

ACADEMIC YEAR 2014-2015



**Instruction Manual for Grantees of the  
Children's Hospitals Graduate Medical Education  
Program**

**Annual Performance Report**

## Welcome

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

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **CHGME** grant program:
  - **Provide Graduate Medical Education in freestanding Children's Teaching Hospitals.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2014 - June 30, 2015** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than January 31, 2016.** 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 PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter 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.

We appreciate your feedback and assistance during this process. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at **877-Go4-HRSA/877-464-4772** or
- Click this link to send us your inquiry: [click here](#).

*National Center for Health Workforce Analysis*

*Performance Metrics and Evaluation Branch*

## Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the 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: **05/31/2016**). 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 which 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 Block or subform in the BPMH system.

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

The BPMH system has been enhanced so as to prepopulate specific Blocks 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.



The screenshot shows a web interface with a link labeled "View Prior Period Data" at the top left, enclosed in a red rectangular box. Below this link is a light blue horizontal bar with the text "Fields with \* are required". Underneath the bar is a section titled "Add Training Program" with a red asterisk. Below the title is the text "Select Type of Training Program Offered" and a smaller instruction "(Click the 'Load Program Details' button after selecting your training program)". To the right of this text is a dropdown menu with the text "Select One" and a downward arrow.

**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)<br>Block 1                | (5)<br>Block 4       | (7)<br>Block 6  | (8)<br>Block 6a                                       |
| 1   | Degree/Diploma   MD/MPH   Health Policy & Management | 20                            | 5                    | 1   | 0   |

**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.

**Column Number:** 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.

**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.**

- 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.
- 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](#).
- 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.
- 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.
- 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 <http://bhw.hrsa.gov/grants/reporting/index.html> 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:
  - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
  - Glossary- Current definitions of key terms
  - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
  - View recorded videos of how to enter data in the BPMH system: <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>
  - View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
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; EXP-2, prior to EXP-3)
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. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center using the contact information below. 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.
  - Phone at 877-Go4-HRSA/877-464-4772; or
  - Click this link to send us your inquiry: [click here](#).
10. **Government Project Officers:** Contact your Government Project Officer if you need further assistance.

## 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          |
|-------|-----------------------|--|------------------|
| 1     | Setup Form            | Setup Forms                                | Training Program |
| 2     | Performance Data Form | Program Characteristics-PC Subforms        | PC-6             |
| 3     | Performance Data Form | Program Characteristics-PC Subforms        | PC-8             |
| 4     | Performance Data Form | Program Characteristics-PC Subforms        | PC-9             |
| 5     | Performance Data Form | Program Characteristics-PC Subforms        | PC-10            |
| 6     | Performance Data Form | Individual Characteristics-INDGEN Subforms | IND-GEN          |
| 7     | Performance Data Form | Individual Characteristics-INDGEN Subforms | INDGEN-PY        |
| 8     | Performance Data Form | Experiential Characteristics-EXP Subforms  | EXP-1            |
| 9     | Performance Data Form | Experiential Characteristics-EXP Subforms  | EXP-2            |
| 10    | Performance Data Form | Experiential Characteristics-EXP Subforms  | EXP-3            |

| <b>Order</b> | <b>Type of Form</b>   | <b>Parent Form</b>               | <b>Form ID</b> |
|--------------|-----------------------|----------------------------------|----------------|
| 11           | Performance Data Form | CHGME Hospital Data-CHD Subforms | CHD-1          |
| 12           | Performance Data Form | CHGME Hospital Data-CHD Subforms | CHD-2          |
| 13           | Performance Data Form | CHGME Hospital Data-CHD Subforms | CHD-3          |
| 14           | Performance Data Form | Program Curriculum Changes       | PCC            |

## Multi-User Forms

The BPMH system has recently been enhanced to allow multiple users to simultaneously enter and edit records on several forms. Please review the section below for details on how to enter new records, edit prior records, and check-in completed data for consolidation by the submitting official.

1. **Entering and Editing New Records in a Multi-User Form (Individual Users)**
  - a. Individual users who have been assigned editing privileges will be able to enter new records in multi-user forms.
  - b. All new records will be labeled with the creator’s credentials. These records will be visible only to the creating user and the submitting official(s). Individual users will not be able to view or edit other users’ new records.
  - c. To enter data on each form, follow the steps detailed in the program manual.
  - d. When data entry for each record is complete, click on the ‘Edit Prior Records’ button to begin editing prior records.
2. **Editing Prior Records in a Multi-User Form (Individual Users)**
  - a. To edit prior records click on the ‘Edit Prior Records’ button.
  - b. Prior records will be visible and editable for all users. Individual users should update their assigned prior records as appropriate. Refer to the program manual for step-by-step data entry instructions for each form.
  - c. Multiple users can work on the prior records table, but two users cannot work on the same prior record at the same time.
  - d. Note- Individual users can return to the new records table by selecting the ‘Edit New Records’ button.

| Type of Training Program                                     | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex |              |
|--|-------------------|--|--|-------------------------|--------------|
| (1)<br>Nursing - NP - Pediatrics   Distance Learning program | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     | (5)<br>Block 4          | (6)<br>Block |
|  |                   |  |  |                         |              |
|  |                   |  |  |                         |              |
|  |                   |  |  |                         |              |
|  |                   |  |  |                         |              |

Figure 3. Screenshot of the Multi User Form

**3. Checking-In and Editing Completed Data (Individual Users)**

- a. When an individual user has completed data entry for new and prior records, select the “Check-in” button. This indicates that this user’s portion of the data entry is complete and ready for consolidation and review by the submitting official.
- b. If an individual user needs to make additional changes to data that have been checked-in, select the “Edit” button. This will allow individual users to revise the data.
- c. Note- Editing ‘Checked-in’ records will reset the consolidation status to ‘In Progress’. Users will need to ‘Check-in’ revised data once again, and the submitting official will have to perform the consolidation again with the updated data.
- d. Note- The Edit function will not be available when the submitting official is actively logged in.

Page: 1    Page size: 50    Edit Prior Records

| Record Status | Type of Training Program                              | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select         |
|---------------|---|-------------------|--|--|----------------|
|               | (1)   | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     | (5)<br>Block 4 |
| 1             | Nursing - NP - Pediatrics   Distance learning program |                   |  |  |                |
| 2             |   |                   |  |  |                |
| 3             |   |                   |  |  |                |
| 4             |   |                   |  |  |                |
| 5             |   |                   |  |  |                |
| 6             |   |                   |  |  |                |
| 7             |   |                   |  |  |                |
| 8             |   |                   |  |  |                |
| 9             |   |                   |  |  |                |
| 10            |   |                   |  |  |                |
| 11            |   |                   |  |  |                |
| 12            |   |                   |  |  |                |
| 13            |   |                   |  |  |                |
| 14            |   |                   |  |  |                |
| 15            |   |                   |  |  |                |

Comments

Go to Previous Page    **Check In**

Figure 4. Screenshot of the Multi User Form

|   | Record Status | Type of Training Program  | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status |
|---|---------------|---|-------------------|--|--|
|   |               | (1)   | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     |
| 1 | Prior Record  | Degree/Diploma   DNP / DrNP   Nursing - NP - Family   Distance learning program     | 0014516           | Enrollee (distance learning only)                | Full-time  |
| 2 | Prior Record  | Degree/Diploma   DNP / DrNP   Nursing - NP - Pediatrics   Distance learning program | 0016177           | Enrollee (distance learning only)                | Part-time  |
| 3 | Prior Record  | Degree/Diploma   DNP / DrNP   Nursing - NP - Family   Distance learning program     | 0068993           | Enrollee (distance learning only)                | Part-time  |
| 4 | Prior Record  | Degree/Diploma   DNP / DrNP   Nursing - NP - Family   Distance learning program     | 0085687           | Enrollee (distance learning only)                | Part-time  |

Comments

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**Figure 5. Screenshot of the Multi User Form**

**4. Reviewing and Consolidating Records (Submitting Official)**

- a. When all individual users have completed data entry for their new and prior records, the submitting official will select the ‘Consolidate’ button to combine all records for review.

Following consolidation, the submitting official will select the ‘Save and Validate’ button. If errors are present, follow the directions provided to resolve them.

| Select Individual's Academic or Training Year | Training in a Primary Care Setting          |                          |                               | Training in a Medically Underserved Area    |                          | Training in a Rural Area                    |                          | Select Whether Individual Left the Program Before Completion | Select Whether Individual Graduated/Completed the Program | Select Degree Earned | Select Individual's Post-Graduation/Completion Intentions                                  |
|---|---|--------------------------|-------------------------------|---|--------------------------|---|--------------------------|--|---|----------------------|--|
|   | Select Whether Individual Received Training | Enter # of Contact Hours | Enter # of Patient Encounters | Select Whether Individual Received Training | Enter # of Contact Hours | Select Whether Individual Received Training | Enter # of Contact Hours |  |   |                      |  |
| (26) Block 15                                 | (28) Block 17                               | (29) Block 17a           | (30) Block 17b                | (31) Block 18                               | (32) Block 18a           | (33) Block 19                               | (34) Block 19a           | (36) Block 21  | (37) Block 22   | (38) Block 22a       | (39) Block 22b   |
| Graduate Year 3                               | No  |                          |                               | No  |                          | No  |                          | No   | Yes   | MSN                  | Individual intends to become employed or pursue further training in a primary care setting |

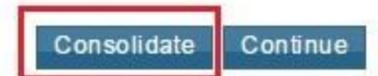


Figure 6. Screenshot of the Multi User Form

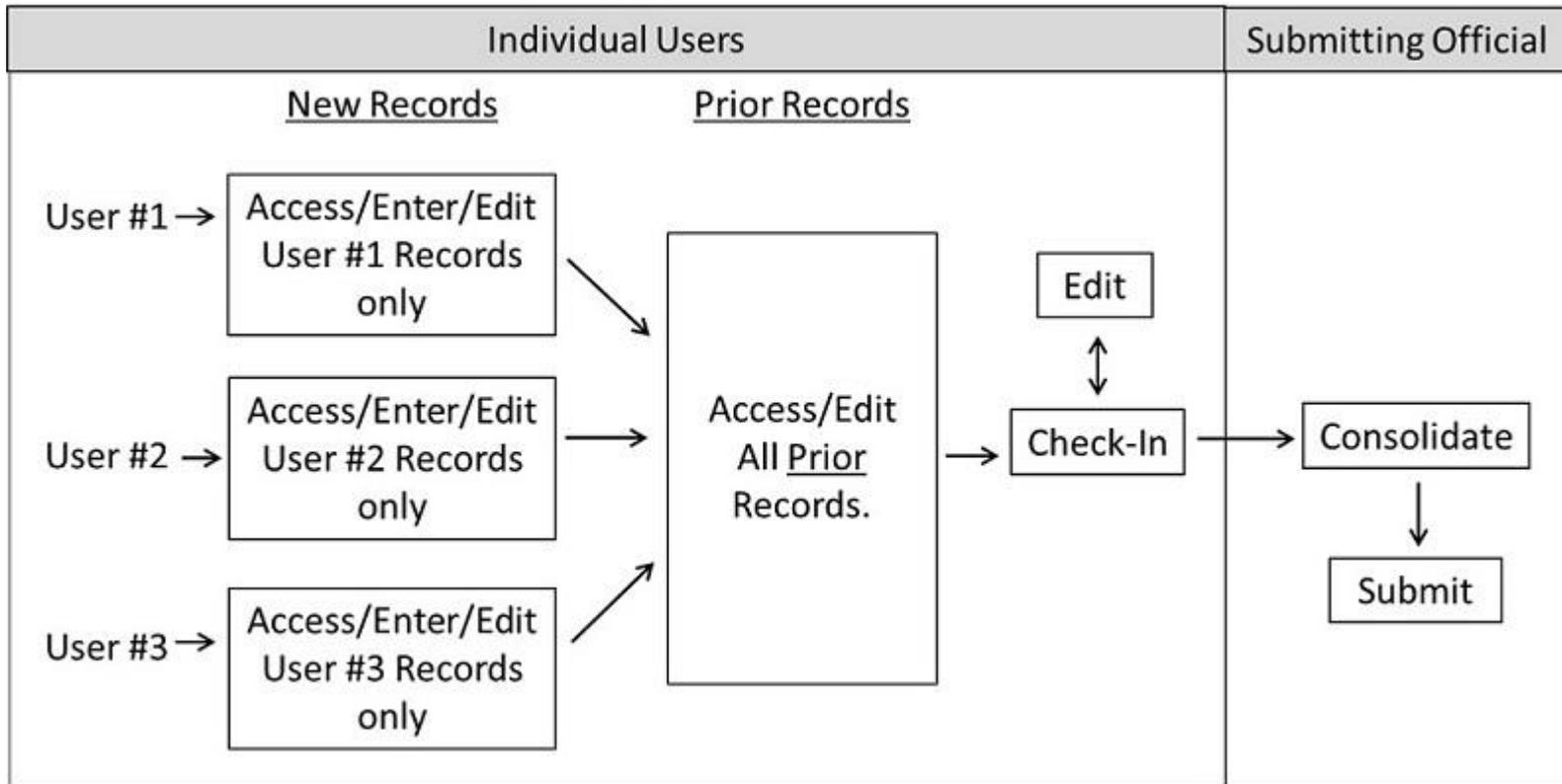


Figure 7. Screenshot of the Multi User Form

## Training Program - Setup

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

**Purpose:** The Training Program Setup form will configure all subsequent subforms specific to fellowship, residency, and major participating sites/rotation sites (depending on your grant).

The screenshot shows a web form titled "Add Training Program". It contains a dropdown menu labeled "Select Type of Training Program Offered" with a red border. The dropdown is open, showing four options: "Select One", "Fellowship program", "Major Participating Site/Rotation Site", and "Residency program (Sponsoring program)". To the right of the dropdown is a button labeled "Load Program Details". Below the dropdown are two text boxes: "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained" and "For a Major Participating Site/Rotation Site, Select the Program Name". At the bottom left is a button labeled "Add Record".

**Figure 8. Training Program Setup - Selecting Type of Training Program**

**Select Type of Training Program Offered:** Select the type of training program supported through the grant during the current reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing **one** of the following options:

- Fellowship program
- Major Participating Site/Rotation Site
- Residency program



*Note: Previously reported training programs (i.e., prior records) will prepopulate in the “Saved Records” table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form (“Selecting Training Activity Status”).*

## Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". It contains several input fields and a dropdown menu. The first field is "Select Type of Training Program Offered" with a sub-instruction "(Click the 'Load Program Details' button after selecting your training program)". The second field is "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained". The third field is "For a Major Participating Site/Rotation Site, Select the Program Name". A dropdown menu is open, showing options: "Select One", "Fellowship program", "Major Participating Site/Rotation Site", and "Residency program (Sponsoring program)". A "Load Program Details" button is highlighted with a red box. An "Add Record" button is located at the bottom left of the form.

**Figure 9. 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: Previously reported training programs (i.e., prior records) will prepopulate in the “Saved Records” table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form (“Selecting Training Activity Status”).*

## Training Program Setup - Adding Fellowship Program

\* Add Training Program

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

Fellowship program Load Program Details

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained Select One

For a Major Participating Site/Rotation Site, Select the Program Name

Add Record

Figure 10. Training Program Setup - Adding Fellowship Program

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

- **Select the profession and discipline of fellows** in each **fellowship** program supported with grant funds by clicking on the drop-down menu and choosing **one** of options below
- Next, **click on the "Add Record"** button to save your entry.
- **Repeat this process** as necessary to capture the primary profession and discipline of each **fellowship** program supported with grant funds during the current reporting period.

### Selection Values:

- Critical Care Medicine Subspecialties - Anesthesiology CCM
- Critical Care Medicine Subspecialties - Cardiology CCM
- Critical Care Medicine Subspecialties - Emergency Medicine CCM
- Critical Care Medicine Subspecialties - Infectious Disease CCM
- Critical Care Medicine Subspecialties - Internal Medicine CCM
- Critical Care Medicine Subspecialties - Nephrology CCM
- Critical Care Medicine Subspecialties - Pediatrics CCM
- Critical Care Medicine Subspecialties - Pulmonary CCM
- Critical Care Medicine Subspecialties - Surgery CCM

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- Medical Subspecialties - Allergy & Immunology
- Medical Subspecialties - Cardiology - Clinical Cardiac Electrophysiology
- Medical Subspecialties - Critical Care Medicine
- Medical Subspecialties - Endocrinology, Diabetes and Metabolism
- Medical Subspecialties - Gastroenterology - Hepatology
- Medical Subspecialties - Hematology - Hematologic Pathology
- Medical Subspecialties - Infectious Diseases
- Medical Subspecialties - Medical Genetics (Adult Molecular Genetic Pathology)
- Medical Subspecialties - Pulmonary and Sleep Medicine
- Medical Subspecialties - Sleep Medicine
- Oral Health Specialties and Subspecialties - Dental
- Medical Subspecialties - Cardiology
- Medical Subspecialties - Cardiology - Interventional Cardiology
- Medical Subspecialties - Endocrinology
- Medical Subspecialties - Gastroenterology
- Medical Subspecialties - Hematology & Oncology
- Medical Subspecialties - Hospice and Palliative Medicine
- Medical Subspecialties - Medical Genetics (Adult Biochemical Genetics)
- Medical Subspecialties - Nephrology
- Medical Subspecialties - Pulmonary Medicine
- Medical Subspecialties - Sports Medicine
- Oral Health Specialties and Subspecialties
- Medical Subspecialties - Cardiology - Adult Congenital Heart Disease
- Medical Subspecialties - Cardiology - Nuclear Cardiology
- Medical Subspecialties - Endocrinology - Reproductive Endocrinology
- Medical Subspecialties - Gastroenterology - Adult Transplant Hepatology
- Medical Subspecialties - Hematology - Blood & Marrow Transplantation
- Medical Subspecialties - Hospital Medicine
- Medical Subspecialties - Medical Genetics (Adult Clinical Genetics)
- Medical Subspecialties - Nephrology and Hypertension
- Medical Subspecialties - Rheumatology
- Oral Health Specialties and Subspecialties - Advanced General Dentistry
- Oral Health Specialties and Subspecialties -

- |  |  |  |
|--|--|--|
| Medicine/General Dentistry   | - Dentistry - Craniofacial Surgery   |  |
| • Oral Health Specialties and Subspecialties - Endodontics                               | • Oral Health Specialties and Subspecialties - Pathology Dentistry             | • Oral Health Specialties and Subspecialties - Pediatric Dentistry                       |
| • Oral Health Specialties and Subspecialties - Pediatric Dentistry (Pedodontics)         | • Oral Health Specialties and Subspecialties - Pediatric Orthodontics          | • Oral Health Specialties and Subspecialties - Periodontics                              |
| • Oral Health Specialties and Subspecialties - Prosthodontics                            | • Oral Health Specialties and Subspecialties - Public Health Dentistry         | • Oral Health Specialties and Subspecialties - Radiology Dentistry                       |
| • Other Medical Subspecialties - Anesthesiology - Adult<br>Cardiothoracic Anesthesiology | • Other Medical Subspecialties - Anesthesiology - Pain Medicine                | • Other Medical Subspecialties - Dermatology - Dermatologic Surgery                      |
| • Other Medical Subspecialties - Dermatology - Dermatopathology                          | • Other Medical Subspecialties - Dermatology - Procedural Dermatology, General | • Other Medical Subspecialties - Emergency Medicine - Clinical Pharmacology & Toxicology |
| • Other Medical Subspecialties - Emergency Medicine - Medical Toxicology                 | • Other Medical Subspecialties - Medical Genetics - Molecular Genetic Medicine | • Other Medical Subspecialties - Medical Genetics - Molecular Genetic Pathology          |
| • Other Medical Subspecialties - Neurology - Clinical Neurophysiology                    | • Other Medical Subspecialties - Neurology - Epilepsy                          | • Other Medical Subspecialties - Neurology - Headache Medicine                           |
| • Other Medical Subspecialties - Neurology - Movement Disorders                          | • Other Medical Subspecialties - Neurology - Neurodevelopmental Disabilities   | • Other Medical Subspecialties - Neurology - Neuromuscular Medicine                      |
| • Other Medical Subspecialties - Neurology - Pediatric Epilepsy                          | • Other Medical Subspecialties - Neurology - Pediatric Neurology               | • Other Medical Subspecialties - Neurology - Pediatric Neuromuscular Medicine            |

