout the BPMH system.
- Warning: Some options in the Grant Purpose form will be automatically selected based on information provided in a previous reporting period. Unselecting a grant purpose will cause related forms and data to be deleted. If you need to unselect a grant purpose, contact your project officer first to ensure you do not unnecessarily lose any data.
  - Note: To view data submitted in the previous reporting period, click on the \"View Prior Period Data\" link on top of the form.

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.

### **Training Program - Setup**

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

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

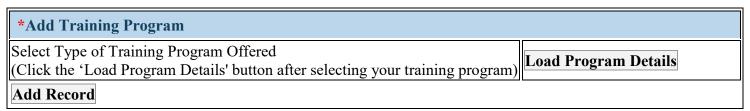


Figure 4. Training Program Setup - Selecting Type of Training Program

**Select Type of Training Program Offered:** The Training Program Setup form will configure all subforms specific to the various types of training programs supported through the grant. 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 from the list below.

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Internship Program
- Non-degree structured training program (Structured)
- Practicum/Field Placement program
- Residency program

Note: The mapping between the Grant purpose and applicable training programs is listed below:

• E1, R1: Degree/Diploma/Certificate training program

Annual Performance Report Academic Year 2018-2019

- E2, P4: Non-degree bearing structured training program
- P1, P2, P3: Practicum/Field placement program
- R2, R4: Internship program or residency program

#### **Training Program Setup - Loading Program Details**

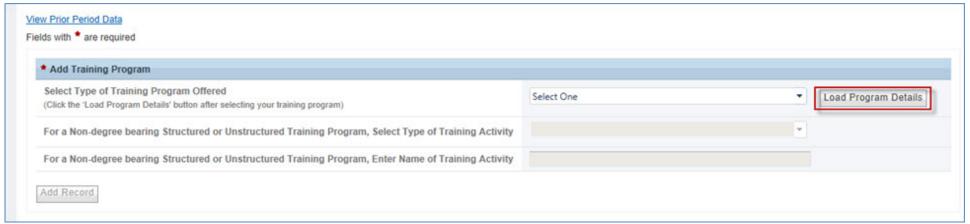


Figure 5. Training Program Setup - Loading Program Details

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



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

#### **Training Program Setup - Adding Structured Training Program**

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully. For non-degree bearing structured training programs, use the following instructions:

\*Add Training Program

For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training
Activity

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training
Activity

Add Record

Figure 6. Training Program Setup - Adding Structured Training Program

For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity: To complete the Training Program Setup form, select the type of structured training program offered during the annual reporting period by clicking on the drop-down menu next to "For a non-degree bearing Structured or Unstructured Training Program, Select Type of Activity" and choosing **one** of the following options:

- Cultural Competency Training
- Training on distance learning technologies
- Training on new technologies

For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity: Next, enter a name for the activity selected in the previous step.

Next, click on the "Add Record" button to save your entry. Repeat this process to capture all structured training programs offered during the annual reporting period.

#### Training Program Setup - Adding Degree/Diploma Program

*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 7. Training Program Setup - Adding Degree/Diploma Program

#### For a Degree/Diploma/Certificate Program, Select Type of Degree Offered:

Select the 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:

- AA
   BS
   BSN/DNP
   BSN/MS
   BSN/PHD
   MPH
   MS
   ADN
   DNP
   BSN/PHD
   MSN
- DNAP
  PhD
  DNSc / DNS
  EdD
  MHA/MHSA
  MN
- MSN/MBA MSN/MPH Post-Masters Certificate

#### 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 BS/BSN Completion
- Nursing CNS Geropsychiatric
- Nursing CNS Psychiatric/Mental health
- Nursing NP Acute care pediatric
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family
- Nursing NP Geropsychiatric
- Nursing NP Other advanced nurse specialists
- Nursing Nurse Administrator
- Nursing Nurse Midwife
- Nursing Critical Care Adult
- Nursing Public Health Nurse

- Nursing CNS Adult gerontology
- Nursing CNS Neonatal
- Nursing CNS Women's health
- Nursing NP Adult
- Nursing NP Child/Adolescent Psychiatric/Mental Health
- Nursing CNL Generalist
- Nursing CNS Community health
- Nursing NP Pediatrics
- Nursing Nurse Anesthetist
- Nursing Nurse Researchers/Scientists
- Nursing Pre-licensure
- Other Midwife

- Nursing CNS Family
- Nursing CNS Pediatrics
- Nursing NP Acute care adult gerontology
- Nursing NP Adult gerontology
- Nursing NP Emergency care
- Nursing NP Family Psychiatric/Mental Health
- Nursing NP Neonatal
- Nursing NP Women's health
- Nursing Nurse Educator
- Nursing Nursing Informatics
- Nursing Critical Care Pediatric
- Nursing Rural Health care

#### **Select Delivery Mode Used to Offer Program:**

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 supported through the grant during the annual reporting period.

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

Annual Performance Report Academic Year 2018-2019

#### **Training Program Setup - Adding Residency Program**

# \*Add Training Program For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained Add Record

Figure 8. Training Program Setup - Adding Residency Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the primary profession and discipline of individuals who participated in a residency program (depending on your grant) by clicking on the drop-down menu next to the "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year. Retraining Program, Select the Primary Discipline of Individuals Trained" and choosing one of the options listed below and click on the "Add Record" button to save your entry.

- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Registered Nurse
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Doctorate

- Nursing CNS Adult gerontology
- Nursing CNS Psychiatric/Mental health
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult gerontology
- Nursing NP Family
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other

- Nursing CNS Family
- Nursing CNS Women's health
- Nursing NP Acute care adult gerontology
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public health nurse
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene

- Student Graduate Psychology
- Student Home Health Aide
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Student NP Women's health
- Student Undergraduate Other
- Student CNS Community Health
- Student Registered Nurse AD
- Student/ABSN
- Student/BSN

- Student Graduate Public Health
- Student Medical School
- Student NP Adult
- Student NP Child/Adolescent Psychiatric/Mental Health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Physician Assistant
- Student Undergraduate Public Health
- Student K 8 (primary)
- Student Registered Nurse BSN
- Student/Associates Degree
- Student/Medicine other

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

- Nursing CNS Community health
- Student Graduate Other Behavioral Health
- Student Graduate Social Work
- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Post high school / Pre college
- Student 9 12 (secondary)
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Registered Nurse MS/MSN
- Student/BS-BSN Completion

#### **Training Program Setup - Adding Field Placement/Practicum Program**

# \*Add Training Program For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained Add Record

Figure 9. Training Program Setup - Adding Field Placement/Practicum Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the primary profession and discipline of individuals who participated in a field placement program by clicking on the drop-down menu next to the "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year. Retraining Program, Select the Primary Discipline of Individuals Trained" and choosing one of the options listed below and click on the "Add Record" button to save your entry.

- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Registered Nurse
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Doctorate
- Student Graduate Psychology
- Student Home Health Aide
- Student NP Acute care pediatric

- Nursing CNS Adult gerontology
- Nursing CNS Psychiatric/Mental health
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult gerontology
- Nursing NP Family
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other
- Student Graduate Public Health
- Student Medical School
- Student NP Adult
- Student NP Child/Adolescent Psychiatric/Mental Health

- Nursing CNS Family
- Nursing CNS Women's health
- Nursing NP Acute care adult gerontology
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public health nurse
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene
- Nursing CNS Community health
- Student Graduate Other Behavioral Health
- Student Graduate Social Work

- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Student NP Women's health
- Student Undergraduate Other
- Student CNS Community Health
- Student Registered Nurse AD
- Student/ABSN
- Student/BSN

- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Physician Assistant
- Student Undergraduate Public Health
- Student K 8 (primary)
- Student Registered Nurse BSN
- Student/Associates Degree
- Student/Medicine other

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

- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Post high school / Pre college
- Student 9 12 (secondary)
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Registered Nurse MS/MSN
- Student/BS-BSN Completion

#### **Training Program Setup - Adding Internship Program**

# \*Add Training Program For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained Add Record

Figure 10. Training Program Setup - Adding Internship Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained: Select the primary profession and discipline of individuals who participated in an internship by clicking on the drop-down menu next to the "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year. Retraining Program, Select the Primary Discipline of Individuals Trained" and choosing **one** of the options listed below and click on the "Add Record" button to save your entry.

