

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Nurse Education, Practice, Quality and Retention
Interprofessional Collaborative Practice (IPCP)**

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 **NEPQR-IPCP** grant program:
 - **To strengthen nursing's capacity to advance the health of patients, families and communities by supporting the development and implementation of innovative practice models that use collaborative interprofessional teams comprised of nurses and other health professionals.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 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 annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforce (BHW) (OMB # **0915-0061**). 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.

Due to the nature of annual reporting, the BPMH system has been recently 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 message: "Fields with * are required". Underneath is a blue header bar with the text "Add Training Program" and a red asterisk. Below the header bar is a label "Select Type of Training Program Offered" with a sub-note "(Click the 'Load Program Details' button after selecting your training program)". To the right of the label 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) Block 1	(5) Block 4	(7) Block 6	(8) 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	Setup Form	Setup Forms	Faculty Development
3	Performance Data Form	Program Characteristics-PC Subforms	PC-3
4	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-1a
5	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	LR-2
6	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-1
7	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-2
8	Performance Data Form	Legislative Requirements & Demographic Variables-LR and DV Subforms	DV-3
9	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1
10	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2

Order	Type of Form	Parent Form	Form ID
11	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-4
12	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a
13	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b
14	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a
15	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b

Training Program - Setup

Training Program Setup - Selecting Type of Training Program



Warning: A new entry in the Training Program Setup form is only needed for training programs not previously reported. If no new training programs were supported through the grant in the current reporting period, skip to the Final Steps for this subform.

This table is used to input your IPCP student trainings held at an academic center. These IPCP structured training programs, including clinical rotation programs, refer to those offered to team members to expand knowledge base around coordinated care. For each program, you will need to identify a name (for example, you can select the name used in your NEPQR IPCP application, such as the "Interprofessional Collaborative Practice Diabetes Prevention Program"), and add it as a new record.

The screenshot shows a web form titled "Add Training Program" with a red asterisk indicating required fields. The first field is "Select Type of Training Program Offered" with a dropdown menu currently showing "Select One". To the right of this field is a "Load Program Details" button. Below this field are two more fields: "For a Non-degree bearing Structured or Unstructured Training Program, Select Type of Training Activity" and "For a Non-degree bearing Structured or Unstructured Training Program, Enter Name of Training Activity". At the top left of the form area, there is a link "View Prior Period Data" and a note "Fields with * are required".

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

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

- Non-degree structured training program (Structured)



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

Training Program Setup - Loading Program Details

Fields with * are required

*** Add Training Program**

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

Non-degree structured training program (Structured)

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

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

Figure 4. Training Program Setup - Loading Program Details

Next, click on the “Load Program Details” button. This will activate additional drop-down menus specific to the type of training program selected.



Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in Step 1.

Training Program Setup - Adding Structured Training Program

Fields with * are required

*** Add Training Program**

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

Non-degree structured training program (Structured) Load Program Details

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

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

Add Record

Figure 5. Training Program Setup - Adding Structured Training Program

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

- Interprofessional Team-based Training

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

Next, click on the "Add Record" button to save your entry.

Repeat this process to capture all structured training programs offered during the annual reporting period.

Training Program Setup - Adding Unstructured Training Program

Fields with * are required

*** Add Training Program**

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

Non-degree structured training program (Structured) Load Program Details

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

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

Add Record

Figure 6. Training Program Setup - Adding Unstructured Training Program

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

- Interprofessional Team-based Training

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

Next, click on the "Add Record" button to save your entry.

Repeat this process to capture all unstructured training programs offered during the annual reporting period.

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Structured Interprofessional Team-based Training Daily Pre and Post Clinic Conferences	Select one	X Delete
2	Prior Record	Structured Interprofessional Team-based Training Nurse Practitioner Student Training	Complete	X Delete

Figure 7. Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period:

Select the status of each training program at the end of the current reporting period by choosing one of the options listed below.

For Structured and Unstructured Training Programs, choose either Ongoing or Complete:

- Ongoing: A structured or unstructured training program that did not conclude by **June 30, 2016**.
- Complete: A structured or unstructured training program that concluded at some point during the reporting period (i.e. **July 01, 2015 - June 30, 2016**).