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- Other Medical Subspecialties - Neurology - Spinal Cord Medicine
- Other Medical Subspecialties - OB-GYN - Gynecological Oncology
- Other Medical Subspecialties - Occupational Medicine - Clinical Pharmacology & Toxicology
- Other Medical Subspecialties - Pathology - Anatomic and Clinical - Dermatopathology
- Other Medical Subspecialties - Pathology - Medical Microbiology
- Other Medical Subspecialties - Psychiatry - Child & Adolescent Psychiatry
- Other Medical Subspecialties - Radiology - Musculoskeletal Radiology
- Other Medical Subspecialties - Radiology - Pediatric Body MRI
- Other Medical Subspecialties - Radiology - Vascular and Interventional Radiology
- Pediatric Medical Subspecialties -
- Other Medical Subspecialties - Neurology - Vascular Neurology
- Other Medical Subspecialties - OB-GYN - Maternal-Fetal Medicine (MFM)
- Other Medical Subspecialties - Occupational Medicine - Medical Toxicology
- Other Medical Subspecialties - Pathology - Blood Banking/Transfusion Medicine
- Other Medical Subspecialties - Pathology - Neuropathology
- Other Medical Subspecialties - Radiology - Body MRI
- Other Medical Subspecialties - Radiology - Neuroradiology
- Other Medical Subspecialties - Radiology - Pediatric Diagnostic Radiology
- Pediatric Medical Subspecialties - Clinical Pharmacology & Toxicology
- Pediatric Medical Subspecialties - Medical
- Other Medical Subspecialties - OB-GYN - Female Pelvic Medicine & Reconstructive Surgery
- Other Medical Subspecialties - OB-GYN - Pediatric & Adolescent Gynecology
- Other Medical Subspecialties - Pain Medicine
- Other Medical Subspecialties - Pathology - Hematologic Pathology (Hematopathology)
- Other Medical Subspecialties - Psychiatry - Addiction Psychiatry
- Other Medical Subspecialties - Radiology - Endovascular Surgical Neuroradiology
- Other Medical Subspecialties - Radiology - Nuclear Radiology
- Other Medical Subspecialties - Radiology - Pediatric Neuroradiology
- Pediatric Medical Subspecialties - Medical Genetics (Clinical Genetics)
- Pediatric Medical Subspecialties - Medical

Medical Genetics (Medical  
Biochemical Genetics)

Genetics (Molecular Genetic Pathology)

Toxicology

- Pediatric Medical Subspecialties - Neonatal-Perinatal Medicine (Neonatology)
- Pediatric Medical Subspecialties - Pediatric and Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatric Cardiology - Fetal Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Preventive Cardiology
- Pediatric Medical Subspecialties - Pediatric Emergency Medicine
- Pediatric Medical Subspecialties - Pediatric Heart Failure Transplant
- Pediatric Medical Subspecialties - Pediatric Hospice and Palliative Medicine
- Pediatric Medical Subspecialties - Pediatric Nephrology
- Pediatric Medical Subspecialties - Pediatric Oncology

- Pediatric Medical Subspecialties - Neurodevelopmental Disabilities
- Pediatric Medical Subspecialties - Pediatric Anesthesiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Cardiac Imaging
- Pediatric Medical Subspecialties - Pediatric Clinical Cardiac Electrophysiology
- Pediatric Medical Subspecialties - Pediatric Endocrinology
- Pediatric Medical Subspecialties - Pediatric Hematology
- Pediatric Medical Subspecialties - Pediatric Hospital Medicine
- Pediatric Medical Subspecialties - Pediatric Neurocritical Care
- Pediatric Medical Subspecialties - Pediatric Palliative Care Medicine

- Pediatric Medical Subspecialties - Pediatric Allergy & Immunology
- Pediatric Medical Subspecialties - Pediatric Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Interventional Cardiac Catheterization
- Pediatric Medical Subspecialties - Pediatric Critical Care Medicine
- Pediatric Medical Subspecialties - Pediatric Gastroenterology
- Pediatric Medical Subspecialties - Pediatric Hematology-Oncology
- Pediatric Medical Subspecialties - Pediatric Infectious Disease
- Pediatric Medical Subspecialties - Pediatric Neurology (Child Neurology)
- Pediatric Medical Subspecialties - Pediatric Pathology

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- Pediatric Medical Subspecialties - Pediatric Pulmonology
- Pediatric Medical Subspecialties - Pediatric Rheumatology
- Pediatric Medical Subspecialties - Pediatrics - Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatrics - Child & Adolescent Psychiatry
- Pediatric Medical Subspecialties - Pediatrics - Developmental Behavioral Pediatrics
- Pediatric Surgical Specialties and Subspecialties - Adolescent Bariatric Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Colorectal Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Orthopedics
- Pediatric Surgical Specialties and Subspecialties - Pediatric Surgical Critical Care
- Pediatric Medical Subspecialties - Pediatric Radiology
- Pediatric Medical Subspecialties - Pediatric Sleep Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Neurooncology
- Pediatric Medical Subspecialties - Pediatrics - Child Abuse Pediatrics
- Pediatric Medical Subspecialties - Pediatrics - Medical Toxicology
- Pediatric Surgical Specialties and Subspecialties - Congenital Cardiac Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Neurosurgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Otolaryngology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Transplantation Surgery
- Pediatric Medical Subspecialties - Pediatric Rehabilitation Medicine
- Pediatric Medical Subspecialties - Pediatric Sports Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Stem Cell Transplantation
- Pediatric Medical Subspecialties - Pediatrics - Clinical Immunodeficiency
- Pediatric Medical Subspecialties - Pediatrics - Transplant Hepatology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Cardiothoracic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Ophthalmology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Plastic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Trauma Surgery

- Pediatric Surgical Specialties and Subspecialties - Pediatric Urology
- Surgical Subspecialties - Cardiothoracic Surgery
- Surgical Subspecialties - General Surgery - Fetal Surgery
- Surgical Subspecialties - Orthopedic Surgery - Foot and Ankle Surgery
- Surgical Subspecialties - Orthopedic Surgery - Spine Surgery
- Surgical Subspecialties - Pediatric Surgery - Fetal Surgery
- Surgical Subspecialties - Surgery - Oral and Maxillofacial Surgery
- Surgical Subspecialties - Transplant Surgery
- Surgical Subspecialties - Vascular Surgery
- Pediatric Surgical Specialties and Subspecialties - Vascular Anomalies Surgery
- Surgical Subspecialties - Cardiothoracic Surgery - Adult Congenital Heart Disease
- Surgical Subspecialties - Neurosurgery - Spinal Cord Medicine
- Surgical Subspecialties - Orthopedic Surgery - Hand Surgery
- Surgical Subspecialties - Orthopedic Surgery - Sports Medicine
- Surgical Subspecialties - Plastic Surgery - Craniofacial Surgery
- Surgical Subspecialties - Surgical Critical Care
- Surgical Subspecialties - Transplant Surgery - Lung
- Surgical Subspecialties - Cardiac Surgery
- Surgical Subspecialties - Colon & Rectal Surgery (Colorectal Surgery)
- Surgical Subspecialties - OB - GYN - Fetal Surgery
- Surgical Subspecialties - Orthopedic Surgery - Musculoskeletal Oncology
- Surgical Subspecialties - Pediatric Surgery
- Surgical Subspecialties - Plastic Surgery - Hand Surgery
- Surgical Subspecialties - Thoracic Surgery
- Surgical Subspecialties - Trauma Surgery



*Note: Previously reported training programs (i.e., prior records) will prepopulate in the “Saved Records” table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form (“Selecting Training Activity Status”).*

## Training Program Setup - Adding Residency Program

**Add Training Program**

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

Residency program (Sponsoring program) [Load Program Details]

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained  
Select One

For a Major Participating Site/Rotation Site, Select the Program Name

Add Record

**Figure 11. 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 profession and discipline of residents** in each **residency** program supported with grant funds by clicking on the drop-down menu and choosing **one** of options below.
- Next, **click on the "Add Record" button** to save your entry.
- **Repeat this process** as necessary to capture the primary profession and discipline of each **residency** program supported with grant funds during the current reporting period.

#### **Selection Values:**

- Combined Programs - Family Medicine/Emergency Medicine
- Combined Programs - Family Medicine/Preventive Medicine
- Combined Programs - Family Medicine/Psychiatry
- Combined Programs - Family Medicine/Sports Medicine
- Combined Programs - Internal Medicine/Emergency Medicine
- Combined Programs - Internal Medicine/Family Medicine
- Combined Programs - Internal Medicine/Medical Genetics
- Combined Programs - Internal Medicine/Neurology
- Combined Programs - Internal Medicine/Pediatrics
- Combined Programs - Internal Medicine/Preventive Medicine
- Combined Programs - Internal Medicine/Psychiatry
- Combined Programs - Obstetrics/Anesthesiology

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- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Anesthesiology</li></ul>                                  | <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Dermatology</li></ul>   | <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Emergency Medicine</li></ul>                                       |
| <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Medical Genetics</li></ul>                                | <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Medical Toxicology</li></ul>                                    | <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Physical Medicine and Rehabilitation</li></ul>                     |
| <ul style="list-style-type: none"><li>• Combined Programs - Pediatrics/Psychiatry/Child &amp; Adolescent Psychiatry</li></ul>    | <ul style="list-style-type: none"><li>• Combined Programs - Preventative Medicine/Medical Toxicology</li></ul>                         | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Anesthesiology</li></ul>                                 |
| <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Dermatology</li></ul>                           | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Emergency Medicine</li></ul>                          | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Medical Genetics (Clinical Genetics)</li></ul>           |
| <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Neurology</li></ul>                             | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Nuclear Medicine</li></ul>                            | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Obstetrics &amp; Gynecology</li></ul>                    |
| <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Occupational Medicine</li></ul>                 | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Pathology (Anatomic and Clinical Pathology)</li></ul> | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Physical Medicine &amp; Rehabilitation</li></ul>         |
| <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Preventive Medicine</li></ul>                   | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Psychiatry</li></ul>                                  | <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Radiation Oncology</li></ul>                             |
| <ul style="list-style-type: none"><li>• Medical Specialties (non-Primary Care) - Radiology (Diagnostic Radiology)</li></ul>      | <ul style="list-style-type: none"><li>• Medical Specialties (Primary Care) - Family Medicine</li></ul>                                 | <ul style="list-style-type: none"><li>• Medical Specialties (Primary Care) - Geriatric Medicine</li></ul>                                 |
| <ul style="list-style-type: none"><li>• Medical Specialties (Primary Care) - Internal Medicine</li></ul>                         | <ul style="list-style-type: none"><li>• Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)</li></ul>                 | <ul style="list-style-type: none"><li>• Oral Health Specialties and Subspecialties - Advanced General Dentistry</li></ul>                 |
| <ul style="list-style-type: none"><li>• Oral Health Specialties and Subspecialties - Dental Medicine/General Dentistry</li></ul> | <ul style="list-style-type: none"><li>• Oral Health Specialties and Subspecialties - Dentistry - Craniofacial Surgery</li></ul>        | <ul style="list-style-type: none"><li>• Oral Health Specialties and Subspecialties - Dentistry - Oral and Maxillofacial Surgery</li></ul> |

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- Oral Health Specialties and Subspecialties - Endodontics
- Oral Health Specialties and Subspecialties - Pediatric Dentistry (Pedodontics)
- Oral Health Specialties and Subspecialties - Prosthodontics
- Pediatric Surgical Specialties and Subspecialties - Adolescent Bariatric Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Colorectal Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Orthopedics
- Pediatric Surgical Specialties and Subspecialties - Pediatric Surgical Critical Care
- Pediatric Surgical Specialties and Subspecialties - Pediatric Urology
- Prelim Transitional Training - Preliminary Medicine (General Internship) - Osteopathic
- Prelim Transitional Training - Transitional

- Oral Health Specialties and Subspecialties - Pathology Dentistry
- Oral Health Specialties and Subspecialties - Pediatric Orthodontics
- Oral Health Specialties and Subspecialties - Public Health Dentistry
- Pediatric Surgical Specialties and Subspecialties - Congenital Cardiac Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Neurosurgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Otolaryngology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Transplantation Surgery
- Pediatric Surgical Specialties and Subspecialties - Vascular Anomalies Surgery
- Prelim Transitional Training - Preliminary Surgery
- Rotations - Coursework - Other -

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- Oral Health Specialties and Subspecialties - Pediatric Dentistry
- Oral Health Specialties and Subspecialties - Periodontics
- Oral Health Specialties and Subspecialties - Radiology Dentistry
- Pediatric Surgical Specialties and Subspecialties - Pediatric Cardiothoracic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Ophthalmology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Plastic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Trauma Surgery
- Prelim Transitional Training - Preliminary Medicine
- Prelim Transitional Training - Traditional Rotating Internship - Osteopathic
- Rotations - Coursework - Other - Fetal

| Year  | Advanced General Dentistry  | Surgery  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - General and Community Medicine</li> </ul>               | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - General and Community Pediatrics</li> </ul> | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - GI Motility</li> </ul>                           |
| <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - International Pediatric Neurosurgery</li> </ul>         | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Osteopathy</li> </ul>                       | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Cardiac Intensive Care Unit</li> </ul> |
| <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Clinical Pharmacology</li> </ul>              | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Clinical Pharmacy</li> </ul>      | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Environmental Health</li> </ul>        |
| <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Hospital Medicine</li> </ul>                  | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric International Surgery</li> </ul>  | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Nutrition</li> </ul>                   |
| <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Pediatric Optometry</li> </ul>                          | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Podiatric Medicine and Surgery</li> </ul>   | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Psychosomatic Medicine</li> </ul>                |
| <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Quality Scholars in Transforming Health Care</li> </ul> | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Spinal Cord Injury Medicine</li> </ul>      | <ul style="list-style-type: none"> <li>Rotations - Coursework - Other - Surgery - Surgical Scholar</li> </ul>            |
| <ul style="list-style-type: none"> <li>Surgical Specialties - Neurosurgery (Neurological Surgery)</li> </ul>                    | <ul style="list-style-type: none"> <li>Surgical Specialties - Ophthalmology</li> </ul>                              | <ul style="list-style-type: none"> <li>Surgical Specialties - Orthopedic Surgery</li> </ul>                              |
| <ul style="list-style-type: none"> <li>Surgical Specialties - Otolaryngology (ENT Surgery)</li> </ul>                           | <ul style="list-style-type: none"> <li>Surgical Specialties - Plastic Surgery</li> </ul>                            | <ul style="list-style-type: none"> <li>Surgical Specialties - Surgery - General Surgery</li> </ul>                       |
| <ul style="list-style-type: none"> <li>Surgical Specialties - Urology</li> </ul>  |   |  |



*Note: Previously reported training programs (i.e., prior records) will prepopulate in the "Saved Records" table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form ("Selecting Training Activity Status").*

## Training Program Setup - Adding Major Participating Site/Rotation Site

**Add Training Program**

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

Major Participating Site/Rotation Site

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained

For a Major Participating Site/Rotation Site, Select the Program Name

**Figure 12. Training Program Setup - Adding Major Participating Site/Rotation Site**

### For a Major Participating Site/Rotation Site, Select the Program Name:

- Select the **Program Name** by clicking on the drop-down menu and choosing **one** of options below.
- Next, **click on the "Add Record"** button to save your entry.
- **Repeat this process** as necessary to capture the program name for each of the **major participating sites/training sites** supported with grant funds during the current reporting period.

### Selection Values:

- Combined Programs - Family Medicine/Emergency Medicine
- Combined Programs - Family Medicine/Preventive Medicine
- Combined Programs - Family Medicine/Psychiatry
- Combined Programs - Family Medicine/Sports Medicine
- Combined Programs - Internal Medicine/Emergency Medicine
- Combined Programs - Internal Medicine/Family Medicine
- Combined Programs - Internal Medicine/Medical Genetics
- Combined Programs - Internal Medicine/Neurology
- Combined Programs - Internal Medicine/Pediatrics
- Combined Programs - Internal Medicine/Preventive Medicine
- Combined Programs - Internal Medicine/Psychiatry
- Combined Programs - Obstetrics/Anesthesiology
- Combined Programs -
- Combined Programs -
- Combined Programs -

Pediatrics/Anesthesiology

- Combined Programs - Pediatrics/Medical Genetics
- Combined Programs - Pediatrics/Psychiatry/Child & Adolescent Psychiatry
- Critical Care Medicine Subspecialties - Cardiology CCM
- Critical Care Medicine Subspecialties - Internal Medicine CCM
- Critical Care Medicine Subspecialties - Pulmonary CCM
- Medical Specialties (non-Primary Care) - Dermatology
- Medical Specialties (non-Primary Care) - Neurology
- Medical Specialties (non-Primary Care) - Occupational Medicine
- Medical Specialties (non-Primary Care) - Preventive Medicine
- Medical Specialties (non-Primary Care) - Radiology (Diagnostic Radiology)

Pediatrics/Dermatology

- Combined Programs - Pediatrics/Medical Toxicology
- Combined Programs - Preventative Medicine/Medical Toxicology
- Critical Care Medicine Subspecialties - Emergency Medicine CCM
- Critical Care Medicine Subspecialties - Nephrology CCM
- Critical Care Medicine Subspecialties - Surgery CCM
- Medical Specialties (non-Primary Care) - Emergency Medicine
- Medical Specialties (non-Primary Care) - Nuclear Medicine
- Medical Specialties (non-Primary Care) - Pathology (Anatomic and Clinical Pathology)
- Medical Specialties (non-Primary Care) - Psychiatry
- Medical Specialties (Primary Care) - Family Medicine

Pediatrics/Emergency Medicine

- Combined Programs - Pediatrics/Physical Medicine and Rehabilitation
- Critical Care Medicine Subspecialties - Anesthesiology CCM
- Critical Care Medicine Subspecialties - Infectious Disease CCM
- Critical Care Medicine Subspecialties - Pediatrics CCM
- Medical Specialties (non-Primary Care) - Anesthesiology
- Medical Specialties (non-Primary Care) - Medical Genetics (Clinical Genetics)
- Medical Specialties (non-Primary Care) - Obstetrics & Gynecology
- Medical Specialties (non-Primary Care) - Physical Medicine & Rehabilitation
- Medical Specialties (non-Primary Care) - Radiation Oncology
- Medical Specialties (Primary Care) - Geriatric Medicine

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- Medical Specialties (Primary Care) - Internal Medicine
- Medical Subspecialties - Cardiology
- Medical Subspecialties - Cardiology - Interventional Cardiology
- Medical Subspecialties - Endocrinology
- Medical Subspecialties - Gastroenterology
- Medical Subspecialties - Hematology & Oncology
- Medical Subspecialties - Hospice and Palliative Medicine
- Medical Subspecialties - Medical Genetics (Adult Biochemical Genetics)
- Medical Subspecialties - Nephrology
- Medical Subspecialties - Pulmonary Medicine

- Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)
- Medical Subspecialties - Cardiology - Adult Congenital Heart Disease
- Medical Subspecialties - Cardiology - Nuclear Cardiology
- Medical Subspecialties - Endocrinology - Reproductive Endocrinology
- Medical Subspecialties - Gastroenterology - Adult Transplant Hepatology
- Medical Subspecialties - Hematology - Blood & Marrow Transplantation
- Medical Subspecialties - Hospital Medicine
- Medical Subspecialties - Medical Genetics (Adult Clinical Genetics)
- Medical Subspecialties - Nephrology and Hypertension
- Medical Subspecialties - Rheumatology

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- Medical Subspecialties - Allergy & Immunology
- Medical Subspecialties - Cardiology - Clinical Cardiac Electrophysiology
- Medical Subspecialties - Critical Care Medicine
- Medical Subspecialties - Endocrinology, Diabetes and Metabolism
- Medical Subspecialties - Gastroenterology - Hepatology
- Medical Subspecialties - Hematology - Hematologic Pathology
- Medical Subspecialties - Infectious Diseases
- Medical Subspecialties - Medical Genetics (Adult Molecular Genetic Pathology)
- Medical Subspecialties - Pulmonary and Sleep Medicine
- Medical Subspecialties - Sleep Medicine