- Nursing CNL Generalist
- Nursing CNS Geropsychiatric
- Nursing Home Health Aide
- Nursing NP Adult
- Nursing NP Emergency care
- Nursing NP Geropsychiatric
- Nursing Nurse anesthetist
- Nursing Nurse midwife
- Nursing Registered Nurse
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Nursing Doctorate
- Student Graduate Psychology

- Nursing CNS Adult gerontology
- Nursing CNS Psychiatric/Mental health
- Nursing Licensed practical/vocational nurse (LPN/LVN)
- Nursing NP Adult gerontology
- Nursing NP Family
- Nursing NP Women's health
- Nursing Nurse educator
- Nursing Other (e.g. CNA PCA)
- Nursing Researcher/Scientist
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Diploma/Certificate
- Student Graduate Other
- Student Graduate Public Health

- Nursing CNS Family
- Nursing CNS Women's health
- Nursing NP Acute care adult gerontology
- Nursing NP Adult Psychiatric/Mental health
- Nursing NP Family Psychiatric/Mental Health
- Nursing Nurse administrator
- Nursing Nurse informaticist
- Nursing Public health nurse
- Student CNL Generalist
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene
- Nursing CNS Community health

- Student Home Health Aide
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Student NP Women's health
- Student Undergraduate Other
- Student CNS Community Health
- Student Registered Nurse AD
- Student/ABSN
- Student/BSN

- Student Medical School
- Student NP Adult
- Student NP Child/Adolescent Psychiatric/Mental Health
- Student NP Family Psychiatric/Mental Health
- Student NP Other advanced nurse specialists
- Student Physician Assistant
- Student Undergraduate Public Health
- Student K 8 (primary)
- Student Registered Nurse BSN
- Student/Associates Degree
- Student/Medicine other

# Annual Performance Report Academic Year 2018-2019

- Student Graduate Other Behavioral Health
- Student Graduate Social Work
- Student NP Acute care adult gerontology
- Student NP Adult gerontology
- Student NP Emergency care
- Student NP Geropsychiatric
- Student NP Pediatrics
- Student Post high school / Pre college
- Student 9 12 (secondary)
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Registered Nurse MS/MSN
- Student/BS-BSN Completion

#### **Training Program Setup - Selecting Training Activity Status**

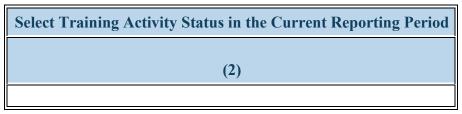


Figure 11. Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period: Select the status of each training program at the end of the annual reporting period (i.e. June 30, 2019) by choosing one of the options listed below. Refer to the notes section of this step for more details.

- Active
- Complete
- Inactive
- Ongoing



- Select 'Ongoing' if a structured training program that did not conclude by June 30, 2019.
- Select 'Complete' if a structured training program that concluded at some point during the annual reporting period (i.e. July 01, 2018 June 30, 2019).
- Select 'Inactive' if a training program with no activity (was not offered) during the annual reporting period (i.e. July 01, 2018 June 30, 2019).

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

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

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

Figure 12. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: For all records, select the type(s) of partnerships or consortia used or established for the purpose of offering each degree program during annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department outside the institution
- Alzheimer's Disease Resource Centers
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government ACL
- 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)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center

- Academic department within the institution
- Ambulatory Care Center
- Assisted Living
- Community Mental Health Center
- Extended care facilities
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith based)

- Alzheimer's Association/Chapters
- Ambulatory practice sites
- 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 NIH
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local
- Health disparities research center
- Hospice
- Long-term care facility

- Quality improvement organization
- Tribal Government

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

Annual Performance Report Academic Year 2018-2019

- Nonprofit organization (non faith based)
- Other
- Professional Associations
- State Government

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

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.

## PC-3: Program Characteristics – Non-degree bearing Structured Training Programs

#### PC-3 - Selecting Education Level(s) of Participants

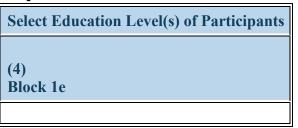


Figure 13. PC-3 - Selecting Education Level(s) of Participants

Select Education Level(s) of Participants: To begin completing the PC-3 subform for new records, select the education level(s) of students who participated in each structured training program during the annual reporting period by clicking on the drop-down menu under Block 1e and choosing all that apply from the following options:

- Student 9 12 (secondary)
- Student Bachelors Degree
- Student Diploma/Certificate (nursing)
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student Post Masters Certificate

- Student Associates Degree
- Student Diploma/Certificate (non-nursing)
- Student Doctoral Degree
- Student Masters Degree
- Student Post-high school / Pre-college

#### PC-3 - Entering Length of Training Program

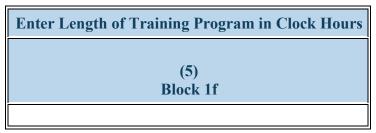


Figure 14. PC-3 - Entering Length of Training Program

Enter Length of Training Program in Clock Hours: Enter the duration, in clock hours, of each structured training program in the textbox under Block 1f.

For training programs 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.

#### PC-3 - Selecting Type(s) of Partners/Consortia

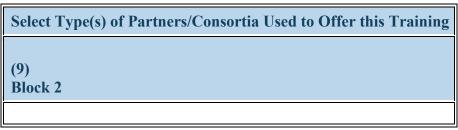


Figure 15. PC-3 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-3 subform, select the type(s) of partnerships or consortia used or established for the purpose of offering each structured training program during the annual reporting period by clicking on the drop-down menu under Block 2 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 Veterans Affairs
- Federal Government CDC
- Federal Government NIH
- 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)

- Academic department within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government ACL
- 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)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other HRSA Program
- 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

- **Annual Performance Report** Academic Year 2018-2019
  - Tribal Organization

- Other
- Professional Associations
- State Government



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

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

# **PC-4: Program Characteristics – Internship Programs**

#### PC-4 - Selecting Type(s) of Partners/Consortia



Warning: The PC-4 subform will only appear if \"Internship Program\" was selected in the Training Program Setup form.

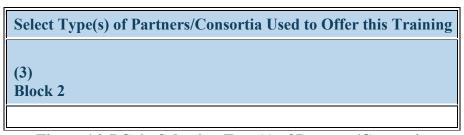


Figure 16. PC-4 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-4 subform, select the type(s) of partnerships or consortia used or established for the purpose of operating the internship program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department outside the institution
- Alzheimer's Disease Resource Centers
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government ACL
- 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)
- Hospital

- Academic department within the institution
- Ambulatory Care Center
- Assisted Living
- Community Mental Health Center
- Extended care facilities
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other HRSA Program
- FOHC or look-alike
- Geriatric consultation services
- Health department Tribal
- Health policy center

- Alzheimer's Association/Chapters
- Ambulatory practice sites
- 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 NIH
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local
- Health disparities research center

Health Resources and Services Administration Bureau of Health Workforce

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

- Local Government
- Nonprofit organization (faith based)
- Nursing home
- Private/For profit organization
- Senior Center
- Tribal Organization

Annual Performance Report Academic Year 2018-2019

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



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

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

### **PC-7: Program Characteristics – Practica and Field Placements**

#### PC-7 - Selecting Type(s) of Partners/Consortia

Warning: The PC-7 subform will only appear if \"Practicum/Field Placement Program\" was selected in the Training Program Setup form.