- Active
- Complete
- Inactive
- Ongoing



Warning: The status of each structured training program affects whether or not the BPMH system will allow counts to be reported for enrollees and program completers. If a program or activity is marked as "Complete", only program completers can be reported on the LR-1 through DV-3 subforms. If a program or activity is marked as "Ongoing", only enrollees can be reported on the LR-1 through DV-3 subforms.



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

Faculty Development – Setup

Selecting Faculty Development Activities

Faculty Development Activities	Select
Structured Faculty Development Training Program	<input type="checkbox"/>
Faculty Development Activity	<input type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

Figure 8. Selecting Faculty Development Activities

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



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



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



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



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

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

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

No. Record Status	Type of Training Program (1) Block 1	Type of Training Activity (2) Block 1d	Name of Training Activity (3) Block 1d.1	Select Education Level(s) of Participants (4) Block 1e	Enter Length of Training Program in Clock Hours (5) Block 1f	Select Type(s) of Partners/Consortia Used to Offer this Training (9) Block 2	Select Training Activity Status in the Current Reporting Period (10)
1 Prior Record	Structured Interprofessional Team-based Training Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	Interprofessional Team-based Training	Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	<input type="text" value=""/>	6	<input type="text" value=""/>	Ongoing

Figure 9. PC-3 - Selecting Education Level(s) of Participants

Select Education Level(s) of Participants:

Select the education level(s) of trainees who participated in each structured training program during the current reporting period by clicking on the dropdown in Column 4 (Block 1e) and choosing all of the options that apply:

- Practitioner - Physician
- Faculty
- Student - Associates Degree
- Student - Diploma/Certificate (nursing)
- Student - Post - Masters Certificate
- Practitioner - Nurse
- Practitioner
- Student - Bachelors Degree
- Student - Doctoral Degree
- Student - Post-high school / Pre-college
- Practitioner - Pharmacist
- Student - 9 - 12 (secondary)
- Student - Diploma/Certificate (non-nursing)
- Student - Masters Degree



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

PC-3 - Entering Length of Training Program

No. Record	Type of Training Program (1) Block 1	Type of Training Activity (2) Block 1d	Name of Training Activity (3) Block 1d.1	Select Education Level(s) of Participants (4) Block 1e	Enter Length of Training Program in Clock Hours (5) Block 1f	Select Type(s) of Partners/Consortia Used to Offer this Training (9) Block 2	Select Training Activity Status in the Current Reporting Period (10)
1	Prior Record	Structured Interprofessional Team-based Training Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	Interprofessional Team-based Training	Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	<input type="text" value="6"/>	<input type="text"/>	Ongoing
2	New Record	Structured Interprofessional Team-based Training Test	Interprofessional Team-based Training	Test	<input type="text"/>	<input type="text"/>	Ongoing

Figure 10. PC-3 - Entering Length of Training Program

Enter Length of Training Program in Clock Hours: Enter the duration, in clock hours, of each structured training program during the current reporting period in the textbox in Column 5 (Block 1f).



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

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

No. Record Status	Type of Training Program (1) Block 1	Type of Training Activity (2) Block 1d	Name of Training Activity (3) Block 1d.1	Select Education Level(s) of Participants (4) Block 1e	Enter Length of Training Program in Clock Hours (5) Block 1f	Select Type(s) of Partners/Consortia Used to Offer this Training (9) Block 2	Select Training Activity Status in the Current Reporting Period (10)
1 Prior Record	Structured Interprofessional Team-based Training Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	Interprofessional Team-based Training	Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	<input type="text"/>	6	<input type="text"/>	Ongoing

Figure 11. PC-3 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-3 sub form, select the type(s) of partnerships or consortia used or established for the purpose of offering each structured training program during the annual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Area Agencies on Aging
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Academic department - within the institution
- Ambulatory Care Center
- Assisted Living
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Alzheimer’s Association/Chapters
- Ambulatory practice sites
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)

Health Resources and Services Administration
Bureau of Health Workforce

- Quality improvement organization
- Tribal Government

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

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- Other
- Professional Associations
- State Government



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



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



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.

Legislative Requirements & Demographic Variables—LR and DV Subforms

LR and DV - Introduction



Warning: You must complete a LR-1, LR-2, DV-1, DV-2, and DV-3 subform for each structured training program that was supported through the grant during the current reporting period. Counts provided in these forms must be for ALL program trainees (students and practicing professionals).