- Medical Subspecialties - Sports Medicine
- Oral Health Specialties and Subspecialties - Dentistry - Craniofacial Surgery
- Oral Health Specialties and Subspecialties - Pathology Dentistry
- Oral Health Specialties and Subspecialties - Pediatric Orthodontics
- Oral Health Specialties and Subspecialties - Public Health Dentistry
- Other Medical Subspecialties - Anesthesiology - Pain Medicine
- Other Medical Subspecialties - Dermatology - Procedural Dermatology, General
- Other Medical Subspecialties - Medical Genetics - Molecular Genetic Medicine
- Other Medical Subspecialties - Neurology - Epilepsy
- Other Medical Subspecialties - Neurology -
- Oral Health Specialties and Subspecialties - Advanced General Dentistry
- Oral Health Specialties and Subspecialties - Dentistry - Oral and Maxillofacial Surgery
- Oral Health Specialties and Subspecialties - Pediatric Dentistry
- Oral Health Specialties and Subspecialties - Periodontics
- Oral Health Specialties and Subspecialties - Radiology Dentistry
- Other Medical Subspecialties - Dermatology - Dermatologic Surgery
- Other Medical Subspecialties - Emergency Medicine - Clinical Pharmacology & Toxicology
- Other Medical Subspecialties - Medical Genetics - Molecular Genetic Pathology
- Other Medical Subspecialties - Neurology - Headache Medicine
- Other Medical Subspecialties -
- Oral Health Specialties and Subspecialties - Dental Medicine/General Dentistry
- Oral Health Specialties and Subspecialties - Endodontics
- Oral Health Specialties and Subspecialties - Pediatric Dentistry (Pedodontics)
- Oral Health Specialties and Subspecialties - Prosthodontics
- Other Medical Subspecialties - Anesthesiology - Adult Cardiothoracic Anesthesiology
- Other Medical Subspecialties - Dermatology - Dermatopathology
- Other Medical Subspecialties - Emergency Medicine - Medical Toxicology
- Other Medical Subspecialties - Neurology - Clinical Neurophysiology
- Other Medical Subspecialties - Neurology - Movement Disorders
- Other Medical Subspecialties -

- |   |   |   |
|---|---|---|
| Neurodevelopmental Disabilities   | Neurology - Neuromuscular Medicine  | Neurology - Pediatric Epilepsy  |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Neurology - Pediatric Neurology</li></ul>                | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Neurology - Pediatric Neuromuscular Medicine</li></ul>                 | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Neurology - Spinal Cord Medicine</li></ul>                               |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Neurology - Vascular Neurology</li></ul>                 | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - OB-GYN - Female Pelvic Medicine &amp; Reconstructive Surgery</li></ul> | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - OB-GYN - Gynecological Oncology</li></ul>                                |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - OB-GYN - Maternal-Fetal Medicine (MFM)</li></ul>         | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - OB-GYN - Pediatric &amp; Adolescent Gynecology</li></ul>               | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Occupational Medicine - Clinical Pharmacology &amp; Toxicology</li></ul> |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Occupational Medicine - Medical Toxicology</li></ul>     | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Pain Medicine</li></ul>  | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Pathology - Anatomic and Clinical - Dermatopathology</li></ul>           |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Pathology - Blood Banking/Transfusion Medicine</li></ul> | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Pathology - Hematologic Pathology (Hematopathology)</li></ul>          | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Pathology - Medical Microbiology</li></ul>                               |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Pathology - Neuropathology</li></ul>                     | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Psychiatry - Addiction Psychiatry</li></ul>                            | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Psychiatry - Child &amp; Adolescent Psychiatry</li></ul>                 |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology - Body MRI</li></ul>                           | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology - Endovascular Surgical Neuroradiology</li></ul>             | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology - Musculoskeletal Radiology</li></ul>                          |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology - Neuroradiology</li></ul>                     | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology - Nuclear Radiology</li></ul>                                | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology - Pediatric Body MRI</li></ul>                                 |
| <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology -</li></ul>                                    | <ul style="list-style-type: none"><li>• Other Medical Subspecialties -</li></ul>  | <ul style="list-style-type: none"><li>• Other Medical Subspecialties - Radiology</li></ul>  |

Pediatric Diagnostic Radiology

Radiology - Pediatric Neuroradiology

- Vascular and Interventional Radiology

- Pediatric Medical Subspecialties - Clinical Pharmacology & Toxicology
- Pediatric Medical Subspecialties - Medical Genetics (Molecular Genetic Pathology)
- Pediatric Medical Subspecialties - Neurodevelopmental Disabilities
- Pediatric Medical Subspecialties - Pediatric Anesthesiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Cardiac Imaging
- Pediatric Medical Subspecialties - Pediatric Clinical Cardiac Electrophysiology
- Pediatric Medical Subspecialties - Pediatric Endocrinology
- Pediatric Medical Subspecialties - Pediatric Hematology
- Pediatric Medical Subspecialties - Pediatric Infectious Disease
- Pediatric Medical Subspecialties - Pediatric

- Pediatric Medical Subspecialties - Medical Genetics (Clinical Genetics)
- Pediatric Medical Subspecialties - Medical Toxicology
- Pediatric Medical Subspecialties - Pediatric Allergy & Immunology
- Pediatric Medical Subspecialties - Pediatric Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Interventional Cardiac Catheterization
- Pediatric Medical Subspecialties - Pediatric Critical Care Medicine
- Pediatric Medical Subspecialties - Pediatric Gastroenterology
- Pediatric Medical Subspecialties - Pediatric Hematology-Oncology
- Pediatric Medical Subspecialties - Pediatric Nephrology
- Pediatric Medical Subspecialties -

- Pediatric Medical Subspecialties - Medical Genetics (Medical Biochemical Genetics)
- Pediatric Medical Subspecialties - Neonatal-Perinatal Medicine (Neonatology)
- Pediatric Medical Subspecialties - Pediatric and Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatric Cardiology - Fetal Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Preventive Cardiology
- Pediatric Medical Subspecialties - Pediatric Emergency Medicine
- Pediatric Medical Subspecialties - Pediatric Heart Failure Transplant
- Pediatric Medical Subspecialties - Pediatric Hospice and Palliative Medicine
- Pediatric Medical Subspecialties - Pediatric Neurocritical Care
- Pediatric Medical Subspecialties -

Neurology (Child Neurology)

- Pediatric Medical Subspecialties - Pediatric Pathology
- Pediatric Medical Subspecialties - Pediatric Rehabilitation Medicine
- Pediatric Medical Subspecialties - Pediatric Sports Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Stem Cell Transplantation
- Pediatric Medical Subspecialties - Pediatrics - Clinical Immunodeficiency
- Pediatric Medical Subspecialties - Pediatrics - Transplant Hepatology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Cardiothoracic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Ophthalmology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Plastic Surgery

Pediatric Oncology

- Pediatric Medical Subspecialties - Pediatric Pulmonology
- Pediatric Medical Subspecialties - Pediatric Rheumatology
- Pediatric Medical Subspecialties - Pediatrics - Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatrics - Child & Adolescent Psychiatry
- Pediatric Medical Subspecialties - Pediatrics - Developmental Behavioral Pediatrics
- Pediatric Surgical Specialties and Subspecialties - Adolescent Bariatric Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Colorectal Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Orthopedics
- Pediatric Surgical Specialties and Subspecialties - Pediatric Surgical

Pediatric Palliative Care Medicine

- Pediatric Medical Subspecialties - Pediatric Radiology
- Pediatric Medical Subspecialties - Pediatric Sleep Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Neurooncology
- Pediatric Medical Subspecialties - Pediatrics - Child Abuse Pediatrics
- Pediatric Medical Subspecialties - Pediatrics - Medical Toxicology
- Pediatric Surgical Specialties and Subspecialties - Congenital Cardiac Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Neurosurgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Otolaryngology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Transplantation

Critical Care

Surgery

- Pediatric Surgical Specialties and Subspecialties - Pediatric Trauma Surgery
- Prelim Transitional Training - Preliminary Medicine
- Prelim Transitional Training - Traditional Rotating Internship - Osteopathic
- Rotations - Coursework - Other - Fetal Surgery
- Rotations - Coursework - Other - GI Motility
- Rotations - Coursework - Other - Pediatric Cardiac Intensive Care Unit
- Rotations - Coursework - Other - Pediatric Environmental Health
- Rotations - Coursework - Other - Pediatric Nutrition
- Rotations - Coursework - Other - Psychosomatic Medicine
- Rotations - Coursework - Other - Surgery -
- Pediatric Surgical Specialties and Subspecialties - Pediatric Urology
- Prelim Transitional Training - Preliminary Medicine (General Internship) - Osteopathic
- Prelim Transitional Training - Transitional Year
- Rotations - Coursework - Other - General and Community Medicine
- Rotations - Coursework - Other - International Pediatric Neurosurgery
- Rotations - Coursework - Other - Pediatric Clinical Pharmacology
- Rotations - Coursework - Other - Pediatric Hospital Medicine
- Rotations - Coursework - Other - Pediatric Optometry
- Rotations - Coursework - Other - Quality Scholars in Transforming Health Care
- Surgical Specialties - Neurosurgery
- Pediatric Surgical Specialties and Subspecialties - Vascular Anomalies Surgery
- Prelim Transitional Training - Preliminary Surgery
- Rotations - Coursework - Other - Advanced General Dentistry
- Rotations - Coursework - Other - General and Community Pediatrics
- Rotations - Coursework - Other - Osteopathy
- Rotations - Coursework - Other - Pediatric Clinical Pharmacy
- Rotations - Coursework - Other - Pediatric International Surgery
- Rotations - Coursework - Other - Podiatric Medicine and Surgery
- Rotations - Coursework - Other - Spinal Cord Injury Medicine
- Surgical Specialties - Ophthalmology

Surgical Scholar

(Neurological Surgery)

- Surgical Specialties - Orthopedic Surgery
- Surgical Specialties - Surgery - General Surgery
- Surgical Subspecialties - Cardiothoracic Surgery
- Surgical Subspecialties - General Surgery - Fetal Surgery
- Surgical Subspecialties - Orthopedic Surgery - Foot and Ankle Surgery
- Surgical Subspecialties - Orthopedic Surgery - Spine Surgery
- Surgical Subspecialties - Pediatric Surgery - Fetal Surgery
- Surgical Subspecialties - Surgery - Oral and Maxillofacial Surgery
- Surgical Subspecialties - Transplant Surgery
- Surgical Subspecialties - Vascular Surgery
- Surgical Specialties - Otolaryngology (ENT Surgery)
- Surgical Specialties - Urology
- Surgical Subspecialties - Cardiothoracic Surgery - Adult Congenital Heart Disease
- Surgical Subspecialties - Neurosurgery - Spinal Cord Medicine
- Surgical Subspecialties - Orthopedic Surgery - Hand Surgery
- Surgical Subspecialties - Orthopedic Surgery - Sports Medicine
- Surgical Subspecialties - Plastic Surgery - Craniofacial Surgery
- Surgical Subspecialties - Surgical Critical Care
- Surgical Subspecialties - Transplant Surgery - Lung
- Surgical Specialties - Plastic Surgery
- Surgical Subspecialties - Cardiac Surgery
- Surgical Subspecialties - Colon & Rectal Surgery (Colorectal Surgery)
- Surgical Subspecialties - OB-GYN - Fetal Surgery
- Surgical Subspecialties - Orthopedic Surgery - Musculoskeletal Oncology
- Surgical Subspecialties - Pediatric Surgery
- Surgical Subspecialties - Plastic Surgery - Hand Surgery
- Surgical Subspecialties - Thoracic Surgery
- Surgical Subspecialties - Trauma Surgery



*Note: Previously reported training programs (i.e., prior records) will prepopulate in the “Saved Records” table. If you have no NEW training programs to add, proceed to the instructions in the final step of this form (“Selecting Training Activity Status”).*

## Training Program Setup - Selecting Training Activity Status

| No. | Record Status | Training Program<br>(1)  | Select Training Activity Status in the Current Reporting Period<br>(2) | Option(s)  |
|-----|---------------|--|--|--|
| 1   | New Record    | Fellowship   Critical Care Medicine Subspecialties - Internal Medicine CCM                 | Active   |  Delete |
| 2   | New Record    | Major Participating Site/Rotation Site   Combined Programs - Pediatrics/Emergency Medicine | Active   |  Delete |
| 3   | New Record    | Residency   Oral Health Specialties and Subspecialties - Periodontics                      | Active   |  Delete |

Figure 13. Training Program Setup - Selecting Training Activity Status

**Select Training Activity Status in the Current Reporting Period:** Select the status of each program at the end of the current reporting period (i.e., **June 30, 2015**) by choosing **one** of the options below:

- Active
- Inactive

**Warning:** *All NEW training programs must be marked "Active" during the reporting period in which they were created.*



**Note:** Select "**Active**" for a program that **was offered** during the current reporting period. If you are reporting any activity for a program, please select active.



**Note:** Select "**Inactive**" for a program that was NOT offered during the current reporting period. Selecting 'Inactive' indicates that the training program is completed, you are no longer administering it, and you have no active INDGEN records. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP, CHD, PDD records) will be made inactive.



**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.

## PC-6: Program Characteristics – Fellowship Programs

### PC-6 - Selecting Type(s) of Partners/Consortia

| No. | Record Status | Type of Training Program<br>(1)<br>Block 1                                 | Primary Discipline of Individuals Trained<br>(2)<br>Block 1I  | Select Type(s) of Partners/Consortia Used to Offer this Training<br>(3)<br>Block 2 |
|-----|---------------|--|---|--|
| 1   | New Record    | Fellowship   Critical Care Medicine Subspecialties - Internal Medicine CCM | Critical Care Medicine Subspecialties - Internal Medicine CCM | <input type="checkbox"/> Academic department - outside the institution             |

Figure 14. PC-6 - Selecting Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia Used to Offer this Training:** Complete Column 3 (Block 2) by selecting all of the type(s) of partnerships or consortia used or established for the purpose of offering each fellowship program during the reporting period.

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse managed health clinic
- Physical therapy/Rehabilitation 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 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
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- 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 (non - faith based)
- Other
- Professional Associations
- State Government

- Quality improvement organization
- Tribal Government

- No partners/consortia used



**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-8: Program Characteristics – Residency Programs

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

| No. Record Status | Type of Training Program (1)<br>Block 1                               | Primary Discipline of Individuals Trained (2)<br>Block 11 | Select Type(s) of Partners/Consortia Used to Offer this Training (4)<br>Block 2   |
|-------------------|---|---|---|
| 1 New Record      | Residency   Oral Health Specialties and Subspecialties - Periodontics | Oral Health Specialties and Subspecialties - Periodontics | <input type="checkbox"/> Academic department - outside the institution<br><input type="checkbox"/> Academic department - within the institution |

Figure 15. PC-8 - Selecting Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia Used to Offer this Training:** Complete Column 4 (Block 2) by **selecting all of the type(s) of partnerships or consortia** used or established for the purpose of offering each **residency** program during the current reporting period.

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nurse managed health clinic
- 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 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
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- 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 (non - faith based)
- Other
- Professional Associations
- State Government

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- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government
- Tribal Organization
- No partners/consortia used



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

### PC-8 - Entering # of Core Physician Faculty as Reported to ACGME or AOA

| Primary Discipline of Individuals Trained<br>(2)<br>Block 1I | Select Type(s) of Partners/Consortia Used to Offer this<br>Training<br>(4)<br>Block 2 | Enter # of Core Physician Faculty as Reported to<br>ACGME or AOA<br>(12) |
|--|---|--|
| Combined Programs -<br>Pediatrics/Anesthesiology             | <input type="text"/>  | <input type="text"/>   |

Figure 16. PC-8 - Entering # of Core Physician Faculty as Reported to ACGME or AOA

**Enter # of Core Physician Faculty as Reported to ACGME or AOA:** For each training program, enter the total number of Core Physician Faculty as reported to ACGME or AoA in Column 12.



**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-9: Program Characteristics –Positions Description

### PC-9 - Selecting Type of Training Program



The screenshot displays a web form titled "Add Academic/Training Year". It features two main dropdown menus. The first, "Select Training Program", is highlighted with a red rectangular border and currently displays the text "Residency | Oral Health Specialties and Subspecialties - Periodic". The second dropdown, "Select Training Year", is open, revealing a list of three options: "Fellowship Year 1", "Fellowship Year 2", and "Fellowship Year 3". Each option is preceded by an unchecked checkbox. At the bottom left of the form, there is a button labeled "Add Record".

Figure 17. PC-9 - Selecting Type of Training Program

**Type of Training Program:** Select a training program by clicking on the drop-down menu next to "Select Training Program" and choosing **one** of the available options.



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

## PC-9 - Selecting Training Year

Figure 18. PC-9 - Selecting Training Year

### Training Year:

- Select the types of training years that apply to the training program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing **all that apply** from the options listed below.
- Next, **click on the "Add Record"** button to save your entry.
- **Repeat this process** as necessary to capture training years associated with each residency program supported through the grant.

- |                     |                     |                     |
|---------------------|---------------------|---------------------|
| • Fellowship Year 1 | • Fellowship Year 2 | • Fellowship Year 3 |
| • Fellowship Year 4 | • Fellowship Year 5 | • Fellowship Year 6 |
| • Fellowship Year 7 | • Residency Year 1  | • Residency Year 2  |
| • Residency Year 3  | • Residency Year 4  | • Residency Year 5  |
| • Residency Year 6  | • Residency Year 7  |                     |

 Warning: Fellowship Years should only be selected for Fellowships or Major Participating Sites/Rotation Site Programs.

 Warning: Residency Years should only be selected for Residencies or Major Participating Sites/Rotation Site Programs.

**PC-9 - Entering Total # of Accredited Positions**

| No. Record | Record Status | Type of Training Program<br>(1)<br>Block 1                                     | Training Year<br>(2) | Enter Total # of Accredited Positions<br>(3)<br>Block 4 | Enter Total # of Positions Recruited For<br>(4)<br>Block 5 | Enter Total # of Positions Filled<br>(5)<br>Block 6 | Enter # of Residents in FTE Positions<br>(7) |
|------------|---------------|--|----------------------|---|--|---|--|
| 1          | New Record    | Residency   Oral Health<br>Specialties and<br>Subspecialties -<br>Periodontics | Fellowship<br>Year 1 | <input type="text"/>                                    | <input type="text"/>                                       | <input type="text"/>                                | <input type="text"/>                         |

**Figure 19. PC-9 - Entering Total # of Accredited Positions**

**Enter Total # of Accredited Positions:** For each program and training year, enter the total **number of accredited** positions in the textbox in Column 3 (Block 4).

**PC-9 - Entering Total # of Positions Recruited For**

| No. Record      | Type of Training Program<br>(1)<br>Block 1                                     | Training Year<br>(2) | Enter Total # of Accredited Positions<br>(3)<br>Block 4 | Enter Total # of Positions Recruited For<br>(4)<br>Block 5 | Enter Total # of Positions Filled<br>(5)<br>Block 6 | Enter # of Residents in FTE Positions<br>(7) |
|-----------------|--|----------------------|---|--|---|--|
| 1<br>New Record | Residency   Oral Health<br>Specialties and<br>Subspecialties -<br>Periodontics | Fellowship<br>Year 1 | <input type="text"/>                                    | <input style="border: 2px solid red;" type="text"/>        | <input type="text"/>                                | <input type="text"/>                         |

**Figure 20. PC-9 - Entering Total # of Positions Recruited For**

**Enter Total # of Positions Recruited For:** For each program and training year, enter the number of **positions recruited** for during the reporting period in the textbox in Column 4 (Block 5).