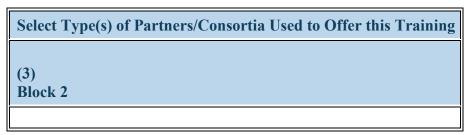


Figure 17. PC-7 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-7 subform for all records, select the type(s) of partnerships or consortia used or established for the purpose of operating the field placement program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department outside the institution
- Alzheimer's Disease Resource Centers
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government ACL
- 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)

- Academic department within the institution
- Ambulatory Care Center
- Assisted Living
- Community Mental Health Center
- Extended care facilities
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department Tribal

- Alzheimer's Association/Chapters
- Ambulatory practice sites
- 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 NIH
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local

Health Resources and Services Administration Bureau of Health Workforce

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

- Health policy center
- Local Government
- Nonprofit organization (faith based)
- Nursing home
- Private/For profit organization
- Senior Center
- Tribal Organization

Annual Performance Report Academic Year 2018-2019

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



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

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

### **PC-8: Program Characteristics – Residency Programs**

#### PC-8 - Selecting Type(s) of Partners/Consortia



Warning: The PC-8 subform will only appear if \"Residency Program\" was selected in the Training Program Setup form.

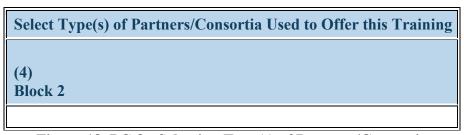


Figure 18. PC-8 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-8 subform for all records, select the type(s) of partnerships or consortia used or established for the purpose of operating the residency program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department outside the institution
- Alzheimer's Disease Resource Centers
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K 12)
- Federal Government ACL
- 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)
- Hospital

- Academic department within the institution
- Ambulatory Care Center
- Assisted Living
- Community Mental Health Center
- Extended care facilities
- Federal Government AHRQ
- Federal Government IHS
- Federal Government Other HRSA Program
- FOHC or look-alike
- Geriatric consultation services
- Health department Tribal
- Health policy center

- Alzheimer's Association/Chapters
- Ambulatory practice sites
- 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 NIH
- Federal Government SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department Local
- Health disparities research center

Health Resources and Services Administration Bureau of Health Workforce

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

- Local Government
- Nonprofit organization (faith based)
- Nursing home
- Private/For profit organization
- Senior Center
- Tribal Organization

Annual Performance Report Academic Year 2018-2019

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



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

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

# 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.

### LR-1a: Trainees by Training Category

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

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

For degree-bearing, internship, field placement and structured training programs marked as \"Ongoing\", follow the instructions below and then skip to the Final Steps for this subform.

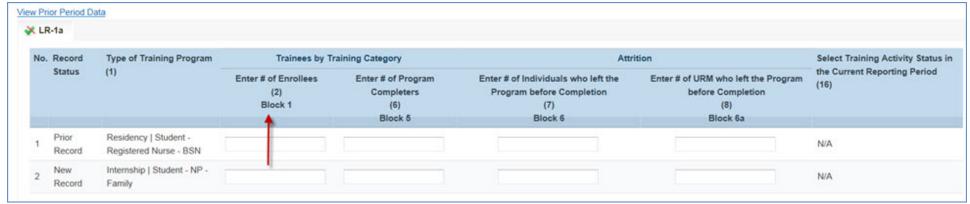


Figure 19. LR-1 - Entering Enrollees Count

Warning: If a structured training program was marked as \"Completed\" in the Training Program Setup form, Block 1 must be equal to \"0\" and Block 5 (instructions in the next section) must be greater than \"0\".

Note: Do not count individuals who graduated, completed or permanently left their training program before completion during the annual reporting period in the textbox under Block 1. These individuals will be captured separately in Block 4, Block 5 and Block 6.



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

#### **LR-1 - Entering Graduates Count**

Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully. For degree-bearing programs, follow the instructions below and then skip to the Final Steps for this subform.

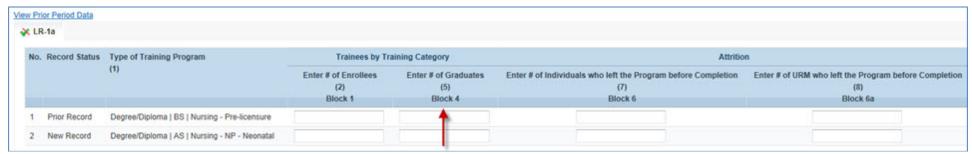


Figure 20. LR-1 - Entering Graduates Count

Note: Do not count individuals who permanently left their degree program before completion during the annual reporting period in the textbox under Block 4. These individuals will be captured separately in Block 6.

### **LR-1a: Trainees by Training Category**

#### **LR-1 - Entering Ongoing Trainees Count**

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

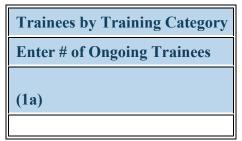


Figure 21. LR-1 - Entering Ongoing Trainees Count

Trainees by Training Category: Enter # of Ongoing Trainees: Enter the number of ongoing trainees enrolled in each training program in the textbox in Column 1a.

Note: 'Ongoing trainees' are those students, fellows, and residents who have not yet completed their training programs.

Note: Do not count individuals who permanently left a training program before graduation during the reporting period in Column 1a. These individuals will be captured separately in Column 7.

#### **LR-1 - Entering Program Completers Count**

For internship, field placement, residency or structured training programs marked as \"Complete\", follow the instructions below.

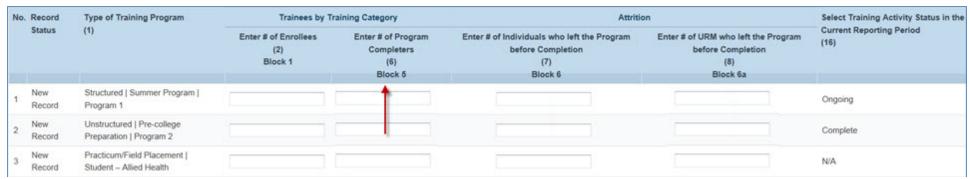


Figure 22. LR-1 - Entering Program Completers Count

Note: Do not count individuals who permanently left their training program before completion during the annual reporting period in the textbox under Block 4. These individuals will be captured separately in Block 6.

#### LR-1 - Entering Graduates/Program Completers Count

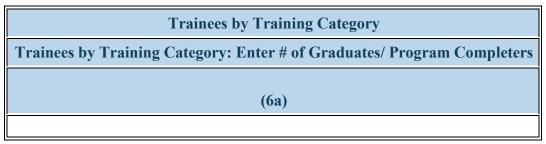


Figure 23. LR-1 - Entering Graduates/Program Completers Count

Trainees by Training Category: Enter # of Graduates/ Program Completers: Enter the aggregate number of graduates or program completers in the textbox in Column 6a.

Note: Do not count individuals who permanently left a training program before graduation or completion during the current reporting period in Column 6a. These individuals will be captured separately in Column 7.

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

Attrition: Enter # of Individuals who left the Program before Completion: For all records, enter the number of individuals who permanently left each training program before completion during annual reporting #1 in the textbox under Block 6.

Attrition: Enter # of URM who left the Program before Completion: Of the individuals reported in Block 6, enter the number of underrepresented minorities who permanently left each training program before completion during annual reporting #1 in the textbox under Block 6a.

Note: Counts reported in Block 6a are a subset of those reported in Block 6.