Faculty and trainees will also be captured in the EXP-4 subform.

LR-1a: Trainees by Training Category

LR-1 - Entering Enrollees Count

No. Record Status	Type of Training Program (1)	Trainees by Training Category			Attrition		Select Training Activity Status in the Current Reporting Period (16)
		Enter # of Enrollees (2) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 6	Enter # of URM who left the Program before Completion (8) Block 6a		
1 Prior Record	Structured Interprofessional Team-based Training Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ongoing	

Figure 12. LR-1 - Entering Enrollees Count

Trainees by Training Category: Enter # of Enrollees: For programs marked as "Ongoing", follow the instructions below and then skip to the Final Steps for this subform.

Enter the number of trainees who participated in each structured training program during the annual reporting period in the textbox under Column 2.

LR-1 - Entering Program Completers Count

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		Select Training Activity Status in the Current Reporting Period (16)	
		Enter # of Enrollees (2)	Enter # of Program Completers (6)	Enter # of Individuals who left the Program before Completion (7)	Enter # of URM who left the Program before Completion (8)		
		Block 1	Block 5	Block 6	Block 6a		
1	Prior Record	Structured Interprofessional Team-based Training Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ongoing

Figure 13. LR-1 - Entering Program Completers Count

Trainees by Training Category: Enter # of Program Completers: For programs marked as "Complete", follow the instructions below. Enter the number of students who completed each structured training program during the annual reporting period in the textbox under Column 6.



Warning: If a structured training program was marked as "Completed" in the Training Program Setup form, Column 2 must be equal to "0" and Column 6 must be greater than "0".



Note: Do not count individuals who permanently left a training program before completion during the annual reporting period in the textbox under Column 2. These individuals will be captured separately in Column 7.

LR-1 - Entering Attrition Information



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

No. Record Status	Type of Training Program (1)	Trainees by Training Category		Attrition		Select Training Activity Status in the Current Reporting Period (16)
		Enter # of Enrollees (2) Block 1	Enter # of Program Completers (6) Block 5	Enter # of Individuals who left the Program before Completion (7) Block 5	Enter # of URM who left the Program before Completion (8) Block 5a	
1 Prior Record	Structured Interprofessional Team-based Training Testing an Interprofessional Collaborative Practice Model to Improve Obesity-Related Health Outcomes with a Statewide Consortium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ongoing

Figure 14. LR-1 - Entering Attrition Information

Attrition: Enter # of Individuals who left the Program before Completion:

Enter the total number of individuals who permanently left the training program before completion (and were being supported by the grant in some manner) in Column 7.

Attrition: Enter # of URM who left the Program before Completion:

Enter the number of underrepresented minorities who permanently left the training program before completion in Column 8.



Note: Counts reported in Column 8 are a subset of those reported 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.

LR-2: Trainees by Age & Sex

LR-2 - Entering Enrollees Count by Age and Gender



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

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female		
			Enter # of Enrollees (3)	Enter # of Program Completers (7)	Enter # of Enrollees (8)	Enter # of Program Completers (12)	
			Blocks 1-6	Blocks 49-54	Blocks 7-12	Blocks 55-60	
8	New Record	Structured Interprofessional Team-based Training Test	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	New Record	Structured Interprofessional Team-based Training Test	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	New Record	Structured Interprofessional Team-based Training Test	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	New Record	Structured Interprofessional Team-based Training Test	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	New Record	Structured Interprofessional Team-based Training Test	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	New Record	Structured Interprofessional Team-based Training Test	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	New Record	Structured Interprofessional Team-based Training Test	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Sex: Male: Enter # of Enrollees:

For each training program, enter the aggregate number of male enrollees from each age category in Column 3. If there were no male enrollees in a specific age category, enter a zero (“0”) in the appropriate textbox.

Sex: Female: Enter # of Enrollees:

For each training program, enter the aggregate number of female enrollees from each age category in Column 8. If there were no female enrollees in a specific age category, enter a zero ("0") in the appropriate textbox.