**PC-9 - Entering Total # of Positions Filled**

| No. Record | Type of Training Program<br>(1)<br>Block 1   | Training Year<br>(2) | Enter Total # of Accredited Positions<br>(3)<br>Block 4 | Enter Total # of Positions Recruited For<br>(4)<br>Block 5 | Enter Total # of Positions Filled<br>(5)<br>Block 6 | Enter # of Residents in FTE Positions<br>(7) |
|------------|--|----------------------|---|--|---|--|
| 1          | New Record<br>Residency   Oral Health<br>Specialties and<br>Subspecialties -<br>Periodontics | Fellowship<br>Year 1 | <input type="text"/>                                    | <input type="text"/>                                       | <input type="text"/>                                | <input type="text"/>                         |

**Figure 21. PC-9 - Entering Total # of Positions Filled**

**Enter Total # of Positions Filled:** For each program and training year, enter the total number of **positions filled** in the textbox in Column 5 (Block 6).

**PC-9 - Entering # of Residents in FTE Positions**

| No. Record      | Type of Training Program<br>(1)<br>Block 1                                     | Training Year<br>(2) | Enter Total # of Accredited Positions<br>(3)<br>Block 4 | Enter Total # of Positions Recruited For<br>(4)<br>Block 5 | Enter Total # of Positions Filled<br>(5)<br>Block 6 | Enter # of Residents in FTE Positions<br>(7) |
|-----------------|--|----------------------|---|--|---|--|
| 1<br>New Record | Residency   Oral Health<br>Specialties and<br>Subspecialties -<br>Periodontics | Fellowship<br>Year 1 | <input type="text"/>                                    | <input type="text"/>                                       | <input type="text"/>                                | <input type="text"/>                         |

**Figure 22. PC-9 - Entering # of Residents in FTE Positions**

**Enter # of Residents in FTE Positions** : For each program and training year, enter the **total number of trainees in FTE positions** in the textbox in Column 7.



**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-10 - Selecting Select Type(s) of Partners/Consortia

| No. Record | Status     | Type of Training Program<br>(1)<br>Block 1   | Program Name<br>(2)                               | Select Type(s) of Partners/Consortia Used to Offer This Training<br>(3)<br>Block 2                 |
|------------|------------|--|---|--|
|            |            |  |   |  |
| 1          | New Record | Major Participating Site/Rotation Site   Combined Programs - Pediatrics/Emergency Medicine | Combined Programs - Pediatrics/Emergency Medicine | <input type="checkbox"/> Ambulatory Care Center<br><input type="checkbox"/> Area Agencies on Aging |

Figure 23. PC-10 - Selecting Select Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia Used to Offer This Training:** Complete Column 3 (Block 2) by **selecting all of the type(s) of partnerships or consortia** used or established with each **programs at each major participating site/ rotation site** during the current reporting period.

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - ACL
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Academic department - within the institution
- Ambulatory Care Center
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Nonprofit organization (faith - based)
- Nursing home
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - CDC
- 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 (non - faith based)

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- Hospice
- Long-term care facility
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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

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- Other
- Professional Associations
- State Government
- No partners/consortia used



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

### PC-10 - Entering Positions Information for Major Participating/Rotation Sites

| Select Type(s) of Partners/Consortia Used to Offer This Training (3)<br>Block 2 | Enter # of Approved Positions (4) | Enter # of Recruited Positions (5) | Enter # of Approved Positions Filled (6) | Enter # of Residents Rotating Through Programs (7) | Enter # of Trainees Spending >= 75% under Children's Hospital Supervision (8) | Enter # of Core Physician Faculty as Reported to ACGME or AOA (9) |
|---|-----------------------------------|------------------------------------|--|--|---|---|
| <input type="text"/>  | <input type="text"/>              | <input type="text"/>               | <input type="text"/>                     | <input type="text"/>                               | <input type="text"/>  | <input type="text"/>  |

Figure 24. PC-10 - Entering Positions Information for Major Participating/Rotation Sites

**Enter # of Approved Positions:** Enter the total number of approved positions in the textbox in Column 4.

**Enter # of Recruited Positions:** Enter the number of positions recruited for during the reporting period in the textbox in Column 5.

**Enter # of Approved Positions Filled:** Enter the total number of approved positions filled in the textbox in Column 6.

**Enter # of Residents Rotating Through Programs:** Enter the total number of trainees rotating through the program in the textbox in Column 7.

**Enter # of Trainees Spending >= 75% under Children's Hospital Supervision:** Enter the total number of trainees spending more than 75 percent of their time under Children's Hospital Supervision in the textbox in Column 8.

**Enter # of Core Physician Faculty as Reported to ACGME or AOA:** Enter the total number of core physician faculty as reported to ACGME or AOA in Column 9.



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.

## Individual Characteristics—INDGEN Subforms

### INDGEN - Introduction

1. You must complete an IND-GEN subform for each resident or fellow who received a BHW-funded financial award during the current reporting period.
2. In addition to completing these records, updates are required for residents and fellows who were previously reported on IND-GEN and were NOT marked as having completed or attrited from a training program by **June 30, 2015**.
3. For prior records, the BPMH system will prepopulate certain blocks in the IND-GEN subform with data submitted in previous reporting periods for each trainee.
  - These fields will appear shaded in gray and will not be editable.
  - All other fields must be updated on an annual basis until each trainee completes or permanently leaves their training program.
4. The IND-GEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and “Cumulative BHP Financial Award Total.”
  - The Academic Year Total will reflect the amount entered for in a given academic year.
  - The Cumulative BHW Financial Award Total will sum all amounts entered for the individual in the BMPH system.
5. Records of residents and fellows who were reported as having completed their residency or fellowship programs in the previous reporting period will transfer from the IND-GEN subform to the INDGEN-PY subform when one (1) full calendar year has passed since the period of program completion. At that time, you will report on the individual’s current employment status (refer to the INDGEN-PY section of the manual for specific instructions).

| <b>Reporting Period when Individual Completed the Residency Program</b> | <b>Reporting Period When Record will be on the INDGEN-PY Subform<br/>(For updating 1-year employment status)</b> |
|---|--|
| Academic Year A, Period #1  | Academic Year B, Period #1   |
| Academic Year A, Period #2  | Academic Year B, Period #2   |

**Figure 25. Example of records transferred between IND-GEN to INDGEN-PY**

## IND-GEN: Individual Characteristics

### IND-GEN - Setup

For all CHGME reports, the answer to this question will be pre-selected to say 'Yes' for you. You do not need to answer this question again.

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

(complete IND-GEN)  (click Save and Validate button to proceed to the next form)

Figure 26. IND-GEN - Setup



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

**IND-GEN - Selecting Type of Training Program**

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status |
|--------------------------|-------------------|--|--|
| (1)                      | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     |
|                          |                   |  |  |
|                          |                   |  |  |

**Figure 27. IND-GEN - Selecting Type of Training Program**

**Type of Training Program:** The options available in this dropdown menu will prepopulate with programs entered and saved in the Training Program Setup Form. Select each new individual's training program by clicking on the drop-down menu and choosing **one** of the available options.

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



Note: The type of training program entitled for "**Other**" does not apply to the CHGME program.

**IND-GEN - Entering Trainee Unique ID**

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status |
|--------------------------|-------------------|--|--|
| (1)                      | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     |
|                          |                   |  |  |

**Figure 28. IND-GEN - Entering Trainee Unique ID**

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



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



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

### IND-GEN - Selecting Individual's Training or Awardee Category

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status |
|--------------------------|-------------------|--|--|
| (1)                      | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     |
|                          |                   |  |  |

Figure 29. IND-GEN - Selecting Individual's Training or Awardee Category

**Select Individual's Training or Awardee Category:** Select each individual's **training category** by clicking on the drop-down menu in Column 3 (Block 2) and choosing the following option:

- Fellow
- Resident

### IND-GEN - Selecting Individual's Enrollment/Employment Status

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status |
|--------------------------|-------------------|--|--|
| (1)                      | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     |
|                          |                   |  |  |

Figure 30. IND-GEN - Selecting Individual's Enrollment/Employment Status

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

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



Note: For residents and fellows, select enrollment status based on the individual's training program.

### IND-GEN - Selecting Individual's Sex

| Type of Training Program | Trainee Unique ID | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|
| (1)                      | (2)<br>Block 1    | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  |
|                          |                   |                         |                         |                               |                          |  |  |

**Figure 31. IND-GEN - Selecting Individual's Sex**

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

- Female
- Male
- Not Reported



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

**IND-GEN - Selecting Individual's Age**

| Type of Training Program | Trainee Unique ID | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|
| (1)                      | (2)<br>Block 1    | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  |
|                          |                   |                         |                         |                               |                          |  |  |

**Figure 32. IND-GEN - Selecting Individual's Age**

**Select Individual's Age:** Select each individual's **age at the end of the current reporting period** (i.e., as of **June 30, 2015**) in the dropdown menu under Column 6 (Block 5).

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- 73
- 74
- 75
- Not Reported

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### IND-GEN - Selecting Individual's Ethnicity

| Type of Training Program | Trainee Unique ID | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|
| (1)                      | (2)<br>Block 1    | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  |
|                          |                   |                         |                         |                               |                          |  |  |
|                          |                   |                         |                         |                               |                          |  |  |

**Figure 33. IND-GEN - Selecting Individual's Ethnicity**

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

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



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

### IND-GEN - Selecting Individual's Race

| Type of Training Program | Trainee Unique ID | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|
| (1)                      | (2)<br>Block 1    | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  |
|                          |                   |                         |                         |                               |                          |  |  |
|                          |                   |                         |                         |                               |                          |  |  |

**Figure 34. IND-GEN - Selecting Individual's Race**

**Select Individual's Race:** Select each **individual's race** by clicking on the drop-down menu in Column 8 (Block 7) and choosing **all that apply** from the following options. You may select more than one (1) option for individuals of multiple races:

- American Indian or Alaska Native
- Black or African-American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Reported



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



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

### IND-GEN - Selecting if Individual is from a Rural Residential Background

| Type of Training Program | Trainee Unique ID | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|
| (1)                      | (2)<br>Block 1    | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  |
|                          |                   |                         |                         |                               |                          |  |  |
|                          |                   |                         |                         |                               |                          |  |  |

**Figure 35. IND-GEN - Selecting if Individual is from a Rural Residential Background**

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

- Yes
- No
- Not Reported



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



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

### IND-GEN - Selecting if Individual is from a Disadvantaged Background

| Type of Training Program | Trainee Unique ID | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background |
|--------------------------|-------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|
| (1)                      | (2)<br>Block 1    | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  |
|                          |                   |                         |                         |                               |                          |  |  |

Figure 36. IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

- Yes
- No
- Not Reported



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



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

### IND-GEN - Selecting Individual's Veteran Status

| Type of Training Program | Trainee Unique ID | Select Individual's Veteran Status |
|--------------------------|-------------------|------------------------------------|
| (1)                      | (2)<br>Block 1    | (11)<br>Block 10                   |
|                          |                   |                                    |
|                          |                   |                                    |

Figure 37. IND-GEN - Selecting Individual's Veteran Status

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

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported



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



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

### IND-GEN - Entering BHW-Funded Financial Award Information



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

| Type of Training Program | Trainee Unique ID | Select Whether Individual Received BHW Financial Award?   | Enter Individual's Financial Award Amount (BHW funds only) |                                |
|--------------------------|-------------------|---|--|--------------------------------|
|                          |                   |   | Salary and Benefits  | Current Reporting Period Total |
| (1)                      | (2)<br>Block 1    | (12)<br>Block 11  | (12a)<br>Block 11  | (21a)<br>Block 11              |
|                          |                   | <div style="border: 1px solid black; padding: 2px;">                     Select one<br/>                     Yes<br/>                     No                 </div> |  |                                |

**Figure 38. IND-GEN - Entering BHW-Funded Financial Award Information**

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

- Yes
- No

**Enter Individual's Financial Award Amount(BHW funds only)Salary and Benefits:**

- If the individual **did receive** a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the **total amount** of BHW dollars provided during the current reporting period in the textbox in Column 12a.
- If the individual **did not receive** a BHW-funded financial award, select “No” in Column 12 (Block 11) and enter "0" in the textbox in Column 12a.



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



Note: The amount reported under the column labeled "Salary and benefits" should be the total monies from the grant provided to an individual during the current reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of Training Program." Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received salary and benefits for each program, multiple entries on IND-GEN are required to capture participation and funding amounts for each program separately.

**IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding | Enter % FTE paid for through BHW Financial Award | Select Individual's Academic or Training Year | Select Individual's Primary Discipline |
|--------------------------|-------------------|---|--|---|--|
| (1)                      | (2)<br>Block 1    | (22)<br>Block 12  | (25)<br>Block 14                                 | (26)<br>Block 15                              | (27)<br>Block 16                       |
|                          |                   |   |  |   |  |
|                          |                   |   |  |   |  |

**Figure 39. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

**Enter # of Academic Years the Individual has Received BHW Funding:** Select the cumulative number of academic years in which each individual has received a BHW-funded financial award by clicking on the drop-down menu in Column 22 (Block 12) and choosing one of the following options:

- 0
- 1
- 2
- 3
- 4
- 5 or more



Warning: All new records should select at least one academic year of funding.



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



*Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received direct financial support for 1 1/2 years, please enter 2 in Column 22 (Block 12).*



*Note: If an individual received a BHW-funded financial award for the **first time** during the current reporting period, select "1" under Column 22 (Block 12).*

**IND-GEN - Entering % FTE paid for through BHW Financial Award**

| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding | Enter % FTE paid for through BHW Financial Award | Select Individual's Academic or Training Year | Select Individual's Primary Discipline |
|--------------------------|-------------------|---|--|---|--|
| (1)                      | (2)<br>Block 1    | (22)<br>Block 12  | (25)<br>Block 14                                 | (26)<br>Block 15                              | (27)<br>Block 16                       |
|                          |                   |   |  |   |  |
|                          |                   |   |  |   |  |

**Figure 40. IND-GEN - Entering % FTE paid for through BHW Financial Award**

**Enter % FTE paid for through BHW Financial Award:** Enter each resident or fellow’s percent (%) FTE paid for through the BHW (HRSA) financial award. You may use up to two (2) decimal points when entering the percentage time.



*Note: For example, if half of this individual’s FTE is covered by the HRSA CHGME program grant, you would enter 50.00 under Block 14.*

**IND-GEN - Selecting Individual's Academic or Training Year**

| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding | Enter % FTE paid for through BHW Financial Award | Select Individual's Academic or Training Year | Select Individual's Primary Discipline |
|--------------------------|-------------------|---|--|---|--|
| (1)                      | (2)<br>Block 1    | (22)<br>Block 12  | (25)<br>Block 14                                 | (26)<br>Block 15                              | (27)<br>Block 16                       |
|                          |                   |   |  |   |  |

**Figure 41. IND-GEN - Selecting Individual's Academic or Training Year**

**Select Individual's Academic or Training Year:** Select each individual's **current training year** in the training program by clicking on the drop-down menu under Column 26 (Block 15) and choosing **one** of the following options:

- Fellowship Year 1
- Fellowship Year 2
- Fellowship Year 3
- Fellowship Year 4
- Fellowship Year 5
- Fellowship Year 6
- Fellowship Year 7
- Residency Year 1
- Residency Year 2
- Residency Year 3
- Residency Year 4
- Residency Year 5
- Residency Year 6
- Residency Year 7



Warning: Fellowship Years may only be selected for individuals in Fellowship Programs or Major Participating Sites/Rotation Site Programs



Warning: Residency Years may only be selected for individuals in Residency Programs or Major Participating Sites/Rotation Site Programs

## IND-GEN - Selecting Individual's Primary Discipline

| Type of Training Program | Trainee Unique ID | Enter # of Academic Years the Individual has Received BHW Funding | Enter % FTE paid for through BHW Financial Award | Select Individual's Academic or Training Year | Select Individual's Primary Discipline |
|--------------------------|-------------------|---|--|---|--|
| (1)                      | (2)<br>Block 1    | (22)<br>Block 12  | (25)<br>Block 14                                 | (26)<br>Block 15                              | (27)<br>Block 16                       |
|                          |                   |   |  |   |  |

Figure 42. IND-GEN - Selecting Individual's Primary Discipline

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

- Combined Programs - Family Medicine/Emergency Medicine
- Combined Programs - Family Medicine/Sports Medicine
- Combined Programs - Internal Medicine/Medical Genetics
- Combined Programs - Internal Medicine/Preventive Medicine
- Combined Programs - Pediatrics/Anesthesiology
- Combined Programs - Pediatrics/Medical Genetics
- Combined Programs - Pediatrics/Psychiatry/Child & Adolescent Psychiatry
- Critical Care Medicine Subspecialties - Cardiology CCM
- Critical Care Medicine Subspecialties -
- Combined Programs - Family Medicine/Preventive Medicine
- Combined Programs - Internal Medicine/Emergency Medicine
- Combined Programs - Internal Medicine/Neurology
- Combined Programs - Internal Medicine/Psychiatry
- Combined Programs - Pediatrics/Dermatology
- Combined Programs - Pediatrics/Medical Toxicology
- Combined Programs - Preventative Medicine/Medical Toxicology
- Critical Care Medicine Subspecialties - Emergency Medicine CCM
- Critical Care Medicine Subspecialties - Nephrology CCM
- Combined Programs - Family Medicine/Psychiatry
- Combined Programs - Internal Medicine/Family Medicine
- Combined Programs - Internal Medicine/Pediatrics
- Combined Programs - Obstetrics/Anesthesiology
- Combined Programs - Pediatrics/Emergency Medicine
- Combined Programs - Pediatrics/Physical Medicine and Rehabilitation
- Critical Care Medicine Subspecialties - Anesthesiology CCM
- Critical Care Medicine Subspecialties - Infectious Disease CCM
- Critical Care Medicine Subspecialties

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- Internal Medicine CCM
- Critical Care Medicine Subspecialties - Pulmonary CCM
- Medical Specialties (non-Primary Care) - Dermatology
- Medical Specialties (non-Primary Care) - Neurology
- Medical Specialties (non-Primary Care) - Occupational Medicine
- Medical Specialties (non-Primary Care) - Preventive Medicine
- Medical Specialties (non-Primary Care) - Radiology (Diagnostic Radiology)
- Medical Specialties (Primary Care) - Internal Medicine
- Medical Subspecialties - Cardiology
- Medical Subspecialties - Cardiology - Interventional Cardiology
- Medical Subspecialties - Endocrinology
- Medical Subspecialties - Gastroenterology
- Medical Subspecialties - Hematology & Oncology
- Medical Subspecialties - Hospice and Palliative Medicine
- Medical Subspecialties - Medical Genetics (Adult Biochemical Genetics)
- Medical Subspecialties - Nephrology
- Medical Subspecialties - Pulmonary Medicine
- Medical Subspecialties - Sports Medicine
- Oral Health Specialties and Subspecialties - Dentistry - Craniofacial Surgery
- Oral Health Specialties and

- Critical Care Medicine Subspecialties - Surgery CCM
- Medical Specialties (non-Primary Care) - Emergency Medicine
- Medical Specialties (non-Primary Care) - Nuclear Medicine
- Medical Specialties (non-Primary Care) - Pathology (Anatomic and Clinical Pathology)
- Medical Specialties (non-Primary Care) - Psychiatry
- Medical Specialties (Primary Care) - Family Medicine
- Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)
- Medical Subspecialties - Cardiology - Adult Congenital Heart Disease
- Medical Subspecialties - Cardiology - Nuclear Cardiology
- Medical Subspecialties - Endocrinology - Reproductive Endocrinology
- Medical Subspecialties - Gastroenterology - Adult Transplant Hepatology
- Medical Subspecialties - Hematology - Blood & Marrow Transplantation
- Medical Subspecialties - Hospital Medicine
- Medical Subspecialties - Medical Genetics (Adult Clinical Genetics)
- Medical Subspecialties - Nephrology and Hypertension
- Medical Subspecialties - Rheumatology
- Oral Health Specialties and Subspecialties - Advanced General