### 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.



Figure 25. LR-2 - Entering Enrollees Count by Age and Gender

For degree-bearing, internship, field placement and structured training programs marked as \"Ongoing\", follow the instructions below and then skip to the Final Steps for this subform.



Note: Enter 0 if there were no males or females in a specific age 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.

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

#### For degree-bearing programs, follow the instructions below:

No.	Record Status	Type of Training Program	Age Group of Trainees	Sex:	Sex: Male		Sex: Female	
		(1)	(2)	Enter # of Enrollees (3) Blocks 1-6	Enter # of Graduates (6) Blocks 37-42	Enter # of Enrollees (8) Blocks 7-12	Enter # of Graduates (11) Blocks 43-48	
1	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	19 and Under		<b>A</b>		•	
2	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	20 - 29 years					
3	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	30 - 39 years					
4	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	40 - 49 years					
5	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	50 - 59 years					
6	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	60 and Over					
7	Prior Record	Degree/Diploma   BS   Nursing - Pre-licensure	Age Not Reported					

Figure 26. LR-2 - Entering Graduates Count by Age and Gender

T

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

### LR-2: Trainees by Age & Gender

#### LR-2 - Entering Ongoing Trainees Count by Age and Gender

Gender: Male	Gender: Female	Gender: Not Reported	
<b>Enter # of Ongoing Trainees</b>	<b>Enter # of Ongoing Trainees</b>	Enter # of Ongoing Trainees	
(2a)	(7a)	(12a)	

Figure 27. LR-2 - Entering Ongoing Trainees Count by Age and Gender

Gender: Male: Enter # of Ongoing Trainees: Enter the number of male ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 2a.

Gender: Female:Enter # of Ongoing Trainees: Enter the number of female ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 7a.

Gender: Not Reported: Enter # of Ongoing Trainees: Enter the number of 'Gender: Not Reported' ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 12a.

Warning: For the LR and DV forms, Ongoing Trainees and Program Completers must be counted separately (i.e., completers are NOT a subset of ongoing trainees).

#### LR-2 - Entering Program Completers Count by Age and Gender

For internship, field placement, residency or structured training programs marked as \"Complete\", follow the instructions below:

No.	Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female	
				Enter # of Enrollees (3) Blocks 1-6	Enter # of Program Completers (7) Blocks 49-54	Enter # of Enrollees (8) Blocks 7-12	Enter # of Program Completers (12) Blocks 55-60
1	Prior Record	Residency   Student - Registered Nurse - BSN	19 and Under				1
2	Prior Record	Residency   Student - Registered Nurse - BSN	20 - 29 years				-
3	Prior Record	Residency   Student - Registered Nurse - BSN	30 - 39 years				
4	Prior Record	Residency   Student - Registered Nurse - BSN	40 - 49 years				
5	Prior Record	Residency   Student - Registered Nurse - BSN	50 - 59 years				
6	Prior Record	Residency   Student - Registered Nurse - BSN	60 and Over				
7	Prior Record	Residency   Student - Registered Nurse - BSN	Age Not Reported				
8	New Record	Internship   Student - NP - Family	19 and Under				

Figure 28. LR-2 - Entering Program Completers Count by Age and Gender

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

#### LR-2 - Entering Graduates/Program Completers Count by Age and Gender

Gender: Male	Gender: Female	Gender: Not Reported	
Enter # of Graduates/ Program Completers	Enter # of Graduates/ Program Completers	Enter # of Graduates/ Program Completers	
(6a)	(11a)	(16a)	

Figure 29. LR-2 - Entering Graduates/Program Completers Count by Age and Gender

Gender: Male: Enter # of Graduates/ Program Completers: Enter the number of male graduates/program completers from each training program during the current reporting period in the textbox in Column 6a.

Gender: Female: Enter # of Graduates/ Program Completers: Enter the number of female graduates/program completers from each training program during the current reporting period in the textbox in Column 11a.

**Gender: Not Reported: Enter # of Graduates/ Program Completers:** 

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

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

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

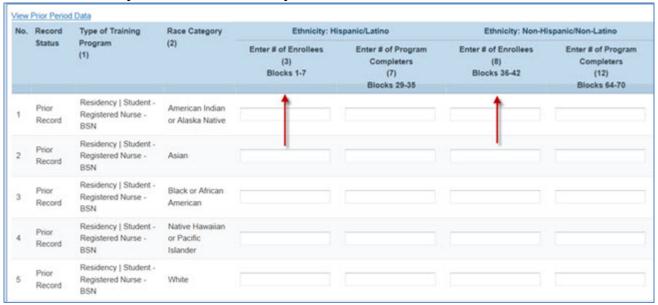


Figure 30. DV-1 - Entering Enrollees Count by Race and Ethnicity

For degree-bearing, internship, field placement and structured training programs marked as \"Ongoing\", follow the instructions below and then skip to the Final Steps for this subform.

Note: Enter \"0\" if there were no individuals of a specific ethnic or racial 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.

#### **DV-1 - Entering Graduates Count by Race and Ethnicity**

#### For degree-bearing programs, follow the instructions below:

View	Prior Period Data						
No.	Record	Type of Training Program	Race Category	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino	
	Status	(1)	(2)	Enter # of Enrollees (3) Blocks 1-7	Enter # of Graduates (6) Blocks 22-28	Enter # of Enrollees (8) Blocks 36-42	Enter # of Graduates (11) Blocks 57-63
1	Prior Record	Degree/Diploma   BS   Nursing - Pre- licensure	American Indian or Alaska Native		1		1
2	Prior Record	Degree/Diploma   BS   Nursing - Pre- licensure	Asian				
3	Prior Record	Degree/Diploma   BS   Nursing - Pre- licensure	Black or African American		-		-
4	Prior Record	Degree/Diploma   BS   Nursing - Pre- licensure	Native Hawaiian or Pacific Islander				
5	Prior Record	Degree/Diploma   BS   Nursing - Pre- licensure	White				
6	Prior Record	Degree/Diploma   BS   Nursing - Pre- licensure	More than one Race				

Figure 31. DV-1 - Entering Graduates Count by Race and Ethnicity

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

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

#### DV-1 - Entering Ongoing Trainees 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	Ethnicity: Not Reported	
<b>Enter # of Ongoing Trainees</b>	Enter # of Ongoing Trainees	<b>Enter # of Ongoing Trainees</b>	
(2a)	(7a)	(12a)	

Figure 32. DV-1 - Entering Ongoing Trainees Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Ongoing Trainees: Enter the number of Hispanic ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 2a.

**Ethnicity: Non-Hispanic/Non-Latino: Enter # of Ongoing Trainees:** Enter the number of Non-Hispanic ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 7a.

Ethnicity: Not Reported: Enter # of Ongoing Trainees: Enter the number of 'Ethnicity Not Reported' ongoing trainees enrolled in each training program during the current reporting period in the textbox in Column 12a.



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

#### DV-1 - Entering Program Completers Count by Race and Ethnicity

For internship, field placement, residency or structured training programs marked as \"Complete\", follow the instructions below:

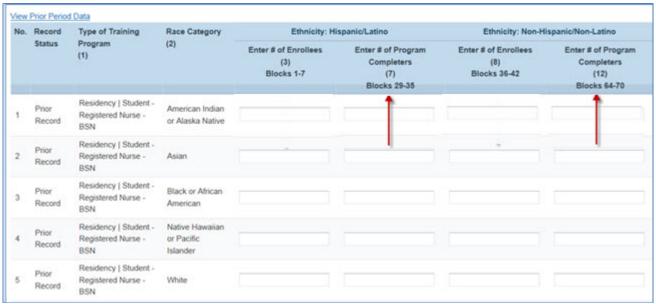


Figure 33. DV-1 - Entering Program Completers Count by Race and Ethnicity

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

#### DV-1 - Entering Graduates/Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino	Ethnicity: Non-Hispanic/Non-Latino	Ethnicity: Not Reported	
Enter # of Graduates/Program Completers	Enter # of Graduates/Program Completers	Enter # of Graduates/Program Completers	
(6a)	(11a)	(16a)	

Figure 34. DV-1 - Entering Graduates/Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Graduates/ Program Completers: Enter the number of Hispanic/Latino graduates/program completers from each training program during the current reporting period in the textbox in Column 6a.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Graduates/ Program Completers: Enter the number of Non-Hispanic/Non-Latino graduates/program completers from each training program during the current reporting period in the textbox in Column 11a.