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

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



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

No. Record Status	Type of Training Program (1)	Age Group of Trainees (2)	Sex: Male		Sex: Female		
			Enter # of Enrollees (3)	Enter # of Program Completers (7)	Enter # of Enrollees (8)	Enter # of Program Completers (12)	
			Blocks 1-6	Blocks 49-54	Blocks 7-12	Blocks 55-60	
8	New Record	Structured Interprofessional Team-based Training Test	19 and Under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	New Record	Structured Interprofessional Team-based Training Test	20 - 29 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	New Record	Structured Interprofessional Team-based Training Test	30 - 39 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	New Record	Structured Interprofessional Team-based Training Test	40 - 49 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	New Record	Structured Interprofessional Team-based Training Test	50 - 59 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	New Record	Structured Interprofessional Team-based Training Test	60 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	New Record	Structured Interprofessional Team-based Training Test	Age Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 16. LR-2 - Entering Program Completers Count by Age and Gender

Sex: Male: Enter # of Program Completers:

For each training program, enter the aggregate number of male program completers from each age category in Column 7. If there were no male program completers in a specific age category, enter a zero (“0”) in the appropriate textbox.

Sex: Female: Enter # of Program Completers: For each training program, enter the aggregate number of female program completers from each age category in Column 12. If there were no female program completers in a specific age category, enter a zero (“0”) in the appropriate textbox.



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



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

DV-1: Trainees by Racial & Ethnic Background

DV-1 - Entering Enrollees Count by Race and Ethnicity



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

No. Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino		
			Enter # of Enrollees (3)	Enter # of Program Completers (7)	Enter # of Enrollees (8)	Enter # of Program Completers (12)	
			Blocks 1-7	Blocks 29-35	Blocks 36-42	Blocks 64-70	
8	New Record	Structured Interprofessional Team-based Training Test	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	New Record	Structured Interprofessional Team-based Training Test	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	New Record	Structured Interprofessional Team-based Training Test	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	New Record	Structured Interprofessional Team-based Training Test	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	New Record	Structured Interprofessional Team-based Training Test	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	New Record	Structured Interprofessional Team-based Training Test	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	New Record	Structured Interprofessional Team-based Training Test	Race Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Ethnicity: Hispanic/Latino: Enter # of Enrollees:

For each training program, enter the aggregate number of Hispanic/Latino enrollees from each race category in Column 3. If there were no Hispanic/Latino enrollees in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Enrollees:

For each training program, enter the aggregate number of Non-Hispanic/Non-Latino enrollees from each race category in Column 8. If there were no Non-Hispanic/Non-Latino in a specific race category, enter a zero (“0”) in the appropriate textbox.



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

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



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

No.	Record Status	Type of Training Program (1)	Race Category (2)	Ethnicity: Hispanic/Latino		Ethnicity: Non-Hispanic/Non-Latino	
				Enter # of Enrollees (3) Blocks 1-7	Enter # of Program Completers (7) Blocks 29-35	Enter # of Enrollees (8) Blocks 36-42	Enter # of Program Completers (12) Blocks 64-70
8	New Record	Structured Interprofessional Team-based Training Test	American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	New Record	Structured Interprofessional Team-based Training Test	Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	New Record	Structured Interprofessional Team-based Training Test	Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	New Record	Structured Interprofessional Team-based Training Test	Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	New Record	Structured Interprofessional Team-based Training Test	White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	New Record	Structured Interprofessional Team-based Training Test	More than one Race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	New Record	Structured Interprofessional Team-based Training Test	Race Not Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 18. DV-1 - Entering Program Completers Count by Race and Ethnicity

Ethnicity: Hispanic/Latino: Enter # of Program Completers:

For each training program, enter the aggregate number of Hispanic/Latino program completers from each race category in Column 7. If there were no Hispanic/Latino program completers in a specific race category, enter a zero (“0”) in the appropriate textbox.

Ethnicity: Non-Hispanic/Non-Latino: Enter # of Program Completers: For each training program, enter the aggregate number of Non-Hispanic/Non-Latino program completers from each race category in Column 12. If there were no Non-Hispanic/Non-Latino program completers in

a specific race category, enter a zero (“0”) in the appropriate textbox.