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- Pediatrics CCM
- Medical Specialties (non-Primary Care) - Anesthesiology
- Medical Specialties (non-Primary Care) - Medical Genetics (Clinical Genetics)
- Medical Specialties (non-Primary Care) - Obstetrics & Gynecology
- Medical Specialties (non-Primary Care) - Physical Medicine & Rehabilitation
- Medical Specialties (non-Primary Care) - Radiation Oncology
- Medical Specialties (Primary Care) - Geriatric Medicine
- Medical Subspecialties - Allergy & Immunology
- Medical Subspecialties - Cardiology - Clinical Cardiac Electrophysiology
- Medical Subspecialties - Critical Care Medicine
- Medical Subspecialties - Endocrinology, Diabetes and Metabolism
- Medical Subspecialties - Gastroenterology - Hepatology
- Medical Subspecialties - Hematology - Hematologic Pathology
- Medical Subspecialties - Infectious Diseases
- Medical Subspecialties - Medical Genetics (Adult Molecular Genetic Pathology)
- Medical Subspecialties - Pulmonary and Sleep Medicine

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- Subspecialties - Pathology Dentistry
- Oral Health Specialties and Subspecialties - Pediatric Orthodontics
- Oral Health Specialties and Subspecialties - Public Health Dentistry
- Other Medical Subspecialties - Anesthesiology - Pain Medicine
- Other Medical Subspecialties - Dermatology - Procedural Dermatology, General
- Other Medical Subspecialties - Medical Genetics - Molecular Genetic Medicine
- Other Medical Subspecialties - Neurology - Epilepsy
- Other Medical Subspecialties - Neurology - Neurodevelopmental Disabilities
- Other Medical Subspecialties - Neurology - Pediatric Neurology
- Other Medical Subspecialties - Neurology - Vascular Neurology
- Other Medical Subspecialties - OB-GYN - Maternal-Fetal Medicine (MFM)
- Other Medical Subspecialties - Occupational Medicine - Medical Toxicology
- Other Medical Subspecialties - Pathology - Blood Banking/Transfusion Medicine
- Other Medical Subspecialties - Pathology - Neuropathology
- Other Medical Subspecialties - Radiology - Body MRI
- Other Medical Subspecialties - Radiology - Neuroradiology
- Other Medical Subspecialties - Radiology - Pediatric Diagnostic Radiology

- Dentistry
- Oral Health Specialties and Subspecialties - Dentistry - Oral and Maxillofacial Surgery
- Oral Health Specialties and Subspecialties - Pediatric Dentistry
- Oral Health Specialties and Subspecialties - Periodontics
- Oral Health Specialties and Subspecialties - Radiology Dentistry
- Other Medical Subspecialties - Dermatology - Dermatologic Surgery
- Other Medical Subspecialties - Emergency Medicine - Clinical Pharmacology & Toxicology
- Other Medical Subspecialties - Medical Genetics - Molecular Genetic Pathology
- Other Medical Subspecialties - Neurology - Headache Medicine
- Other Medical Subspecialties - Neurology - Neuromuscular Medicine
- Other Medical Subspecialties - Neurology - Pediatric Neuromuscular Medicine
- Other Medical Subspecialties - OB-GYN - Female Pelvic Medicine & Reconstructive Surgery
- Other Medical Subspecialties - OB-GYN - Pediatric & Adolescent Gynecology
- Other Medical Subspecialties - Pain Medicine
- Other Medical Subspecialties - Pathology - Hematologic Pathology (Hematopathology)
- Other Medical Subspecialties -

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- Medical Subspecialties - Sleep Medicine
- Oral Health Specialties and Subspecialties - Dental Medicine/General Dentistry
- Oral Health Specialties and Subspecialties - Endodontics
- Oral Health Specialties and Subspecialties - Pediatric Dentistry (Pedodontics)
- Oral Health Specialties and Subspecialties - Prosthodontics
- Other Medical Subspecialties - Anesthesiology - Adult Cardiothoracic Anesthesiology
- Other Medical Subspecialties - Dermatology - Dermatopathology
- Other Medical Subspecialties - Emergency Medicine - Medical Toxicology
- Other Medical Subspecialties - Neurology - Clinical Neurophysiology
- Other Medical Subspecialties - Neurology - Movement Disorders
- Other Medical Subspecialties - Neurology - Pediatric Epilepsy
- Other Medical Subspecialties - Neurology - Spinal Cord Medicine
- Other Medical Subspecialties - OB-GYN - Gynecological Oncology
- Other Medical Subspecialties - Occupational Medicine - Clinical Pharmacology & Toxicology
- Other Medical Subspecialties - Pathology - Anatomic and Clinical -

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- Pediatric Medical Subspecialties - Clinical Pharmacology & Toxicology
- Pediatric Medical Subspecialties - Medical Genetics (Molecular Genetic Pathology)
- Pediatric Medical Subspecialties - Neurodevelopmental Disabilities
- Pediatric Medical Subspecialties - Pediatric Anesthesiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Cardiac Imaging
- Pediatric Medical Subspecialties - Pediatric Clinical Cardiac Electrophysiology
- Pediatric Medical Subspecialties - Pediatric Endocrinology
- Pediatric Medical Subspecialties - Pediatric Hematology
- Pediatric Medical Subspecialties - Pediatric Hospital Medicine
- Pediatric Medical Subspecialties - Pediatric Neurocritical Care
- Pediatric Medical Subspecialties - Pediatric Palliative Care Medicine
- Pediatric Medical Subspecialties - Pediatric Radiology
- Pediatric Medical Subspecialties - Pediatric Sleep Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Neurooncology
- Pediatric Medical Subspecialties - Pediatrics - Child Abuse Pediatrics
- Pediatric Medical Subspecialties -

- Psychiatry - Addiction Psychiatry
- Other Medical Subspecialties - Radiology - Endovascular Surgical Neuroradiology
- Other Medical Subspecialties - Radiology - Nuclear Radiology
- Other Medical Subspecialties - Radiology - Pediatric Neuroradiology
- Pediatric Medical Subspecialties - Medical Genetics (Clinical Genetics)
- Pediatric Medical Subspecialties - Medical Toxicology
- Pediatric Medical Subspecialties - Pediatric Allergy & Immunology
- Pediatric Medical Subspecialties - Pediatric Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Interventional Cardiac Catheterization
- Pediatric Medical Subspecialties - Pediatric Critical Care Medicine
- Pediatric Medical Subspecialties - Pediatric Gastroenterology
- Pediatric Medical Subspecialties - Pediatric Hematology-Oncology
- Pediatric Medical Subspecialties - Pediatric Infectious Disease
- Pediatric Medical Subspecialties - Pediatric Neurology (Child Neurology)
- Pediatric Medical Subspecialties - Pediatric Pathology
- Pediatric Medical Subspecialties - Pediatric Rehabilitation Medicine
- Pediatric Medical Subspecialties - Pediatric Sports Medicine

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- Dermatopathology
- Other Medical Subspecialties - Pathology - Medical Microbiology
- Other Medical Subspecialties - Psychiatry - Child & Adolescent Psychiatry
- Other Medical Subspecialties - Radiology - Musculoskeletal Radiology
- Other Medical Subspecialties - Radiology - Pediatric Body MRI
- Other Medical Subspecialties - Radiology - Vascular and Interventional Radiology
- Pediatric Medical Subspecialties - Medical Genetics (Medical Biochemical Genetics)
- Pediatric Medical Subspecialties - Neonatal-Perinatal Medicine (Neonatology)
- Pediatric Medical Subspecialties - Pediatric and Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatric Cardiology - Fetal Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Preventive Cardiology
- Pediatric Medical Subspecialties - Pediatric Emergency Medicine
- Pediatric Medical Subspecialties - Pediatric Heart Failure Transplant
- Pediatric Medical Subspecialties - Pediatric Hospice and Palliative Medicine

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- Pediatrics - Medical Toxicology
- Pediatric Surgical Specialties and Subspecialties - Congenital Cardiac Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Neurosurgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Otolaryngology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Transplantation Surgery
- Pediatric Surgical Specialties and Subspecialties - Vascular Anomalies Surgery
- Prelim Transitional Training - Preliminary Surgery
- Rotations - Coursework - Other - Advanced General Dentistry
- Rotations - Coursework - Other - General and Community Pediatrics
- Rotations - Coursework - Other - Osteopathy
- Rotations - Coursework - Other - Pediatric Clinical Pharmacy
- Rotations - Coursework - Other - Pediatric International Surgery
- Rotations - Coursework - Other - Podiatric Medicine and Surgery
- Rotations - Coursework - Other - Spinal Cord Injury Medicine
- Surgical Specialties - Ophthalmology
- Surgical Specialties - Plastic Surgery
- Surgical Subspecialties - Cardiac Surgery
- Surgical Subspecialties - Colon & Rectal Surgery (Colorectal Surgery)

- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Stem Cell Transplantation
- Pediatric Medical Subspecialties - Pediatrics - Clinical Immunodeficiency
- Pediatric Medical Subspecialties - Pediatrics - Transplant Hepatology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Cardiothoracic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Ophthalmology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Plastic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Trauma Surgery
- Prelim Transitional Training - Preliminary Medicine
- Prelim Transitional Training - Traditional Rotating Internship - Osteopathic
- Rotations - Coursework - Other - Fetal Surgery
- Rotations - Coursework - Other - GI Motility
- Rotations - Coursework - Other - Pediatric Cardiac Intensive Care Unit
- Rotations - Coursework - Other - Pediatric Environmental Health
- Rotations - Coursework - Other - Pediatric Nutrition
- Rotations - Coursework - Other - Psychosomatic Medicine

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- Pediatric Medical Subspecialties - Pediatric Nephrology
- Pediatric Medical Subspecialties - Pediatric Oncology
- Pediatric Medical Subspecialties - Pediatric Pulmonology
- Pediatric Medical Subspecialties - Pediatric Rheumatology
- Pediatric Medical Subspecialties - Pediatrics - Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatrics - Child & Adolescent Psychiatry
- Pediatric Medical Subspecialties - Pediatrics - Developmental Behavioral Pediatrics
- Pediatric Surgical Specialties and Subspecialties - Adolescent Bariatric Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Colorectal Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Orthopedics
- Pediatric Surgical Specialties and Subspecialties - Pediatric Surgical Critical Care
- Pediatric Surgical Specialties and Subspecialties - Pediatric Urology
- Prelim Transitional Training - Preliminary Medicine (General Internship) - Osteopathic
- Prelim Transitional Training - Transitional Year
- Rotations - Coursework - Other -

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- Surgical Subspecialties - OB-GYN - Fetal Surgery
- Surgical Subspecialties - Orthopedic Surgery - Musculoskeletal Oncology
- Surgical Subspecialties - Pediatric Surgery
- Surgical Subspecialties - Plastic Surgery - Hand Surgery
- Surgical Subspecialties - Thoracic Surgery
- Surgical Subspecialties - Trauma Surgery
- Rotations - Coursework - Other - Surgery - Surgical Scholar
- Surgical Specialties - Orthopedic Surgery
- Surgical Specialties - Surgery - General Surgery
- Surgical Subspecialties - Cardiothoracic Surgery
- Surgical Subspecialties - General Surgery - Fetal Surgery
- Surgical Subspecialties - Orthopedic Surgery - Foot and Ankle Surgery
- Surgical Subspecialties - Orthopedic Surgery - Spine Surgery
- Surgical Subspecialties - Pediatric Surgery - Fetal Surgery
- Surgical Subspecialties - Surgery - Oral and Maxillofacial Surgery
- Surgical Subspecialties - Transplant Surgery
- Surgical Subspecialties - Vascular Surgery

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- General and Community Medicine
- Rotations - Coursework - Other - International Pediatric Neurosurgery
- Rotations - Coursework - Other - Pediatric Clinical Pharmacology
- Rotations - Coursework - Other - Pediatric Hospital Medicine
- Rotations - Coursework - Other - Pediatric Optometry
- Rotations - Coursework - Other - Quality Scholars in Transforming Health Care
- Surgical Specialties - Neurosurgery (Neurological Surgery)
- Surgical Specialties - Otolaryngology (ENT Surgery)
- Surgical Specialties - Urology
- Surgical Subspecialties - Cardiothoracic Surgery - Adult Congenital Heart Disease
- Surgical Subspecialties - Neurosurgery - Spinal Cord Medicine
- Surgical Subspecialties - Orthopedic Surgery - Hand Surgery
- Surgical Subspecialties - Orthopedic Surgery - Sports Medicine
- Surgical Subspecialties - Plastic Surgery - Craniofacial Surgery
- Surgical Subspecialties - Surgical Critical Care
- Surgical Subspecialties - Transplant Surgery - Lung



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

## IND-GEN - Entering Training Information in a Primary Care Setting



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

| Type of Training Program | Trainee Unique ID | Training in a Primary Care Setting          |                          |                               |
|--------------------------|-------------------|---|--------------------------|-------------------------------|
|                          |                   | Select Whether Individual Received Training | Enter # of Contact Hours | Enter # of Patient Encounters |
| (1)                      | (2)<br>Block 1    | (28)<br>Block 17                            | (29)<br>Block 17a        | (30)<br>Block 17b             |
|                          |                   |   |                          |                               |

Figure 43. IND-GEN - Entering Training Information in a Primary Care Setting

**Training in a Primary Care Setting: Select Whether Individual Received Training:** Select whether each **individual** received clinical or experiential **training in a primary care setting** during the current reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing **one** of the following options:

- Yes
- No

**Training in a Primary Care Setting: Enter # of Contact Hours:**

- **If the individual received clinical or experiential training in a primary care setting, enter the total number of hours** spent in this type of setting during the reporting period in the textbox under Column 29 (Block 17a).
- If the individual did NOT receive clinical or experiential training in a primary care setting, **leave the textbox blank under Column 29 (Block 17a).**

**Training in a Primary Care Setting: Enter # of Patient Encounters:**

- **If the individual received clinical or experiential training in a primary care setting, enter the total number of patient encounters in this type of setting during the reporting period in the textbox under Column 30 (Block 17b).**
- **If the individual did NOT receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 30 (Block 17b).**

## IND-GEN - Entering Training Information in a Medically Underserved Area



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

| Type of Training Program | Trainee Unique ID | Training in a Medically Underserved Area    |                          |
|--------------------------|-------------------|---|--------------------------|
|                          |                   | Select Whether Individual Received Training | Enter # of Contact Hours |
| (1)                      | (2)<br>Block 1    | (31)<br>Block 18                            | (32)<br>Block 18a        |
|                          |                   |   |                          |
|                          |                   |   |                          |

Figure 44. IND-GEN - Entering Training Information in a Medically Underserved Area

**Training in a Medically Underserved Area: Select Whether Individual Received Training:** Select whether each **individual** received clinical or experiential **training in a medically-underserved community (MUC)** during the current reporting period by clicking on the drop-down menu in Column 31 (Block 18) and choosing one of **the** following options:

- Yes
- No

**Training in a Medically Underserved Area: Enter # of Contact Hours:**

- If the individual **did receive** clinical or experiential training in a medically-underserved community, enter the **total number of hours spent** in this type of setting during the reporting period in the textbox under Column 32 (Block 18a).
- If the individual **did NOT receive** clinical or experiential training in a medically-underserved community, **leave the textbox blank** under Column 32 (Block 18a).

## IND-GEN - Entering Training Information in a Rural Area



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

| Type of Training Program | Trainee Unique ID | Training in a Rural Area                    |                          |
|--------------------------|-------------------|---|--------------------------|
|                          |                   | Select Whether Individual Received Training | Enter # of Contact Hours |
| (1)                      | (2)<br>Block 1    | (33)<br>Block 19                            | (34)<br>Block 19a        |
|                          |                   |   |                          |
|                          |                   |   |                          |

**Figure 45. IND-GEN - Entering Training Information in a Rural Area**

**Training in a Rural Area: Select Whether Individual Received Training:** Select whether each **individual** received clinical or experiential training in a **rural area** during the current reporting period by clicking on the drop-down menu in Column 33 (Block 19) and choosing **one** of the following options:

- Yes
- No

**Training in a Rural Area: Enter # of Contact Hours:**

- If the individual **did receive** clinical or experiential training in a rural area, enter the **total number of hours spent** in this type of setting during the reporting period in the textbox under Column 34 (Block 19a).
- If the individual **did NOT receive** clinical or experiential training in a rural area, **leave the textbox blank** under Column 34 (Block 19a).

**IND-GEN - Selecting Whether Individual Left the Program Before Completion**

| Type of Training Program | Trainee Unique ID | Select Whether Individual Left the Program Before Completion | Select Whether Individual Graduated/Completed the Program | Select Individual's Post-Graduation/Completion Intentions |
|--------------------------|-------------------|--|---|---|
| (1)                      | (2)<br>Block 1    | (36)<br>Block 21   | (37)<br>Block 22  | (39)<br>Block 22b   |
|                          |                   |  |   |   |

**Figure 46. IND-GEN - Selecting Whether Individual Left the Program Before Completion**

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

- Yes
- No

## IND-GEN - Entering Graduation/Completion Information



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

| Type of Training Program | Trainee Unique ID | Select Whether Individual Graduated/Completed the Program | Select Individual's Post-Graduation/Completion Intentions |
|--------------------------|-------------------|---|---|
| (1)                      | (2)<br>Block 1    | (37)<br>Block 22  | (39)<br>Block 22b   |
|                          |                   |   |   |
|                          |                   |   |   |

**Figure 47. IND-GEN - Entering Graduation/Completion Information**

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

- Yes
- No

**Select Individual's Post-Graduation/Completion Intentions:** Select the individual's training or employment intentions by clicking on the drop-down menu in Column 39 (Block 22b) and choosing **all that apply** from the options listed below.

If an individual **did not complete from their training program** during the current reporting period, select “N/A” in Columns 37 and 39 (Block 22b).

- Individual intends to conduct research
- Individual intends to practice in a medically underserved area
- Individual intends to practice in a primary care setting
- Individual intends to practice in a rural area

- Individual intends to seek further training (fellowship etc.)
- None of the above
- N/A
- Individual intends to teach
- Not Reported



**Warning: For Block 22b, None of the above, not reported, and N/A cannot be selected in combination with any other option.**

### IND-GEN - Entering Individual's Employment Data



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

| Type of Training Program | Trainee Unique ID | Select whether Employment Data is available? | Enter City | Enter State | Enter Zip Code | Select Type of Employment |
|--------------------------|-------------------|--|------------|-------------|----------------|---------------------------|
| (1)                      | (2)<br>Block 1    | (56)   | (57)       | (58)        | (59)           | (60)                      |
|                          |                   |  |            |             |                |                           |
|                          |                   |  |            |             |                |                           |

**Figure 48. IND-GEN - Entering Individual's Employment Data**

**Select whether Employment Data is available?:** Select whether employment data are available by clicking on the drop-down menu in Column 56 and choosing **one** of the following options:

- Yes
- Yes (outside U.S.)
- No
- N/A

**Enter City:** If employment data are available, enter the name of the City where the individual is employed. If "No" or "Yes (outside U.S.)" were selected in Column 56, leave Column 57 blank.

**Enter State:** If employment data are available, enter the name of the State where the individual is employed. If "No" or "Yes (outside U.S.)" were

**Enter Zip Code:** If employment data are available, enter the zip code (5 digits) where the individual is employed. If "No" or "Yes (outside U.S.)" were selected in Column 56, leave Column 59 blank.

**Select Type of Employment:** If employment data are available, identify the individual's type of employment by clicking on the drop-down menu and choosing **all that apply** from the options listed below. If "No" or "Yes (outside U.S.)" were selected in Column 56, select 'N/A' in Column 60.

- Academic medical center - Hospitalist
- Academic medical center - Other Academia
- Government - Federal (CDC, FDA, NIH, etc.)
- Government - Military
- Other
- Academic medical center - Additional training (fellowship, etc.)
- Non - academic medical center - hospitalist
- Academic medical center - Staff Physician
- Public setting - community/rural/migrant health center
- Government - State government
- Private Industry - Pharmaceutical/Biotech
- Not currently employed
- Private Practice
- Non - academic medical center - outpatient clinic
- Academic medical center - Faculty Physician
- Public setting - health department
- Government - National Health Service Corps
- Private Industry - Other
- N/A
- Non - academic medical center



**Warning:** For Column 60, None of the above, not reported, and N/A cannot be selected 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.