**Ethnicity: Not Reported: Enter # of Graduates/ Program Completers:** Enter the number of 'Ethnicity Not Reported' graduates/program completers from each training program in the textbox in Column 16a.

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

### 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.

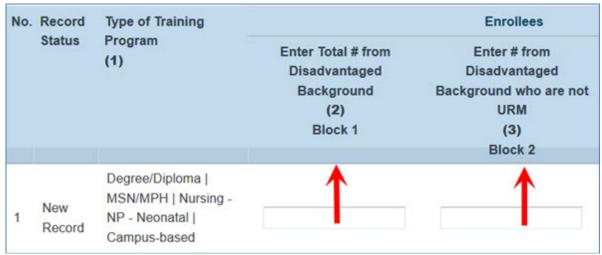


Figure 35. DV-2 - Entering Enrollees Count from Disadvantaged Background

For degree-bearing, internship, field placement and structured training programs marked as \"Ongoing\", follow the instructions below and then skip to the Final Steps for this subform.

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



Note: Counts reported in Block 2 are a subset of counts reported in Block 1.



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.

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



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

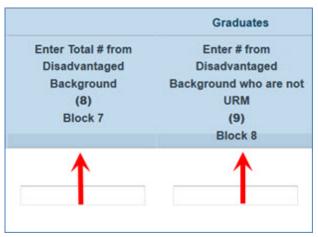


Figure 36. DV-2 - Entering Graduates Count from Disadvantaged Background

#### For degree-bearing programs, follow the instructions below:

Note: Enter \"0\" in Block 7 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.

## DV-2: Trainees from a Disadvantaged Background

#### DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background

Ongoing Trainees				
Enter Total # from Disadvantaged Background   Enter # from Disadvantaged Background who are not UR				
(13)	(14)			

Figure 37. DV-2 - Entering Ongoing Trainees Count from Disadvantaged Background

Ongoing Trainees: Enter Total # from Disadvantaged Background: Enter the number of ongoing trainees from a disadvantaged background enrolled in each training program in the textbox under Column 13.

Ongoing Trainees: Enter # from Disadvantaged Background who are not URM: Enter the number of ongoing trainees from a disadvantaged background (who are not underrepresented minorities) enrolled in each training program during the current reporting period in the textbox in Column 14.

#### DV-2 - Entering Program Completers Count from Disadvantaged Background

	Graduates				
Enter Total # from Disadvantaged Background (8) Block 7	Enter # from Disadvantaged Background who are not URM (9) Block 8	Enter Total # from Disadvantaged Background (10) Block 9	Enter # from Disadvantage Background who are not URM (11) Block 10		
		Ť	1		

Figure 38. DV-2 - Entering Program Completers Count from Disadvantaged Background

For internship, field placement, residency or structured training programs marked as \"Complete\", follow the instructions below:

Note: Enter \"0\" in Block 9 if there were no individuals from disadvantaged backgrounds who completed the training programs listed in this subform.

Note: Counts reported in Block 10 are a subset of counts reported in Block 9.

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

#### DV-2 - Entering Graduates/Program Completers Count from Disadvantaged Background

Graduates/Program Completers				
Enter Total # from Disadvantaged Background   Enter # from Disadvantaged Background who are n				
(15)	(16)			

Figure 39. DV-2 - Entering Graduates/Program Completers Count from Disadvantaged Background

Graduates/Program Completers: Enter Total # from Disadvantaged Background: Enter the total number of graduates/program completers from disadvantaged backgrounds in each training program during the current reporting period in the textbox in Column 15.

Graduates/Program Completers: Enter # from Disadvantaged Background who are not URM: Enter the number of graduates/program completers from a disadvantaged background (who are not underrepresented minorities) in each training program in the textbox in Column 16.

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

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

	Record	Type of Training Program	Trainees from Rural Residential Background		
	Status	(1)	Enter # of Enrollees from a Rural Background (2) Block 1	Enter # of Graduates from a Rural Background (5) Block 4	
1	New Record	Degree/Diploma   MSN/MPH   Nursing - NP - Neonatal   Campus-based program			

Figure 40. DV-3 - Entering Enrollees Count from Rural Residential Background

For degree-bearing, internship, field placement and structured training programs marked as \"Ongoing\", follow the instructions below and then skip to the Final Steps for this subform.

Note: Enter \"0\" if there were no individuals from a rural residential background 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.

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

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

No	o. Record Status	Type of Training Program (1)	Trainees from Rural Residential Background	
			Enter # of Enrollees from a Rural Background (2) Block 1	Enter # of Graduates from a Rural Background (5) Block 4
1	New Record	Degree/Diploma   MSN/MPH   Nursing - NP - Neonatal   Campus-based program		

Figure 41. DV-3 - Entering Graduates Count from Rural Residential Background

#### For degree-bearing programs, follow the instructions below:

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.

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

### DV-3 - Entering Ongoing Trainees 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).

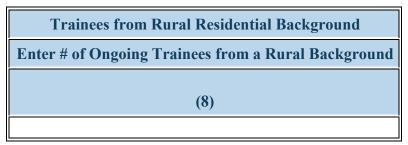


Figure 42. DV-3 - Entering Ongoing Trainees Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Ongoing Trainees from a Rural Background: Enter the number of ongoing trainees from a rural residential background enrolled in each training program during the current reporting period in the textbox in Column 8.

#### DV-3 - Entering Program Completers Count from Rural Residential Background

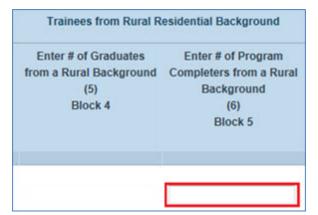


Figure 43. DV-3 - Entering Program Completers Count from Rural Residential Background

For internship, field placement, residency or structured training programs marked as \"Complete\", follow the instructions below:

T

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.

#### DV-3 - Entering Graduates/Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background		
Enter # of Graduates/Program Completers from a Rural Background		
(9)		

Figure 44. DV-3 - Entering Graduates/Program Completers Count from Rural Residential Background

Trainees from Rural Residential Background: Enter # of Graduates/Program Completers from a Rural Background: Enter the number of Graduates/Program Completers from a rural residential background enrolled in each training program during the current reporting period in the textbox in Column 9.

Trainees from Rural Residential Background: Enter # of Graduates/Program Completers from a Rural Background:

### **Experiential Characteristics—EXP Subforms**

#### **EXP** - Introduction

- 1. Purpose: The EXP forms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.
- The EXP-1 form collects information about the different clinical sites used to provide your trainees with experiential training.
- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site used during the current reporting period.
- 2. Order of Forms:
- The EXP forms MUST be completed in order, otherwise drop-down menus will not populate correctly.
- You must complete and click 'Save and Validate' in EXP-1 before proceeding to EXP-2.
- 3. Pre-population of Prior Records (training sites):
- 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.

Complete the EXP forms only for sites used to train individuals who appear on the LR-1 subform.

### **EXP-1: Training Site Setup**

#### **EXP-1 - Entering Site Name**



Figure 45. 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).

#### **EXP-1 - Selecting Whether the Site was Used in the Current Period**

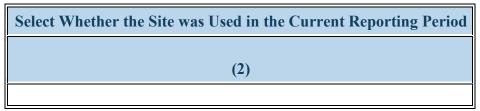


Figure 46. EXP-1 - Selecting Whether the Site was Used in the Current Period

#### **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 records, you must select \"Yes\" under 2 column 2.

Note: 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 a clinical site was NOT used in the current reporting period, then it will not appear on EXP-2 as a dropdown option in Column 1.

#### **EXP-1 - Selecting Type of Site Used**

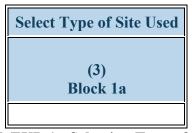


Figure 47. EXP-1 - Selecting Type of Site Used

#### **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 under Column 3 and choosing from one of the following options:

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community Mental Health Center
- Critical Access Hospital
- Emergency Room
- FQHC or look alike
- Federal Government Other
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Other

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Community Behavioral 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

- Acute care services
- Community based organization
- Community Health Center (CHC)
- 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

- Physician Office
- Senior Centers
- Rural Health Clinic
- Surgery Clinic
- Tribal Organization
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Tribal Government



Note: If you select \"Other\" in Column 3, provide an explanation in the comments field and reference the site name.

#### **EXP-1 - Selecting Type of Setting Where the Site was Located**

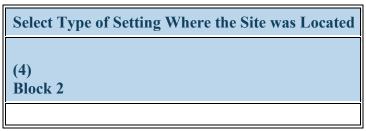


Figure 48. EXP-1 - Selecting Type of Setting Where the Site was Located

#### **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 designated settings by clicking on the drop-down menu under Column 4 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.

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

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

#### **EXP-1 - Selecting Type(s) of Partners/Consortia**

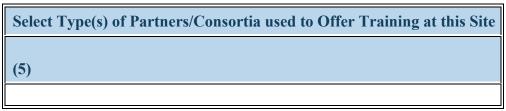


Figure 49. EXP-1 - Selecting Type(s) of Partners/Consortia

#### 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 reporting period by clicking on the drop-down menu in Column 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

- 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

- 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 Resources and Services Administration Bureau of Health Workforce

- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Nonprofit organization (non faith based)
- No partners/consortia used

• Nurse Managed Health Clinics

Annual Performance Report Academic Year 2018-2019

- Health disparities research center
- Nonprofit organization (faith based)
- Private/For profit organization



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



Note: If you select \"Other\" in Column 5, provide an explanation in the comments field and reference the site name.

#### **EXP-1 - Selecting Type(s) of Vulnerable Population**

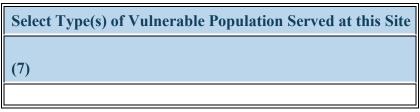


Figure 50. EXP-1 - Selecting Type(s) of Vulnerable Population

#### **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 and choosing all that apply from the following options:

- Adolescents
- College students
- Individuals with mental illness or substance use disorders
- Military and/or military families
- Pregnant women and infants
- Veterans

- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Older adults
- Returning war veterans (Iraq or Afghanistan)
- Victims of abuse or trauma

- Chronically ill
- Individuals with HIV/AIDS
- Migrant workers
- People with disabilities
- Unemployed
- None of the above



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

## **EXP-1 - Entering Site's geographical Data**

<b>Enter Zip Code</b>	City	State	Four Digit Zip Code Extension
(8)	(9)	(10)	(11)

Figure 51. EXP-1 - Entering Site's geographical Data

0.1	
( 'ifx	
City	•

State:

**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 <a href="https://tools.usps.com/go/ZipLookupAction\_input">https://tools.usps.com/go/ZipLookupAction\_input</a>. 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.

## EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

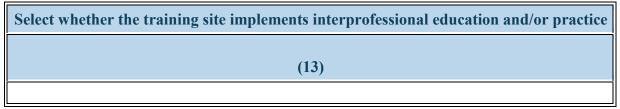


Figure 52. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

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

- Yes
- No

## EXP-1 - Selecting any HHS Priorities Addressed at this Site

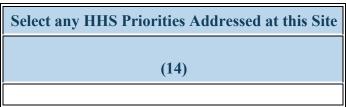


Figure 53. EXP-1 - Selecting any HHS Priorities Addressed at this Site

#### **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

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.

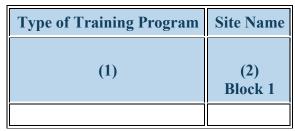


Figure 54. EXP-2 - Selecting Training Program and Site Name

**Type of Training Program:** To begin completing the EXP-2 subform, select a training program by clicking on the drop-down menu under Column 1 and choosing **one** of the available options.

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



Note: The EXP-2 form will initially appear blank.

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

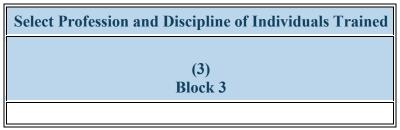


Figure 55. EXP-2 - Selecting Profession and Discipline of Individuals Trained

#### **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 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

- Behavioral Health Clinical Social Work
- Behavioral Health Other Psychology
- Student Diploma/Certificate
- 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 Orthopaedic Surgery
- Medicine Pathology Anatomical and Clinical

- Behavioral Health Counseling Psychology
- Behavioral Health Other Social Work Substance Abuse/Addictions Counseling
- 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 Other
- Medicine Physical Medicine and Rehabilitation

#### Health Resources and Services Administration Bureau of Health Workforce

- Student Physician Assistant
- Medicine Otolaryngology
- Medicine Plastic Surgery
- 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 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

- Medicine Plastic Surgery Integrated
- 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 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

# Annual Performance Report Academic Year 2018-2019

- 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 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
- Student 9 12 (secondary)
- Student CNS Geropsychiatric
- Student CNS Psychiatric/Mental health
- Student Dental Hygiene

#### Health Resources and Services Administration Bureau of Health Workforce

- Public Health Injury Control & Prevention
- Student CNS Adult gerontology
- Student CNS Neonatal
- Student CNS Women's health
- Student Dental School
- Student Graduate Other Behavioral Health
- Student Graduate Social Work
- Student Licensed Practical/Vocational Nurse (LPN/LVN)
- Student NP Acute care pediatric
- Student NP Adult Psychiatric/Mental health
- Student NP Family
- Student NP Neonatal
- Student NP Women's health
- Student Nurse Assistant/Patient Care Associate (PCA)
- Student Nurse Midwife
- Student Nursing Informatics
- Student Public Health Nurse
- Student Registered Nurse BSN
- Student/ABSN
- Student/BSN

- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Social & Behavioral Sciences
- Student CNS Family
- Student CNS Pediatrics
- Student Dental Assistant
- Student Graduate Nursing Doctorate
- Student Graduate Psychology
- Student Home Health Aide
- Student Medical School
- 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 Educator
- Student Nurse Researchers/Scientists
- Student Nursing Pre licensure
- Student Registered nurse (RN)
- Student Undergraduate Other
- Student/Associates Degree
- Student/Medicine other

# Annual Performance Report Academic Year 2018-2019

- Student Graduate Other
- Student Graduate Public Health
- Student K 8 (primary)
- 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 Generalist
- Student Nursing Assistant
- Student Post high school / Pre college
- Student Registered Nurse AD
- Student Undergraduate Public Health
- Student/BS-BSN Completion

Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the LR-1 form. "Other Interprofessional" trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.



Note: Do not select professions/disciplines for faculty, site staff, or other non-trainees.

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

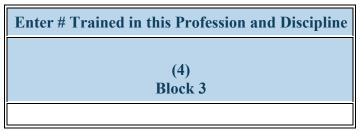


Figure 56. EXP-2 - Entering # Trained in the Profession and Discipline

For each row, enter the number of \"Principal\" trainees in the profession and discipline listed.