## INDGEN-PY: Individual Prior Year

### INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion



Warning: Major Participating Sites/ Rotation Site programs are not required to complete the INDGEN-PY form for one-year follow-up of employment data.

| Type of Training Program | Trainee Unique ID | Select Individual's Training or Awardee Category | Select Individual's Enrollment / Employment Status | Select Individual's Sex | Select Individual's Age | Select Individual's Ethnicity | Select Individual's Race | Select Whether Individual is from a Rural Residential Background | Select Whether Individual is from a Disadvantaged Background | Select Individual's Post-Graduation/Completion Intentions | Select whether status/employment data are available for the individual 1-year post graduation/completion | Select Individual's Current Training/Employment Status |
|--------------------------|-------------------|--|--|-------------------------|-------------------------|-------------------------------|--------------------------|--|--|---|--|--|
| (1)                      | (2)<br>Block 1    | (3)<br>Block 2                                   | (4)<br>Block 3                                     | (5)<br>Block 4          | (6)<br>Block 5          | (7)<br>Block 6                | (8)<br>Block 7           | (9)<br>Block 8   | (10)<br>Block 9  | (12)<br>Block 22b   | (13)<br>Block 23   | (14)<br>Block 23a                                      |
|                          |                   |  |  |                         |                         |                               |                          |  |  |   |  |  |

Figure 49. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

**Select whether status/employment data are available for the individual 1-year post graduation/completion:** To select whether **current training/employment data** are available for each prior program completer click on the drop-down menu in Column 13 (Block 23) and choose **one** of the following options:

- Yes
- No

**Select Individual's Current Training/Employment Status:** If current training/employment data are available, select the individual's status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing **all that apply** from the options listed below. If current training/employment data are **not** available, select 'N/A' in Column 14 (Block 23a).

- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- Individual is currently teaching
- N/A
- Individual currently practices in a primary care setting
- Individual is currently conducting research
- None of the above

 **Warning: For Column 14, “None of the above” and “N/A” cannot be selected 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.**

# Experiential Characteristics—EXP Subforms

## EXP - Introduction

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

- The EXP-1 Setup form captures information about the names and characteristics of sites used to provide trainees with clinical or experiential training
- The EXP-2 subform collects additional information about each site that was entered in the EXP-1 Setup form.
- The EXP-3 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form.

### 2. Order of Subforms

- EXP subforms **MUST** be completed in order, otherwise drop-down menus will not prepopulate correctly.
- You must complete and 'Save and Validate' EXP-1 first before proceeding to EXP-2.
- Likewise, you must complete and then 'Save and Validate' EXP-2 before proceeding to EXP-3.

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

- The BPMH system will prepopulate the names each site previously reported in the Saved Records Table within the EXP-1 subform.
- You must indicate whether each previously-reported site was used during the current semiannual reporting period.
  - If "Yes" was selected, the BPMH system will prepopulate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
  - If "No" was selected, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.

## EXP-1: Training Site Setup

### EXP-1 - Entering Site Name

| No. | Record Status | Site Name<br>(1)              | Select Whether the Site was Used in the Current Reporting Period<br>(2) |
|-----|---------------|-------------------------------|---|
| 1   | Prior Record  | Andrews & Patel Associates PC |   |

Figure 50. EXP-1 - Entering Site Name

#### Site Name:

- Enter the **name of the site** used to train residents and fellows during the current reporting period
- Next, click the “Add Record” button.
- Repeat this process as necessary to capture the names of each **NEW** site used during the current reporting period.



**Warning:** Complete the EXP-1, EXP-2 and EXP-3 subforms only for sites used to train fellows and residents who appear on the INDGEN subform.

**Note:** Previously used training sites will prepopulate on the saved records table. They do not need to be re-entered.



**Note:** Order of Subforms: EXP subforms **MUST** be completed in order, otherwise drop-down menus will not prepopulate correctly.

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



The screenshot shows a web form titled "Add Site". At the top, there is a text input field labeled "Enter the Site's Name". Below this is a section labeled "Add Record" containing a table. The table has four columns: "No.", "Record Status", "Site Name", and "Select Whether the Site was Used in the Current Reporting Period". The first row of data shows "1" in the "No." column, "Prior Record" in the "Record Status" column, "Andrews & Patel Associates PC" in the "Site Name" column, and a drop-down menu in the "Select Whether the Site was Used in the Current Reporting Period" column with "Yes" selected. The drop-down menu is highlighted with a red box.

| No. | Record Status | Site Name<br>(1)<br>Block 1   | Select Whether the Site was Used in the Current Reporting Period<br>(2) |
|-----|---------------|-------------------------------|---|
| 1   | Prior Record  | Andrews & Patel Associates PC | Yes   |

Figure 51. 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 current reporting period by clicking on the drop-down menu located in Column 2 and choosing **one** of the following options:

- Yes
- No



**Warning:** For new sites, you must select "Yes" in Column 2.

## EXP-1 - Selecting Type of Site Used

| Site Name<br>(1)<br>Block 1  | Select Whether the Site was Used<br>in the Current Reporting Period<br>(2) | Select Type of Site Used<br>(3)<br>Block 1a | Select Type of Setting Where<br>the Site was Located<br>(4)<br>Block 2 |
|------------------------------|--|---|--|
| Beth Israel<br>Deaconess     | Yes  | Select one                                  |  |
| Boston Childrens<br>Hospital | Yes  | Select one                                  |  |

**Figure 52. EXP-1 - Selecting Type of Site Used**

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

- Academic institution
- Aerospace operations setting
- Community - based organization
- Community Health Center (CHC)
- Dentist Office
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Government
- Veterans Affairs Healthcare (e.g., VA
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Behavioral Health Center
- Critical Access Hospital
- Emergency Room
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Health Department
- Acute care services
- Assisted Living Community
- Community care programs for elderly mentally challenged individuals
- Day and home care programs (e.g., Home Health)
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Tribal Organization



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

| Site Name<br>(1)<br>Block 1  | Select Whether the Site was Used<br>in the Current Reporting Period<br>(2) | Select Type of Site Used<br>(3)<br>Block 1a | Select Type of Setting Where<br>the Site was Located<br>(4)<br>Block 2 |
|------------------------------|--|---|--|
| Beth Israel<br>Deaconess     | Yes  | Select one                                  | <input type="text"/>   |
| Boston Childrens<br>Hospital | Yes  | Select one                                  | <input type="text"/>   |

**Figure 53. 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 residents and/or fellows during the current reporting period **was located in a designated setting** by clicking on the drop-down menu in Column 4 (Block 2) and choosing **all that apply** from the following options:

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



Warning: None of the Above cannot be selected in conjunction with any other option.



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



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



**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: Training Site Characteristics

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



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

| Type of Training Program | Site Name            |
|--------------------------|----------------------|
| (1)                      | (2)<br>Block 1       |
| <input type="text"/>     | <input type="text"/> |

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

**Type of Training Program:** Select a training program by clicking on the drop-down menu in Column 1 and choosing **one** of the available options (programs that were marked on the Training Program Setup Form as “active” in the current reporting period).

**Site Name:** Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing **one** of the available options (sites that were marked in EXP-1 as “used” in the current reporting period).



**Note:** Repeat this process until all used Training Program/Site combinations are present.

- If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.
- If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.

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

| Type of Training Program  | Site Name                     | Select Type of Site Used | Select Type of Setting Where the Site was Located |
|---|-------------------------------|--------------------------|---|
| (1)   | (2)<br>Block 1                | (3)<br>Block 1a          | (4)<br>Block 2                                    |
| Major Participating Site/Rotation Site  <br>Medical Specialties (Primary Care) -<br>Pediatrics (General Pediatrics) | University Pediatric Hospital | Academic institution     | None of the above                                 |

**Figure 55. EXP-2 - Selecting Type of Site Used**

**Select Type of Site Used:** Following the selection of a training site in EXP-2, the associated type of site will be automatically populated when the save and validate button is selected.



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

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

| Site Name                     | Select Type of Site Used | Select Type of Setting Where the Site was Located | Select Type(s) of Partners/Consortia used to Offer Training at this Site   |
|-------------------------------|--------------------------|---|--|
| (2)<br>Block 1                | (3)<br>Block 1a          | (4)<br>Block 2                                    | (5)<br>Block 5   |
| University Pediatric Hospital | Academic institution     | None of the above                                 | Academic department - outside the institution, Academic department - within the institution, Ambulatory practice sites, Health department - Local, Hospital, Professional Associations, Quality improvement organization |

**Figure 56. 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-2, the associated settings will be automatically populated when the save and validate button is selected.



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



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

## EXP-2 - Selecting Type(s) of Partners/Consortia

| Type of Training Program | Site Name      | Select Type(s) of Partners/Consortia used to Offer Training at this Site   | Select Type(s) of Vulnerable Population Served at this Site |
|--------------------------|----------------|--|---|
| (1)                      | (2)<br>Block 1 | (5)<br>Block 5   | (7)<br>Block 4  |
|                          |                | <input type="checkbox"/> Acute Care for the Elderly (ACE)<br><input type="checkbox"/> Alzheimer's Association/Chapte |   |

Figure 57. EXP-2 - 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 residents at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Academic department - within the institution
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look - alike
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (non - faith

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- Long-term care facility
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government
- Senior Center
- Tribal Organization

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- based)
- Other
  - Professional Associations
  - State Governmental Programs
  - No partners/consortia used



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

## EXP-2 - Selecting Type(s) of Vulnerable Population

| Type of Training Program | Site Name      | Select Type(s) of Partners/Consortia used to Offer Training at this Site | Select Type(s) of Vulnerable Population Served at this Site               |
|--------------------------|----------------|--|---|
| (1)                      | (2)<br>Block 1 | (5)<br>Block 5   | (7)<br>Block 4  |
|                          |                |  | <input type="checkbox"/> Adolescents<br><input type="checkbox"/> Children |
|                          |                |  |   |
|                          |                |  |   |

Figure 58. EXP-2 - 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 residents during the current reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing **all that apply** from the following options:

- Adolescents
- College students
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Undocumented Immigrants
- Veterans
- Children
- Financially underserved
- Individuals with HIV/AIDS
- Low income persons/families
- Military and/or military families
- Pregnant women and infants
- Socio-culturally underserved
- Unemployed
- Chronically ill
- Geographically underserved
- Individuals with mental illness or substance use disorders
- Medically underserved
- Older adults
- Refugee Adults
- Tribal Population
- Uninsured/Underinsured persons/families
- None of the above

- Victims of abuse or trauma



**Warning: You may not select "None of the above" 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.**

## EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

### EXP-3 - Selecting Training Program and Site Name



**Warning:** EXP-2 must be completed and validated before completing EXP-3.

EXP-3 will initially appear blank; however, drop-down menu in Columns 1 and 2 will load with data that were entered and saved in the Training Program Setup Form.

| Type of Training Program | Site Name            | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline |
|--------------------------|----------------------|---|---|
| (1)                      | (2)<br>Block 1       | (3)<br>Block 3  | (4)<br>Block 3                                    |
| <input type="text"/>     | <input type="text"/> |   |   |

Figure 59. EXP-3 - Selecting Training Program and Site Name

**Type of Training Program:** Select a training program by clicking on the drop-down menu in Column 1 and choosing **one** of the available options (programs that were marked on the Training Program Setup Form as “active” in the current reporting period).

**Site Name:** Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing one of the available options (sites that were marked in EXP-1 as “used” in the current reporting period).

### EXP-3 - Selecting Profession and Discipline of Individuals Trained

| Type of Training Program | Site Name      | Select Profession and Discipline of Individuals Trained   | Enter # Trained in this Profession and Discipline |
|--------------------------|----------------|---|---|
| (1)                      | (2)<br>Block 1 | (3)<br>Block 3  | (4)<br>Block 3                                    |
|                          |                | <div style="border: 1px solid black; padding: 2px;">           Select one<br/>           Student - CNL - Generalist<br/>           Student - CNS - Adult gerontology<br/>           Student - CNS - Family         </div> |   |

Figure 60. EXP-3 - Selecting Profession and Discipline of Individuals Trained

**Select Profession and Discipline of Individuals Trained:** Select the profession(s) and discipline(s) of residents trained for each training program/site during the current reporting period by clicking on the drop-down menu in Column 3 (Block 3) and choosing **one** of the options below.

- Combined Programs - Family Medicine/Emergency Medicine
- Combined Programs - Family Medicine/Sports Medicine
- Combined Programs - Internal Medicine/Medical Genetics
- Combined Programs - Internal Medicine/Preventive Medicine
- Combined Programs - Pediatrics/Anesthesiology
- Combined Programs - Pediatrics/Medical Genetics
- Combined Programs - Pediatrics/Psychiatry/Child & Adolescent Psychiatry
- Critical Care Medicine Subspecialties - Cardiology CCM
- Combined Programs - Family Medicine/Preventive Medicine
- Combined Programs - Internal Medicine/Emergency Medicine
- Combined Programs - Internal Medicine/Neurology
- Combined Programs - Internal Medicine/Psychiatry
- Combined Programs - Pediatrics/Dermatology
- Combined Programs - Pediatrics/Medical Toxicology
- Combined Programs - Preventative Medicine/Medical Toxicology
- Critical Care Medicine Subspecialties - Emergency Medicine CCM
- Critical Care Medicine Subspecialties -
- Combined Programs - Family Medicine/Psychiatry
- Combined Programs - Internal Medicine/Family Medicine
- Combined Programs - Internal Medicine/Pediatrics
- Combined Programs - Obstetrics/Anesthesiology
- Combined Programs - Pediatrics/Emergency Medicine
- Combined Programs - Pediatrics/Physical Medicine and Rehabilitation
- Critical Care Medicine Subspecialties - Anesthesiology CCM
- Critical Care Medicine Subspecialties - Infectious Disease CCM

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- Critical Care Medicine Subspecialties - Internal Medicine CCM
- Critical Care Medicine Subspecialties - Pulmonary CCM
- Medical Specialties (non-Primary Care) - Dermatology
- Medical Specialties (non-Primary Care) - Neurology
- Medical Specialties (non-Primary Care) - Occupational Medicine
- Medical Specialties (non-Primary Care) - Preventive Medicine
- Medical Specialties (non-Primary Care) - Radiology (Diagnostic Radiology)
- Medical Specialties (Primary Care) - Internal Medicine
- Medical Subspecialties - Cardiology
- Medical Subspecialties - Cardiology - Interventional Cardiology
- Medical Subspecialties - Endocrinology
- Medical Subspecialties - Gastroenterology
- Medical Subspecialties - Hematology & Oncology
- Medical Subspecialties - Hospice and Palliative Medicine
- Medical Subspecialties - Medical Genetics (Adult Biochemical Genetics)
- Medical Subspecialties - Nephrology
- Medical Subspecialties - Pulmonary Medicine
- Medical Subspecialties - Sports Medicine
- Oral Health Specialties and Subspecialties - Dentistry - Craniofacial Surgery

- Nephrology CCM
- Critical Care Medicine Subspecialties - Surgery CCM
- Medical Specialties (non-Primary Care) - Emergency Medicine
- Medical Specialties (non-Primary Care) - Nuclear Medicine
- Medical Specialties (non-Primary Care) - Pathology (Anatomic and Clinical Pathology)
- Medical Specialties (non-Primary Care) - Psychiatry
- Medical Specialties (Primary Care) - Family Medicine
- Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)
- Medical Subspecialties - Cardiology - Adult Congenital Heart Disease
- Medical Subspecialties - Cardiology - Nuclear Cardiology
- Medical Subspecialties - Endocrinology - Reproductive Endocrinology
- Medical Subspecialties - Gastroenterology - Adult Transplant Hepatology
- Medical Subspecialties - Hematology - Blood & Marrow Transplantation
- Medical Subspecialties - Hospital Medicine
- Medical Subspecialties - Medical Genetics (Adult Clinical Genetics)
- Medical Subspecialties - Nephrology and Hypertension
- Medical Subspecialties - Rheumatology
- Oral Health Specialties and

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- Critical Care Medicine Subspecialties - Pediatrics CCM
- Medical Specialties (non-Primary Care) - Anesthesiology
- Medical Specialties (non-Primary Care) - Medical Genetics (Clinical Genetics)
- Medical Specialties (non-Primary Care) - Obstetrics & Gynecology
- Medical Specialties (non-Primary Care) - Physical Medicine & Rehabilitation
- Medical Specialties (non-Primary Care) - Radiation Oncology
- Medical Specialties (Primary Care) - Geriatric Medicine
- Medical Subspecialties - Allergy & Immunology
- Medical Subspecialties - Cardiology - Clinical Cardiac Electrophysiology
- Medical Subspecialties - Critical Care Medicine
- Medical Subspecialties - Endocrinology, Diabetes and Metabolism
- Medical Subspecialties - Gastroenterology - Hepatology
- Medical Subspecialties - Hematology - Hematologic Pathology
- Medical Subspecialties - Infectious Diseases
- Medical Subspecialties - Medical Genetics (Adult Molecular Genetic Pathology)
- Medical Subspecialties - Pulmonary

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- Oral Health Specialties and Subspecialties - Pathology Dentistry
- Oral Health Specialties and Subspecialties - Pediatric Orthodontics
- Oral Health Specialties and Subspecialties - Public Health Dentistry
- Other Medical Subspecialties - Anesthesiology - Pain Medicine
- Other Medical Subspecialties - Dermatology - Procedural Dermatology, General
- Other Medical Subspecialties - Medical Genetics - Molecular Genetic Medicine
- Other Medical Subspecialties - Neurology - Epilepsy
- Other Medical Subspecialties - Neurology - Neurodevelopmental Disabilities
- Other Medical Subspecialties - Neurology - Pediatric Neurology
- Other Medical Subspecialties - Neurology - Vascular Neurology
- Other Medical Subspecialties - OB-GYN - Maternal-Fetal Medicine (MFM)
- Other Medical Subspecialties - Occupational Medicine - Medical Toxicology
- Other Medical Subspecialties - Pathology - Blood Banking/Transfusion Medicine
- Other Medical Subspecialties - Pathology - Neuropathology
- Other Medical Subspecialties - Radiology - Body MRI
- Other Medical Subspecialties - Radiology - Neuroradiology
- Other Medical Subspecialties - Radiology

- Subspecialties - Advanced General Dentistry
- Oral Health Specialties and Subspecialties - Dentistry - Oral and Maxillofacial Surgery
- Oral Health Specialties and Subspecialties - Pediatric Dentistry
- Oral Health Specialties and Subspecialties - Periodontics
- Oral Health Specialties and Subspecialties - Radiology Dentistry
- Other Medical Subspecialties - Dermatology - Dermatologic Surgery
- Other Medical Subspecialties - Emergency Medicine - Clinical Pharmacology & Toxicology
- Other Medical Subspecialties - Medical Genetics - Molecular Genetic Pathology
- Other Medical Subspecialties - Neurology - Headache Medicine
- Other Medical Subspecialties - Neurology - Neuromuscular Medicine
- Other Medical Subspecialties - Neurology - Pediatric Neuromuscular Medicine
- Other Medical Subspecialties - OB-GYN - Female Pelvic Medicine & Reconstructive Surgery
- Other Medical Subspecialties - OB-GYN - Pediatric & Adolescent Gynecology
- Other Medical Subspecialties - Pain Medicine
- Other Medical Subspecialties - Pathology - Hematologic Pathology (Hematopathology)

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- and Sleep Medicine
- Medical Subspecialties - Sleep Medicine
- Oral Health Specialties and Subspecialties - Dental Medicine/General Dentistry
- Oral Health Specialties and Subspecialties - Endodontics
- Oral Health Specialties and Subspecialties - Pediatric Dentistry (Pedodontics)
- Oral Health Specialties and Subspecialties - Prosthodontics
- Other Medical Subspecialties - Anesthesiology - Adult Cardiothoracic Anesthesiology
- Other Medical Subspecialties - Dermatology - Dermatopathology
- Other Medical Subspecialties - Emergency Medicine - Medical Toxicology
- Other Medical Subspecialties - Neurology - Clinical Neurophysiology
- Other Medical Subspecialties - Neurology - Movement Disorders
- Other Medical Subspecialties - Neurology - Pediatric Epilepsy
- Other Medical Subspecialties - Neurology - Spinal Cord Medicine
- Other Medical Subspecialties - OB-GYN - Gynecological Oncology
- Other Medical Subspecialties - Occupational Medicine - Clinical Pharmacology & Toxicology
- Other Medical Subspecialties -