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

Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form.



Note: Do not enter counts for faculty, site staff, or other non-trainees.

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

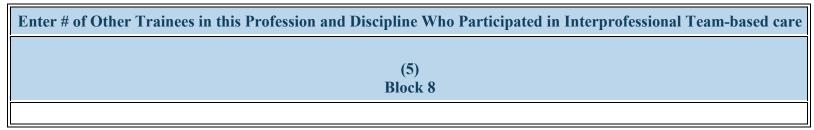


Figure 57. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: In Column 5 (Block 8), enter the number of all OTHER Interprofessional trainees who participated in team-based care alongside the Principal trainees. Counts provided should be based on individuals NOT reported on INDGEN.



Warning: Do not count faculty or non-trainees.

#### **EXP-2 - Adding Individuals Trained Example 1**

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline  (4)  Block 3	
	(1)	(2) Block 1	(3) Block 3		
1	Practicum/Field Placement   Student- Medical School	Site 1	Student-Medical School	24	
2	Practicum/Field Placement   Student- Medical School	Site 2	Student-Medical School	10	
3	Practicum/Field Placement   Student- Medical School	Site 3	Student-Medical School	4	

Figure 58. EXP-2 - Adding Individuals Trained Example 1

**Example 1. Principal Trainees ONLY (no interprofessional trainees):** In Example 1, medical students program did not participate in interprofessional experiences, so only principal trainees are being reported. The principal medical students trained at 3 different clinical training sites.

- At Site 1, there were 24 principal medical students and no "other interprofessional" trainees (see row 1).
- At Site 2, there were 10 principal medical students and no "other interprofessional" trainees (see row 2).
- At Site 3, there were 4 principal medical students and no "other interprofessional" trainees (see row 3).

## **EXP-2 - Adding Individuals Trained Example 2**

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care  (5) Block 8	
	(1)	(2) Block 1	(3) Block 3	(4) Block 3		
1	Practicum/Field Placement   Student- Medical School	Site 1	Student-Medical School	24	0	
2	Practicum/Field Placement   Student- Medical School	Site 1	Student-Pharmacy School	0	2	
3	Practicum/Field Placement   Student- Medical School	Site 1	Medicine - Psychiatry	0	3	
3	Practicum/Field Placement   Student- Medical School	Site 2	Student-Medical School	15	0	
4	Practicum/Field Placement   Student- NP-Adult Gerontology	Site 2	Student-Pharmacy School	0	4	

Figure 59. EXP-2 - Adding Individuals Trained Example 2

**Example 2. Principal and Other Interprofessional Trainees (different disciplines):** In Example 2, medical students participated in interprofessional training experiences alongside other trainees.

• At Site 1, 24 principal medical students trained alongside "other interprofessional" trainees: 2 Pharmacy students and 3 Psychiatry residents who were not associated with the HRSA grant (see rows 1-3).

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

• At Site 2, 15 principal medical students trained alongside "other interprofessional" trainees: 4 pharmacy students who were not associated with the HRSA grant (see rows 4 and 5).

#### **EXP-2 - Adding Individuals Trained Example 3**

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Practicum/Field Placement   Student- Medical School	Site 1	Student- Medical School	24	10
Practicum/Field Placement   Student- Medical School	Site 1	Medicine - Psychiatry	0	2
Practicum/Field Placement   Student- Medical School	Site 2	Student- Medical School	10	22
Practicum/Field Placement   Student- Medical School	Site 2	Student - Dental School	0	5

Figure 60. EXP-2 - Adding Individuals Trained Example 3

**Example 3. Principal and Other Interprofessional Trainees (same disciplines):** In Example 3, medical students participated in interprofessional training experiences alongside other trainees, including other medical students who were not associated with the HRSA grant.

- At Site 1, 24 principal medical students trained alongside "other interprofessional" trainees: 2 Psychiatry residents and 10 other medical students who were not associated with the HRSA grant (see rows 1 and 2).
- At Site 2, 10 principal medical students trained alongside "other interprofessional" trainees: 5 dental students and 22 other medical students who were not associated with the HRSA grant (see rows 3 and 4).

## **EXP-2 - Selecting Type of Site Used**

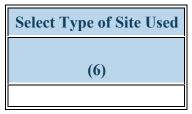


Figure 61. EXP-2 - Selecting Type of Site Used

**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
- Assisted Living Community
- Community Mental Health Center
- 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

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Community Behavioral 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)

- Acute care services
- Community based organization
- Community Health Center (CHC)
- 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

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

• Surgery Clinic

- Tribal Government
- Tribal Organization

#### **EXP-2 - Selecting Type of Setting Where the Site was Located**

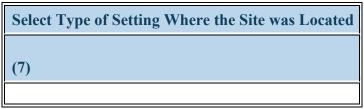


Figure 62. EXP-2 - Selecting Type of Setting Where the Site was Located

**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

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

- 1. Purpose: The CE subforms are used to characterize continuing education course characteristics and trainees.
- •The CE-1 form captures information about the continuing education courses and training activities offered in the current reporting period.
- •The CE-2 subform collects information about the professions and disciplines of individuals trained in the offered CE courses or training activities.
- 2. Order of Subforms:
- •CE subforms MUST be completed in order, otherwise drop-down menus will not prepopulate correctly.
- •You must complete and 'Save and Validate' CE-1 first before proceeding to CE-2.
- 3. Pre-population of Prior Records (CE Courses) reported previously:
- •THE BPMH SYSTEM WILL NO LONGER PREPOPULATE DATA INTO THE CE-1 SUBFORM.
- •Each reporting period, the CE-1 form will initially appear blank.
- •The ONLY courses or activities to be entered are those that were offered during the current reporting period.
- •To view data submitted in the previous reporting period, click on the \"View Prior Data\" link.

## **CE-1: Continuing Education - Course Characteristics and Content**

## CE-1 - Setup



Figure 63. CE-1 - Setup

To begin providing information about continuing education courses offered during the annual 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.

## **CE-1 - Entering Course Title**

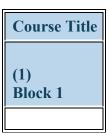


Figure 64. CE-1 - Entering Course Title

**Course Title:** Enter the name of each course offered under Column 1.



Warning: Course titles are limited to 200 characters.

## **CE-1 - Selecting Whether Course is Approved for Continuing Education Credit**



Figure 65. 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 Block 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.

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 continuing education course accreditation.

#### **CE-1 - Entering Course Duration**

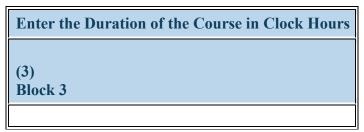


Figure 66. CE-1 - Entering Course Duration

Enter the Duration of the Course in Clock Hours: Enter the duration, in clock hours, of each course offering in the textbox under Block 2.

Note: 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.

## CE-1 - Entering # of Times Course was Offered

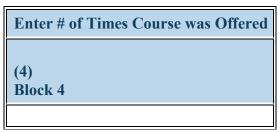


Figure 67. CE-1 - Entering # of Times Course was Offered

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



Note: For instructional activities offered via distance learning, enter the **intended duration** of each activity in Column 3 (Block 3).

#### **CE-1 - Selecting Delivery Mode**

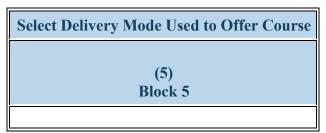


Figure 68. CE-1 - Selecting Delivery Mode

**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 Block 5 and choosing **one** of the following options:

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

#### **CE-1 - Selecting Type(s) of Partnership(s)**

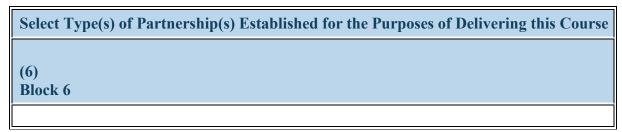


Figure 69. CE-1 - Selecting Type(s) of Partnership(s)

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 Block 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

- 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

- 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

#### Health Resources and Services Administration Bureau of Health Workforce

- Local Government
- Nonprofit organization (faith based)
- Nursing Home
- Private/For profit organization
- Senior Center
- Tribal Organization

- Nonprofit organization (non faith based)
- Other
- Professional Associations
- State Governmental Programs

Annual Performance Report Academic Year 2018-2019

- Quality improvement organization
- Tribal Government



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

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

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 70. 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 annual reporting period by clicking on the drop-down menu under Block 9 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 drop-down under Block 9, enter the total number of participants who are employed in a primary care setting in Block 9a. If none of the participants are employed in this setting, enter "0" in Block 9a.

If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9a.

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Medically Underserved Community: If "Yes" was selected in the drop-down under Block 9, enter the total number of participants who are employed in a medically underserved community in Block

Enter # of Individuals Trained by Employment Location (not mutually exclusive): Rural Area: If "Yes" was selected in the drop-down under Block 9, enter the total number of participants who are employed in a rural area in Block 9c. If none of the participants are employed in this setting, enter "0" in Block 9c.

If "No" was selected in the drop-down menu under Block 9, enter "N/A" in Blocks 9c.

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 Blocks 9a, 9b and 9c are not meant to be mutually exclusive.

## **CE-1 - Selecting Primary Topic Area**

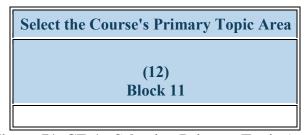


Figure 71. CE-1 - Selecting Primary Topic Area

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 Other
- Population Minority Health
- Population Womens Health
- Setting Primary Care
- Other-Topic Not Listed

- 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 Unspecified
- Population Geriatric Health
- Population Rural Health
- Population Other
- Setting Rural

- 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
- Infectious Disease HIV/AIDS
- Population Maternal Child Health
- Population Veterans Health
- Setting Medically-Underserved Communities
- Setting Other

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, data collection and analysis etc. Clinical Training - Technology - Other incorporates the following topic areas: telemedicine, informatics, electronic medical records etc.

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**

<b>Course Title</b>	Select Profession and Discipline of Individuals Trained
(1) Block 1	(2) Block 8

Figure 72. CE-2 - Selecting Profession and Discipline of Individuals Trained

**Course Title:** To complete the CE-2 subform, select the title of the course by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.

**Select Profession and Discipline of Individuals Trained:** Next, select the profession and discipline of participants who participated in each course by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Behavioral Health Clinical Psychology
- Behavioral Health Marriage and Family Therapy
- Behavioral Health Pastoral/Spiritual Care
- Dentistry Endodontic Dentistry
- Dentistry Orthodontic Dentistry
- Dentistry Pediatric Dentistry
- Dentistry Public Health Dentistry
- Medicine Allergy and Immunology
- Medicine Dermatology
- Medicine General Preventive Medicine

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

- 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
- Medical Interpreter
- Medicine Colon and Rectal Surgery
- Medicine Family Medicine
- Medicine Geriatrics
- Medicine Internal Medicine/Family Medicine
- Medicine Neurological Surgery
- Medicine Obstetrics and Gynecology

## Health Resources and Services Administration Bureau of Health Workforce

- 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
- 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

- 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
- Other Lay and Family Caregiver
- Other Nutritionist
- Other Optometry
- Other Podiatry
- Other Speech Therapy
- Physician Assistant
- Public Health Environmental Health

## Annual Performance Report Academic Year 2018-2019

- 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
- Other Health Education Specialist
- Other Medical Assistant
- Other Occupational Therapy
- Other Pharmacy
- Other Profession Not Listed
- Other Unknown
- Public Health Biostatistics

## Health Resources and Services Administration Bureau of Health Workforce

- 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
- Public Health Disease Prevention & Health Promotion
- Public Health Health Policy & Management
- Public Health Other

## • Public Health - Infectious Disease Control

• Public Health - Social & Behavioral Sciences

## Annual Performance Report Academic Year 2018-2019

- Public Health Epidemiology
- Public Health Injury Control & Prevention

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

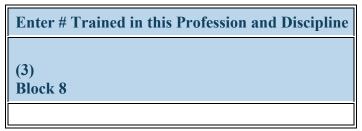


Figure 73. CE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Next, enter the number of trainees in that profession and discipline in the textbox directly next to the drop-down menu. Repeat this process to capture the total number of trainees by profession and discipline who participated in each course during the annual reporting period.

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.

## **Printing Your Performance Report**

- 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.

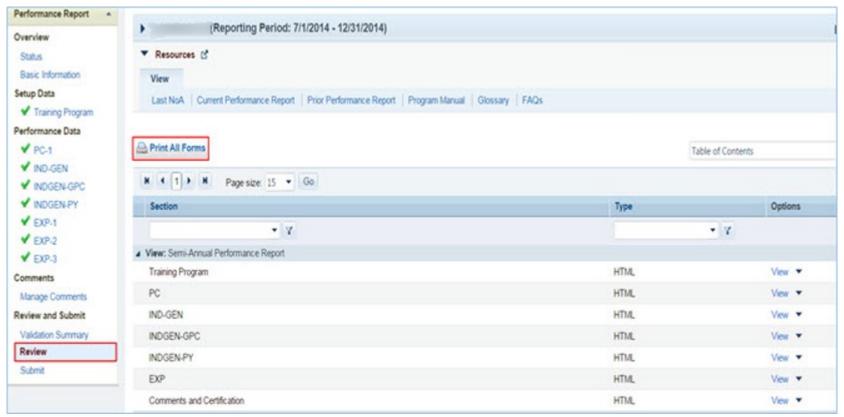


Figure 74. Screenshot of Printing Your Performance Report

## **Submitting 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.

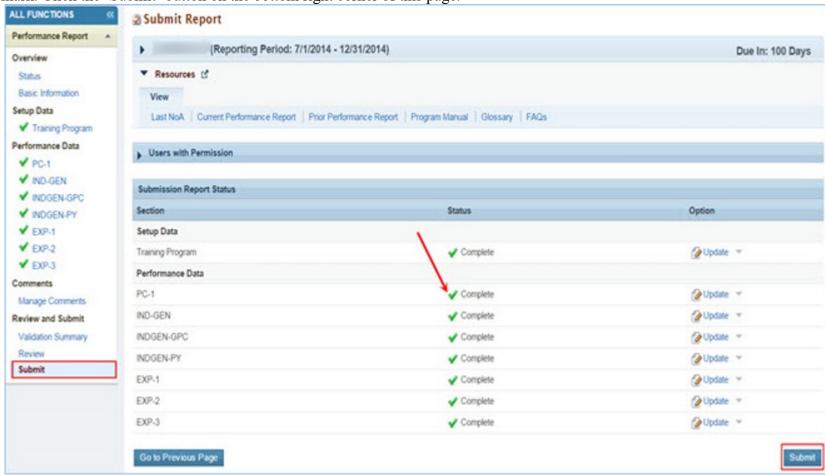


Figure 75. Screenshot of the Submit Report Page

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.



Figure 76. Screenshot of the Submit Report - Confirm Page

# **Appendix A: Glossary**

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

## **Appendix B: FAQs**

#### **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, 1-year 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 Bureau of Health Workforce

Annual Performance Report Academic Year 2018-2019

#### 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.

#### 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?

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.

Annual Performance Report Academic Year 2018-2019

#### 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.

Annual Performance Report Academic Year 2018-2019

## 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.