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- Pediatric Diagnostic Radiology
- Pediatric Medical Subspecialties - Clinical Pharmacology & Toxicology
- Pediatric Medical Subspecialties - Medical Genetics (Molecular Genetic Pathology)
- Pediatric Medical Subspecialties - Neurodevelopmental Disabilities
- Pediatric Medical Subspecialties - Pediatric Anesthesiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Cardiac Imaging
- Pediatric Medical Subspecialties - Pediatric Clinical Cardiac Electrophysiology
- Pediatric Medical Subspecialties - Pediatric Endocrinology
- Pediatric Medical Subspecialties - Pediatric Hematology
- Pediatric Medical Subspecialties - Pediatric Hospital Medicine
- Pediatric Medical Subspecialties - Pediatric Neurocritical Care
- Pediatric Medical Subspecialties - Pediatric Palliative Care Medicine
- Pediatric Medical Subspecialties - Pediatric Radiology
- Pediatric Medical Subspecialties - Pediatric Sleep Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Neurooncology
- Pediatric Medical Subspecialties - Pediatrics - Child Abuse Pediatrics

- Other Medical Subspecialties - Psychiatry - Addiction Psychiatry
- Other Medical Subspecialties - Radiology - Endovascular Surgical Neuroradiology
- Other Medical Subspecialties - Radiology - Nuclear Radiology
- Other Medical Subspecialties - Radiology - Pediatric Neuroradiology
- Pediatric Medical Subspecialties - Medical Genetics (Clinical Genetics)
- Pediatric Medical Subspecialties - Medical Toxicology
- Pediatric Medical Subspecialties - Pediatric Allergy & Immunology
- Pediatric Medical Subspecialties - Pediatric Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Interventional Cardiac Catheterization
- Pediatric Medical Subspecialties - Pediatric Critical Care Medicine
- Pediatric Medical Subspecialties - Pediatric Gastroenterology
- Pediatric Medical Subspecialties - Pediatric Hematology-Oncology
- Pediatric Medical Subspecialties - Pediatric Infectious Disease
- Pediatric Medical Subspecialties - Pediatric Neurology (Child Neurology)
- Pediatric Medical Subspecialties - Pediatric Pathology
- Pediatric Medical Subspecialties - Pediatric Rehabilitation Medicine
- Pediatric Medical Subspecialties -

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- Pathology - Anatomic and Clinical - Dermatopathology
- Other Medical Subspecialties - Pathology - Medical Microbiology
- Other Medical Subspecialties - Psychiatry - Child & Adolescent Psychiatry
- Other Medical Subspecialties - Radiology - Musculoskeletal Radiology
- Other Medical Subspecialties - Radiology - Pediatric Body MRI
- Other Medical Subspecialties - Radiology - Vascular and Interventional Radiology
- Pediatric Medical Subspecialties - Medical Genetics (Medical Biochemical Genetics)
- Pediatric Medical Subspecialties - Neonatal-Perinatal Medicine (Neonatology)
- Pediatric Medical Subspecialties - Pediatric and Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatric Cardiology - Fetal Cardiology
- Pediatric Medical Subspecialties - Pediatric Cardiology - Pediatric Preventive Cardiology
- Pediatric Medical Subspecialties - Pediatric Emergency Medicine
- Pediatric Medical Subspecialties - Pediatric Heart Failure Transplant
- Pediatric Medical Subspecialties - Pediatric Hospice and Palliative

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- Pediatric Medical Subspecialties - Pediatrics - Medical Toxicology
- Pediatric Surgical Specialties and Subspecialties - Congenital Cardiac Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Neurosurgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Otolaryngology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Transplantation Surgery
- Pediatric Surgical Specialties and Subspecialties - Vascular Anomalies Surgery
- Prelim Transitional Training - Preliminary Surgery
- Rotations - Coursework - Other - Advanced General Dentistry
- Rotations - Coursework - Other - General and Community Pediatrics
- Rotations - Coursework - Other - Osteopathy
- Rotations - Coursework - Other - Pediatric Clinical Pharmacy
- Rotations - Coursework - Other - Pediatric International Surgery
- Rotations - Coursework - Other - Podiatric Medicine and Surgery
- Rotations - Coursework - Other - Spinal Cord Injury Medicine
- Surgical Specialties - Ophthalmology
- Surgical Specialties - Plastic Surgery
- Surgical Subspecialties - Cardiac Surgery
- Surgical Subspecialties - Colon & Rectal

- Pediatric Sports Medicine
- Pediatric Medical Subspecialties - Pediatrics - Advanced Pediatric Hematology-Oncology Stem Cell Transplantation
- Pediatric Medical Subspecialties - Pediatrics - Clinical Immunodeficiency
- Pediatric Medical Subspecialties - Pediatrics - Transplant Hepatology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Cardiothoracic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Ophthalmology
- Pediatric Surgical Specialties and Subspecialties - Pediatric Plastic Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Trauma Surgery
- Prelim Transitional Training - Preliminary Medicine
- Prelim Transitional Training - Traditional Rotating Internship - Osteopathic
- Rotations - Coursework - Other - Fetal Surgery
- Rotations - Coursework - Other - GI Motility
- Rotations - Coursework - Other - Pediatric Cardiac Intensive Care Unit
- Rotations - Coursework - Other - Pediatric Environmental Health
- Rotations - Coursework - Other - Pediatric Nutrition
- Rotations - Coursework - Other -

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- Medicine
- Pediatric Medical Subspecialties - Pediatric Nephrology
- Pediatric Medical Subspecialties - Pediatric Oncology
- Pediatric Medical Subspecialties - Pediatric Pulmonology
- Pediatric Medical Subspecialties - Pediatric Rheumatology
- Pediatric Medical Subspecialties - Pediatrics - Adolescent Medicine
- Pediatric Medical Subspecialties - Pediatrics - Child & Adolescent Psychiatry
- Pediatric Medical Subspecialties - Pediatrics - Developmental Behavioral Pediatrics
- Pediatric Surgical Specialties and Subspecialties - Adolescent Bariatric Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Colorectal Surgery
- Pediatric Surgical Specialties and Subspecialties - Pediatric Orthopedics
- Pediatric Surgical Specialties and Subspecialties - Pediatric Surgical Critical Care
- Pediatric Surgical Specialties and Subspecialties - Pediatric Urology
- Prelim Transitional Training - Preliminary Medicine (General Internship) - Osteopathic
- Prelim Transitional Training - Transitional Year

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- Surgery (Colorectal Surgery)
- Surgical Subspecialties - OB-GYN - Fetal Surgery
  - Surgical Subspecialties - Orthopedic Surgery - Musculoskeletal Oncology
  - Surgical Subspecialties - Pediatric Surgery
  - Surgical Subspecialties - Plastic Surgery - Hand Surgery
  - Surgical Subspecialties - Thoracic Surgery
  - Surgical Subspecialties - Trauma Surgery

- Psychosomatic Medicine
- Rotations - Coursework - Other - Surgery - Surgical Scholar
  - Surgical Specialties - Orthopedic Surgery
  - Surgical Specialties - Surgery - General Surgery
  - Surgical Subspecialties - Cardiothoracic Surgery
  - Surgical Subspecialties - General Surgery - Fetal Surgery
  - Surgical Subspecialties - Orthopedic Surgery - Foot and Ankle Surgery
  - Surgical Subspecialties - Orthopedic Surgery - Spine Surgery
  - Surgical Subspecialties - Pediatric Surgery - Fetal Surgery
  - Surgical Subspecialties - Surgery - Oral and Maxillofacial Surgery
  - Surgical Subspecialties - Transplant Surgery
  - Surgical Subspecialties - Vascular Surgery

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- Rotations - Coursework - Other - General and Community Medicine
- Rotations - Coursework - Other - International Pediatric Neurosurgery
- Rotations - Coursework - Other - Pediatric Clinical Pharmacology
- Rotations - Coursework - Other - Pediatric Hospital Medicine
- Rotations - Coursework - Other - Pediatric Optometry
- Rotations - Coursework - Other - Quality Scholars in Transforming Health Care
- Surgical Specialties - Neurosurgery (Neurological Surgery)
- Surgical Specialties - Otolaryngology (ENT Surgery)
- Surgical Specialties - Urology
- Surgical Subspecialties - Cardiothoracic Surgery - Adult Congenital Heart Disease
- Surgical Subspecialties - Neurosurgery - Spinal Cord Medicine
- Surgical Subspecialties - Orthopedic Surgery - Hand Surgery
- Surgical Subspecialties - Orthopedic Surgery - Sports Medicine
- Surgical Subspecialties - Plastic Surgery - Craniofacial Surgery
- Surgical Subspecialties - Surgical Critical Care
- Surgical Subspecialties - Transplant Surgery - Lung



**Note:** *Repeat the above two steps until all used Training Program/Site/Discipline combinations are present. Each reported profession and discipline must be reported on a separate line even if they trained at the same site under the same program.*

### EXP-3 - Entering # Trained in the Profession and Discipline

| Type of Training Program | Site Name      | Select Profession and Discipline of Individuals Trained | Enter # Trained in this Profession and Discipline |
|--------------------------|----------------|---|---|
| (1)                      | (2)<br>Block 1 | (3)<br>Block 3  | (4)<br>Block 3                                    |
|                          |                |   |   |

Figure 61. EXP-3 - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** In Column 4 (Block 3), enter the **number of students and fellows in the profession and discipline** selected in the previous step that were trained at each site during the current reporting period.



Note: Counts provided should be based on individuals reported on IND-GEN from HRSA-funded programs.



**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.

## CHGME Hospital Data—CHD Subforms

### CHD Subforms - Introduction



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

| * General Information  |                      |
|--|----------------------|
| Medicare Provider Number                                       | 03-3302              |
| Year hospital first recieved funding                           | <input type="text"/> |
| How many outside institutions send residents to your hospital? | <input type="text"/> |

**Figure 62. CHD Subforms - Introduction**

**Medicare Provider Number:** This field will be prepopulated with your hospital’s information.

**Year hospital first received funding:** Enter the **calendar year that your hospital first received CHGME funding** in the textbox labeled ‘Year hospital first received funding.’

**How many outside institutions send residents to your hospital?:** Enter the **number of outside institutions** that send residents to your hospital in the textbox.

## CHD-1: CHGME Hospital Data - Hospital Discharge Data

### CHD-1 - Hospital Discharge Data By Payor Setup



**Warning:** If you have used the CHD-1 form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the CHD-1 form by using the form list located on the left side of your screen.

| Hospital Discharge Data by Payor              |                                 |                              |  |
|---|---------------------------------|------------------------------|--|
| Payor   | Enter # of Inpatient Discharges | Enter # of Outpatient Visits | Enter # of Emergency Department Visits |
| Private Insurance                             | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Medicaid and/or CHIP                          | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Medicare                                      | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Other Public (TRICARE, Indian Health Service) | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Self-Pay                                      | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Uncompensated Care                            | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Total   |                                 |                              |  |

**Figure 63. CHD-1 - Hospital Discharge Data By Payor Setup**

To begin providing hospital-level data for institutions that who received a CHGME funding during the current reporting period, or to provide updates for hospitals previously reported on CHD-1, **click "Yes"** to the initial setup question.



Note: Clicking "Yes" will activate the remaining forms that will allow you to begin data entry.

## CHD-1 - Entering Hospital Discharge Data By Payor



Warning: If you have used the CHD-2 form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again.

| * Hospital Discharge Data by Payor            |                                 |                              |  |
|---|---------------------------------|------------------------------|--|
| Payor   | Enter # of Inpatient Discharges | Enter # of Outpatient Visits | Enter # of Emergency Department Visits |
| Private Insurance                             | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Medicaid and/or CHIP                          | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Medicare                                      | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Other Public (TRICARE, Indian Health Service) | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Self-Pay                                      | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| Uncompensated Care                            | <input type="text"/>            | <input type="text"/>         | <input type="text"/>                   |
| <b>Total</b>                                  |                                 |                              |  |

Figure 64. CHD-1 - Entering Hospital Discharge Data By Payor

**For each Payment Group**, follow the instructions below to enter the required information:

**Enter # of Inpatient Charges:** In Column 2, enter the **number of inpatient discharges**.

**Enter # of Outpatient Visits:** In Column 3, enter the **number of outpatient visits**.

**Enter # of Emergency Department Visits:** In Column 4, enter the number of **emergency department visits**.



Warning: A number must be entered in each cell. If there were no inpatient discharges billed to a particular payment group, enter a zero (0) in that cell.



Note: Report all Medicaid payments, including Medicaid managed care and any other Medicaid payments under the Medicaid and/or CHIP category.



Note: Self-pay refers to patients who have made out-of-pocket payments for services.



Note: Uncompensated care means care for which the hospital receives no payment.



**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.**

## CHD-2: CHGME Hospital Data – Hospital Discharge and Safety Data

### CHD-2 - Setup



**Warning:** If you have used the CHD-2 form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again.

\* Did your children's hospital have any patient safety initiatives in place in the most recently completed academic year? **Yes**

(complete CHD-2)  (Click Save and Validate to proceed to the next form)

**Figure 65. CHD-2 - Setup**

- If your children's hospital has any patient safety initiatives in place during the most recently completed academic year, answer 'Yes' and proceed to complete this form. Clicking "Yes" will activate the remaining forms that will allow you to begin data entry.
- If not, please answer 'No' and click 'Save and Validate' to proceed to the next required form.

## CHD-2 - Adding Patient Safety Initiatives

\* Add Patient Safety Initiative (add all that apply)

Patient Safety Initiative

Add Record

Select one

Select one

Appropriate Use of prophylactic antibiotics in surgery

Automatic drug dispensing linked to CPOE

Availability of translators

Catheter-related bloodstream infections

Figure 66. CHD-2 - Adding Patient Safety Initiatives

### Patient Safety Initiative:

- Use the drop-down menu labeled ‘Patient Safety Initiative’ to **identify all patient safety initiatives** your children’s hospital utilized during the current reporting period. Choose **ALL** of the following that apply.
- You may add **additional initiatives** by selecting “Other” and typing the name of the safety initiative in the textbox provided.
- Click the “**Add Record**” button after each selection. Each selected initiative will form a row on the table below.
- **Repeat this process as necessary** to capture the names of all safety initiatives used during the current reporting period.

- |   |   |   |
|---|---|---|
| • Appropriate Use of prophylactic antibiotics in surgery                | • Automatic drug dispensing linked to CPOE    | • Availability of translators               |
| • Catheter-related bloodstream infections                               | • Chart audits                                | • Computerized physician order entry (CPOE) |
| • Electronic Medical Records  | • Elimination of look/sound alike drugs       | • Error Prevention Training - Simulation    |
| • Formalized support mechanisms for residents that err and harm patient | • Hand hygiene                                | • Handheld Computers                        |
| • Infection Prevention and Control                                      | • Institution of protocols/guidelines         | • Logic based forcing functions             |
| • Logs and literature reviews on error analysis                         | • Mandatory error disclosure                  | • Medication Administration Bar Coding      |
| • Medication Reconciliation   | • Mock codes/patient simulation for residents | • Nursing Pediatric Early Warning System    |
| • Other   | • Patient Safety Morning Report               | • Rapid response team (RRT)                 |
| • Reducing hand-offs  | • Required error reporting system             | • Resident participation in quality         |
| • Restructuring of Inpatient Ward Team                                  |   |   |

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- Standardization of drug dosing
- Ventilator associated pneumonia

- Root cause/ error analysis
- Surgical site infections
- Voluntary and confidential error reporting system

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- assurance committees
- Simulation Lab
- Timely recognition and treatment of shock
- None of the Above

### CHD-2 - Selecting Whether Initiative is Part of the Hospital's Patient Safety Program

| No. Patient Safety Initiative (1) | Select Whether Initiative is Part of the Hospital's Patient Safety Program in Most Recent Academic Year (2) | Select Whether the Hospital has made Changes in Initiative since the Previous Academic Year (3) | Reasons for Change (4) | Benefits of Initiative (5) |
|-----------------------------------|---|---|------------------------|----------------------------|
| 1 Chart audits                    | Select one  | Select one  |                        |                            |

Figure 67. CHD-2 - Selecting Whether Initiative is Part of the Hospital's Patient Safety Program

**Select Whether Initiative is Part of the Hospital's Patient Safety Program in Most Recent Academic Year:** Report whether or not each patient safety initiative was part of the hospital's patient safety program in the current reporting period by clicking on the drop-down menu under Column 2 and selecting **one** of the following options:

- Yes
- No

## CHD-2 - Entering Changes made to the Initiative since the Previous Academic Year

| Patient Safety Initiative (1) | Select Whether Initiative is Part of the Hospital's Patient Safety Program in Most Recent Academic Year (2) | Select Whether the Hospital has made Changes in Initiative since the Previous Academic Year (3) | Reasons for Change (4) | Benefits of Initiative (5) |
|-------------------------------|---|---|------------------------|----------------------------|
| Chart audits                  | Select one  | Select one  |                        |                            |

Figure 68. CHD-2 - Entering Changes made to the Initiative since the Previous Academic Year

**Select Whether the Hospital has made Changes in Initiative since the Previous Academic Year:** Report whether or not the hospital made changes to each patient safety initiative since the previous academic year by clicking on the drop-down menu under Column 3 and selecting **one** of the following options:

- Yes
- No

**Reasons for Change:** Identify the reason(s) for the change by clicking on the drop-down menu under Column 4 and selecting all of the reasons below that apply. If “**No**”, was selected in Column 3, choose “No Change” in Column 4.

- Yes
- No

## CHD-2 - Entering Benefits of Initiative

| Patient Safety Initiative (1) | Select Whether Initiative is Part of the Hospital's Patient Safety Program in Most Recent Academic Year (2) | Select Whether the Hospital has made Changes in Initiative since the Previous Academic Year (3) | Reasons for Change (4) | Benefits of Initiative (5) |
|-------------------------------|---|---|------------------------|----------------------------|
| Chart audits                  | Select one  | Select one  |                        |                            |

Figure 69. CHD-2 - Entering Benefits of Initiative

**Benefits of Initiative:** Identify all of the benefits of each patient safety by clicking on the drop-down menu under Column 5 and selecting all of the following options that apply:

- Added faculty expertise
- Improved clinical competence
- Improved patient care outcomes
- Improved reporting
- Improvements in procedural technique
- Increased awareness of psychosocial conditions
- Increased medical knowledge
- Increased/improved research activities
- N/A
- Benefits pending
- Improved clinical management
- Improved professional development
- Improved supervision
- Incorporated best practices
- Increased awareness/exposure to underserved populations
- Increased mentoring
- Other
- Expanded clinical services
- Improved monitoring/evaluation
- Improved provider performance
- Improved workflow
- Increased awareness of community resources
- Increased clinical coverage
- Increased/improved feedback
- None of the Above



Warning: "None of the Above" and "N/A" cannot be selected 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.

## CHD-3: CHGME Hospital Data – Hospital Discharge Data by Zip Code

### CHD-3 - Uploading Hospital Discharge Data by Zip code



Figure 70. CHD-3 - Uploading Hospital Discharge Data by Zip code

Please complete the following steps to enter locality data identifying the number of hospital discharges by zip code.

1. Using the link provided, **download** the Excel data template to input data.
2. Using the template, complete each row of **data entry** by reporting (a) each zip code used by your program and (b) the corresponding number of hospital discharges.
  - If you are reporting an overseas zip code, use code “88888”.
  - If the zip code is unknown, enter code “00000”.
3. When you have completed data entry using the template, save your work to a local folder.
4. Using the **attach file** button, **upload** your saved file into BPMH (e.g., using the browse function to select your file from your local folder).



**Warning:** The structure of the data entry template must not be altered (i.e., do not add/remove/edit/rearrange columns or column headers). Doing so will lead to uploading errors.



Note: If you have difficulty downloading the template file, contact your Government Project Officer.



Note: Once uploaded into BMPH, template data cannot be downloaded back into an Excel format.

## CHD-3 - Processing Hospital Discharge Data by Zip code

The screenshot displays the 'Update Discharge Data' section of the CHD-3 application. At the top, there is a 'Download Template' button and a dropdown menu for 'Update Discharge Data (Minimum 0) (Maximum 1)' with a 'Max 1 Allowed' indicator. Below this is a table listing the uploaded file: 'CHD3\_Template\_File.xls' (47 kB, 11/13/2014). A red box highlights the 'Process Data' button, with a note below it: '(Click the "Process Data" button to view the excel file data on the screen)'. Below the button is a pagination control showing 'Page: 1' and 'Go' button. At the bottom is a table with the following data:

| Record Status | Zip Code | City    | State | Number of Inpatient Discharges | Option(s)                       |
|---------------|----------|---------|-------|--------------------------------|---------------------------------|
|               | (1)      | (2)     | (3)   | (4)                            |                                 |
| 1 New Record  | 20105    | ALDIE   | VA    | 78                             | <input type="checkbox"/> Delete |
| 2 New Record  | 20171    | HERNDON | VA    | 762                            | <input type="checkbox"/> Delete |
| 3 New Record  | 00000    |         |       | 3                              | <input type="checkbox"/> Delete |
| 4             |          |         |       |                                |                                 |

Figure 71. CHD-3 - Processing Hospital Discharge Data by Zip code

- Once your file has been uploaded, select the “**Process Data**” button, which will populate the table below with the data you entered into the excel template (i.e., zip codes and discharge counts).
- Next, select the “**Save**” button to automatically populate the city and state fields (based on the zip codes you have provided) and run the form validations.
- After you have verified that all data are present and accurate, select the **Save/Validate** button to proceed to the next subform.



Note: Errors in editable fields will be identified with a “Row” number and can be corrected either (a) within the BMPH system or (b) corrected in the original excel template and then re-uploaded.



**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.**

## PCC: Program Curriculum Changes

### PCC - Selecting Residency Program Name

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |

Figure 72. PCC - Selecting Residency Program Name

**Select Residency Program Name:** Select a **training program** by clicking on the drop-down menu in Column 1 and choosing **one** of the available options (programs that were marked on the Training Program Setup Form as “active” in the current reporting period).

**PCC - Entering the Course/Training Activity Name**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 73. PCC - Entering the Course/Training Activity Name**

**Enter the Name of Course or Training Activity:** Enter a name for the Course or Training Activity in in Column 2 (Block 1).

**PCC - Selecting Type of Course or Training Activity**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 74. PCC - Selecting Type of Course or Training Activity**

**Select Type of Course or Training Activity:** Select the type of course or training activity offered in the current reporting period by clicking on the drop-down menu in Column 3 (Block 2) and choosing **one** of the following options:

- Academic course
- Faculty development programs or activities
- Grand rounds
- Workshop
- Clinical rotation
- Field placement/practicum
- Lecture/Seminar

**PCC - Selecting whether Course was Newly Developed or Enhanced**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 75. PCC - Selecting whether Course was Newly Developed or Enhanced**

**Select whether Course or Training Activity was Newly Developed or Enhanced:** Select whether the course or training activity was newly developed or enhanced in the current reporting period by clicking on the drop-down menu in Column 4 (Block 3) and choosing **one** of the following options:

- Enhanced
- Newly developed
- No changes

**PCC - Selecting Topic Area**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 76. PCC - Selecting Topic Area**

**Select Topic Area:** Select the primary topic area of the course or training activity offered in the current reporting period by clicking on the drop-down menu in Column 5 and choosing **one** of the following options:

- 360 evaluations
- Americans with Disabilities Act
- Area Health Education Center sites
- Availability of allied health providers
- Bedside training
- Care of internationally adopted children
- Center for Early Intervention for Deaf Infants
- Child protective teams
- Community - level advocacy
- Competency - based training
- Counseling for oral hygiene, diet, and fluoride use
- Cultural competency
- Day care
- Domestic violence resources
- Early Intervention Services
- Family - centered pediatrics
- Access to dental health services
- Amish Satellite Clinic
- Assist families with transition to child care and educational settings
- Availability of community based programs
- Care coordination with other health care providers
- Case - based experiential learning
- Chart - stimulated recall
- College Health
- Community health centers
- Coordination of health care and community resources
- County Hospital
- Cultural efficacy training
- Developmental biology
- Domestic violence/child abuse
- Effects of physical environment (e.g. toxins)
- Advocacy training
- Anticipatory guidance
- Autopsies
- Availability of public sources of dental services
- Care of domestically adopted children
- Case logs
- Checklists of observed behaviors
- Community - based medicine
- Community longitudinal project
- Coordination of mental health care services
- Cultural Beliefs and attitudes
- Cultural immersion experiences
- Diabetes Camp
- Drug rehabilitation program
- Effects of social environment (e.g. crime)
- Foreign language instruction
- Genomics/ Proteomics
- Health promotion/ illness prevention

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- Forensic Psychiatry
- Global ratings
- Home care services
- Homelessness
- Indian Health Center sites
- Interdisciplinary care
- Interpretation of research
- Juvenile detention facilities
- Leadership training
- Medicaid/CHIP/EPSTD related programs
- Migrant health center
- National Health Service Corp sites
- Observed structured clinical examination (OSCE)
- Other
- Patient Centered Medical Home
- Physician - patient communication
- Private practice
- Public education
- Public sources of care in rural areas
- Reflective exercises
- Resident project
- School health
- Screening/referral for Maternal depression
- Social services
- Substance abuse
- Team - Based Care
- Transition to adult care
- Uninsured/underinsured
- None of the above
- Fluoride guidelines
- Foster care system
- Head Start
- Home visits to patients
- Identify/mobilize medical home
- Indian Health Service
- Interdisciplinary patient care conferences
- Intraoperative Consults
- Laboratory Exams
- Legislative/policy advocacy
- Medical simulations
- Migrant worker families and children
- Neuroscience
- Office Based Pediatrics
- Outreach Clinic
- Patient surveys
- Poison Control Center
- Procedure logs
- Public health department
- Record reviews
- Research
- Rural health centers
- Schools
- Screening/referral for parental substance abuse
- Standardized patients
- Substance abuse treatment system
- Telemedicine
- Translational Research
- Use of transformative learning techniques (e.g. role play)

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- Homeless shelters
- Immigration/deportation issues
- Individualized Education Plans (IEPs)
- Interfacing with community organizations
- Issues related to use of interpreter services
- Language training
- Local and state health departments
- Mental/behavioral health care system
- Mobile health van
- Obesity - directed care
- Oral health screening
- Patient advocacy
- Pediatric palliative care/Pediatric hospice
- Poverty
- Promoting positive health behaviors
- Public sources of care (e.g. CHC public health dept.)
- Referral for dental care
- Research Design
- Scholarly activities (clinical translational or health services research)
- Screening/referral for domestic violence
- Social service system
- Statistics for Medicine
- Tailoring therapy to the individual
- Tobacco prevention and control
- Transportation and travel barriers
- Welfare system

### PCC - Selecting Topics in Quality Improvement and Measurement

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 77. PCC - Selecting Topics in Quality Improvement and Measurement**

**Select Topics in Quality Improvement and Measurement:** Select which **quality improvement and measurement topics** each course or training activity addressed in the current reporting period by clicking on the drop-down menu in Column 6, and selecting **all** of the following options that apply:

- AHRQ Clinical Performance Measures for Ambulatory Care
- Audit and feedback approaches
- Evidence-based medicine
- Health care disparities
- Organizational changes
- Patient reminder systems
- Physician reminder systems
- Quality characteristics
- Small area variation
- Use of practice guidelines
- AHRQ Pediatric Quality Indicators
- Benchmarking
- Facilitated relay of clinical data to providers
- Health Plan Employer Data and Information Set (HEDIS)
- Other
- Performance measurement and indicators
- Practice guidelines
- Sentinel event
- Structure/Process/ Outcomes Measures
- Volume-outcomes
- Ambulatory care sensitive conditions
- Consumer Assessments of Health Plans (CAHPS)
- Financial incentives (e.g. pay for performance)
- Interdisciplinary care
- Patient education
- Physician education
- Promotion of disease self-management
- Severity/risk adjustment
- Systematic literature reviews/meta-analysis
- None of the above

**PCC - Entering Curriculum**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 78. PCC - Entering Curriculum**

**Enter the Curriculum the Course or Training Activity is Associated With:** Type the **name of the curriculum** associated with each course or training activity that was developed or enhanced through the grant in the textbox in Column 7 (Block 5).



Note: If the course or training activity that was developed or enhanced is **not associated with a specific curriculum**, type "N/A".

**PCC - Selecting Delivery Mode**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 79. PCC - Selecting Delivery Mode**

**Select Delivery Mode Used to Offer this Course or Training Activity:** Select the **primary mode used to deliver** each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu in Column 8 (Block 6) and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Grand rounds
- Clinical Rotation
- Experiential/Field-based
- Hybrid

**PCC - Selecting EXP-1 Site Name Where Implemented**

| Select Residency Program Name | Enter the Name of Course or Training Activity | Select Type of Course or Training Activity | Select whether Course or Training Activity was Newly Developed or Enhanced | Select Topic Area | Select Topics in Quality Improvement and Measurement | Enter the Curriculum the Course or Training Activity is Associated With | Select Delivery Mode Used to Offer this Course or Training Activity | Select Site Name from EXP-1 Where Implemented |
|-------------------------------|---|--|--|-------------------|--|---|---|---|
| (1)                           | (2)<br>Block 1                                | (3)<br>Block 2                             | (4)<br>Block 3   | (5)               | (6)  | (7)<br>Block 5  | (8)<br>Block 6  | (9)   |
|                               |   |  |  |                   |  |   |   |   |

**Figure 80. PCC - Selecting EXP-1 Site Name Where Implemented**

**Select Site Name from EXP-1 Where Implemented:** Select the site names where each course or training activity was implemented during the current reporting period by clicking on the drop-down menu of EXP-1 sites in Column 9 and selecting all that apply.

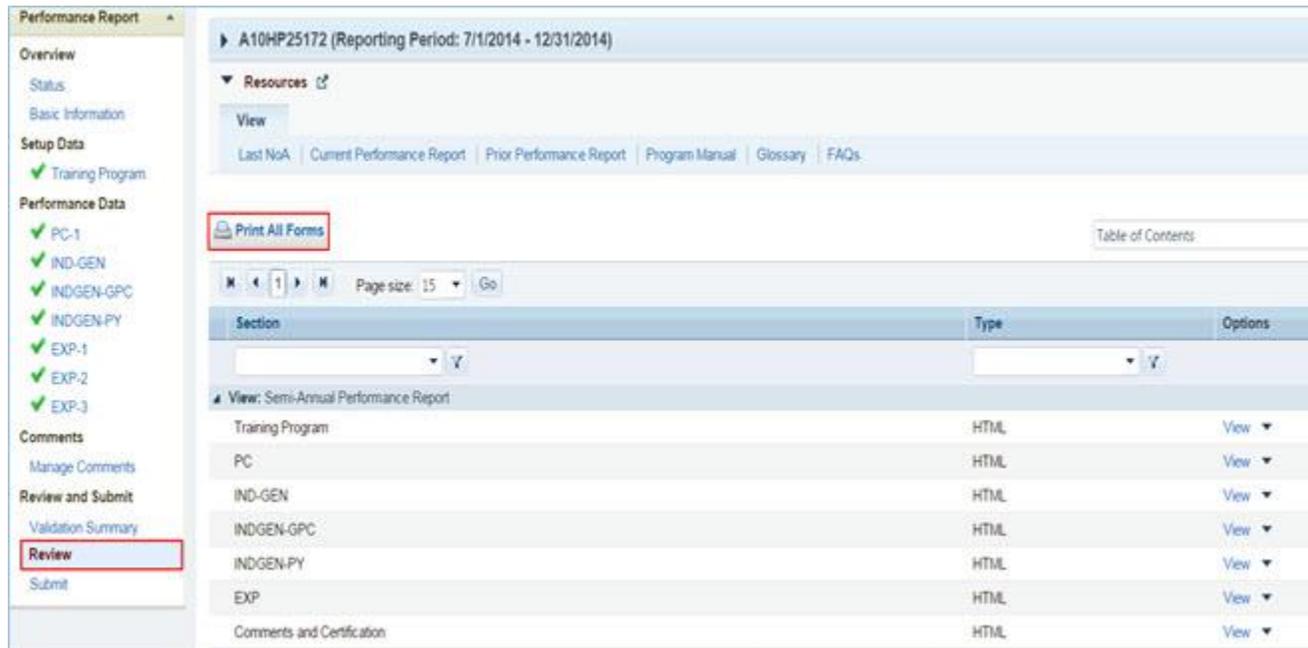


**Warning:** You may not select "N/A" in combination with any other option.



**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.

## Printing Your Performance Report



**Figure 81. Screenshot of Printing Your Performance Report**

1. 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.
2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

## 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.

The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted. The main content area shows report details for 'A10HP25172' with a due date of 100 days. Below this is a table titled 'Submission Report Status' with columns for Section, Status, and Option. A red arrow points to the 'Complete' status of the 'PC-1' section. A 'Submit' button is located at the bottom right.

| Section          | Status     | Option |
|------------------|------------|--------|
| Setup Data       |            |        |
| Training Program | ✓ Complete | Update |
| Performance Data |            |        |
| PC-1             | ✓ Complete | Update |
| IND-GEN          | ✓ Complete | Update |
| INDGEN-GPC       | ✓ Complete | Update |
| INDGEN-PY        | ✓ Complete | Update |
| EXP-1            | ✓ Complete | Update |
| EXP-2            | ✓ Complete | Update |
| EXP-3            | ✓ Complete | Update |

**Figure 82. 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.

### Submit Report - Confirm

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

**Confirmation:**  
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with \* are required

**\* Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

[Cancel](#) [Confirm](#)

Figure 83. Screenshot of the Submit Report - Confirm Page

### Submit Report - Result

Your report is successfully submitted to HRSA. The details for this report is listed below. Please note them down for future reference. For any other questions please (+ View More)

| Report Details             |                   |
|----------------------------|-------------------|
| Report Type                | 2015 Final Report |
| Grant Number               | UBMHP20202        |
| Submission Tracking Number | BPMFRUB600029227  |

[Return to List](#)

Figure 84. Screenshot of the Submit Report - Confirm Page

## Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

**Attrition** is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

**BHW-funded financial awards** are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award:** A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship:** A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship:** A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend:** A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship:** A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan:** A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment:** A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

**Campus-based degree program** is a degree program that requires students to complete all academic coursework at the college or university campus.

**Contact hours** are the number of hours that an individual receives training in a specific setting.

**Continuing education** is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

**Curriculum** is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

**Didactic training** is the process of instruction between a designated faculty and an individual or group of individuals.

**Direct financial support program** is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

**Disadvantaged background** is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

**Enhanced course or other training activity** is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

**Enrollee** is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

**Ethnicity** is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Experiential training** is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

**Faculty** is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

**Faculty development activity** is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an “Unstructured faculty development activity”.

**Faculty instruction** are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

**Federally Qualified Health Centers (FQHC)** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

**Fellowship** is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

**Full-time** refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

**Graduate** is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

**Hybrid degree program** is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

**Instructional hours** are the duration of a training activity or training program in clock hours.

**Infrastructure program** is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

**Internship** is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

**Interprofessional education** is the process of learning among a group of individuals from two (2) or more professions.

**Interprofessional practice** is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

**Medically Underserved Community (MUC)** is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

**Multipurpose/Hybrid program** is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

**Newly developed course or other training activity** is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

**Online degree program** is a degree program that requires students to complete all academic coursework through distance learning.

**Partner/consortium** is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

**Patient encounter** is a direct interaction between a designated caregiver and a patient for the purposes of health care.

**Practicum** is a type of experiential training activity. (See "Experiential training").

**Primary care** is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**Primary care setting** is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

**Profession & discipline** is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

**Program completer** is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

**Publication** is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

**Race** is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Residency** is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

**Residential background** is/are the type/s of location/s an individual has established residence in.

**Rural** is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to [HRSA's Office of Rural Health Policy](#).*

**Structured faculty development program** is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

**Structured training program** is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

**Trainee** is an individual who participates in a training program or training activity.

**Underrepresented Minority (URM)** 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. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

**Unstructured faculty development activity** is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

**Unstructured training activity** is generally a stand-alone single training activity that is not part of a curriculum.

**Veteran** is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

**Vulnerable populations** are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

## **Appendix B: FAQs**

### *General FAQs:*

#### **Q1: When is the due date for the performance report?**

A1: Performance reports are due by **January 31, 2016** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

#### **Q2: What dates does the performance report cover?**

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **July 01, 2014 - June 30, 2015**.

#### **Q3: Is it possible to change data entered incorrectly in a prior reporting period?**

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

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

#### **Q4: Do I need to set up my training program again if it is being reused in the current reporting period?**

A4: 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.

#### **Q5: What are the status options for the different types of programs?**

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

#### **Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?**

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

**Q7: Are we required to provide this information only on the trainees in the programs we received funding for?**

A7: 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:*

**Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?**

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

**Q9: 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?**

A9: 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.

**Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?**

A10: It depends on the information available. 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:*

**Q11: Where do we get the Trainee Unique ID?**

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide semiannual and 1-year follow-up updates through the BPMH system.

**Q12: What are the characters of the 7 digit unique ID?**

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

**Q13: Are INDGEN records from the last semiannual period stored in the EHB?**

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-GPC for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

**Q14: Last year we created individual participant codes (Unique IDs) to be included 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, or create a new code for that participant? Are those codes needed this year?**

A14: 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 in more than one location (INDGEN/INDGEN-GPC/INDGEN-PY).

**Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?**

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

**Q16: Is there an option to report Ethnicity as unknown?**

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

**Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?**

A17: 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.

**Q18: Can we use our institutions definitions/standards for disadvantaged background?**

A18: 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.

**Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?**

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

**Q20: Do conference registration fees count as financial support?**

A20: Yes, but only for non-project staff.

**Q21: How do we find out an individual's family income?**

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

**Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?**

A22: Only the trainee's status should be reported.

**Q23: How is the academic year funding total calculated?**

A23: The academic year total is automatically calculated in EHB as the sum of both semiannual amounts within the same academic year. This means that during data entry for the first semiannual period, the automatically calculated totals for the current reporting period and academic year total will be the same. When you enter, save, and validate the funding amount for the second semiannual period, the academic year total will automatically recalculate and will sum the two semiannual amounts.

**Q24: How is the cumulative funding total calculated?**

A24: The cumulative funding total is automatically re-calculated each semiannual period in EHB. This is the total of each semiannual 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.

***FAQs about the INDGEN-PY form:***

**Q25: How do I use the INDGEN-PY form?**

A25: 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. The INDGEN-PY form will automatically pre-populate with the individual records that appeared in the INDGEN-GPC form in the previous reporting period.

***FAQs about the Experiential Training (EXP) forms:***

**Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?**

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

**Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?**

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

**Q28: Do I need to list a site more than once on EXP-2?**

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

**Q29: How can I report Interprofessional team-based care at the training sites?**

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 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 the profession 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 were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

*FAQs about the Curriculum Development and Enhancement (CDE) forms:*

**Q30: What if courses are created with a variety of funding sources?**

A30: 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.

**Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?**

A31: Only courses that were marked as ‘Under Development’ or ‘Developed but Not Yet Implemented’ will pre-populate the CDE-1 table. Courses marked as ‘Implemented’ will pre-populate the new CDE-1a table.

**Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**

A32: 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.

*FAQs about the Faculty Development (FD) forms:*

**Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?**

A33: 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.

*FAQs about the Continuing Education (CE) forms:*

**Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?**

A34: For the purposes of the CE-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. Individuals attending CE trainings should be current providers, rather than students.

*FAQs about Technical Support & Assistance:*

**Q35: Who do we contact if we need technical assistance entering data in EHB?**

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

**Q36: Where will grantees be able to locate the instruction manuals for the performance reports?**

A36: 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>.

**Q37: Is there a way to look at the data forms required for my program without logging into EHB?**

A37: 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>.

**Q38: Are reports from prior years stored in the EHBs?**

A38: 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.

**Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?**

A39: 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 their specific training program or permanently leaves before completion.