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



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

DV-2: Trainees from a Disadvantaged Background

DV-2 - Entering Enrollees Count from Disadvantaged Background



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

Type of Training Program (1)	Enrollees		Program Completers		Select Training Activity Status in the Current Reporting Period (12)
	Enter Total # from Disadvantaged Background (2)	Enter # from Disadvantaged Background who are not URM (3)	Enter Total # from Disadvantaged Background (10)	Enter # from Disadvantaged Background who are not URM (11)	
	Block 1	Block 2	Block 9	Block 10	
Structured Interprofessional Team-based Training Daily Pre and Post Clinic Conferences	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Complete

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

Enrollees: Enter Total # from Disadvantaged Background:

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

Enrollees: Enter # from Disadvantaged Background who are not URM:

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



Note: Counts reported in Column 3 (Block 2) ARE a subset of counts reported in Column 2 (Block 1). Refer to the glossary for a definition of disadvantaged background and underrepresented minority.

DV-2 - Entering Program Completers Count from Disadvantaged Background



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

Type of Training Program (1)	Enrollees		Program Completers		Select Training Activity Status in the Current Reporting Period (12)
	Enter Total # from Disadvantaged Background (2)	Enter # from Disadvantaged Background who are not URM (3)	Enter Total # from Disadvantaged Background (10)	Enter # from Disadvantaged Background who are not URM (11)	
	Block 1	Block 2	Block 9	Block 10	
Structured Interprofessional Team-based Training Daily Pre and Post Clinic Conferences	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Complete

Figure 20. DV-2 - Entering Program Completers Count from Disadvantaged Background

Program Completers: Enter Total # from Disadvantaged Background:

For each training program, enter the aggregate number of program completers from disadvantaged backgrounds in the textbox in Column 10 (Block 9).

Program Completers: Enter # from Disadvantaged Background who are not URM: For each training program, enter the aggregate number of program completers from disadvantaged backgrounds who were NOT URM trainees in the textbox in Column 11 (Block 10).



Note: Counts reported in Column 11 are a subset of counts reported in Column 10.



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



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

DV-3: Trainees from a Rural Background

DV-3 - Entering Enrollees Count from Rural Residential Background



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

Type of Training Program (1)	Trainees from Rural Residential Background		Select Training Activity Status in the Current Reporting Period (7)
	Enter # of Enrollees from a Rural Background (2)	Enter # of Program Completers from a Rural Background (6)	
	Block 1	Block 5	
Structured Interprofessional Team-based Training Daily Pre and Post Clinic Conferences	<input type="text"/>	<input type="text"/>	Complete

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

Trainees from Rural Residential Background: Enter # of Enrollees from a Rural Background:

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



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

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



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

Type of Training Program (1)	Trainees from Rural Residential Background		Select Training Activity Status in the Current Reporting Period (7)
	Enter # of Enrollees from a Rural Background (2)	Enter # of Program Completers from a Rural Background (6)	
	Block 1	Block 5	
Structured Interprofessional Team-based Training Daily Pre and Post Clinic Conferences	<input type="text"/>	<input style="border: 2px solid red;" type="text"/>	Complete

Figure 22. DV-3 - Entering Program Completers Count from Rural Residential Background

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

Enter # of program completers from a Rural Background: For each training program, enter the aggregate number of program completers from rural residential backgrounds in the textbox in Column 6 (Block 5).



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



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

Experiential Characteristics—EXP Subforms

EXP - Introduction

Notice to Grantees about Forms Pertaining to Training Sites

The EXP-1 and EXP-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of training sites used in previous reporting periods. **Please read the following instructions carefully to ensure the EXP-1 and EXP-2 subforms are completed accurately. 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-4.**

For training sites that have been reported in a previous reporting period:

- The BPMH system will prepopulate the names of all sites ever reported in the Saved Records Table within the EXP-1 subform and mark these records as "Prior Record".
- You must select whether a particular site that was previously reported was used during annual reporting period in the EXP-1 subform.
- If "Yes" was selected, the BPMH system will prepopulate the following blocks in the EXP-2 subform and display it as an option in the EXP-4 subform.
- If "No" was selected, the BPMH system will not include the site as an option in the EXP-2 and EXP-4 subforms.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name



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

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1 10	Test Site1 1	Yes	Select one	

Figure 23. EXP-1 - Entering Site Name

- Site Name:**
1. Enter the name of the site used to train individuals during the current reporting period in the textbox next to the row labeled "Enter the Site's Name."
 2. Click the "Add Record" button.
 3. Repeat this process as necessary to enter the names of all NEW sites used during the current reporting period.

IPCP team trainings, workshops, meetings, and case conferences are NOT captured in EXP tables and will be captured in the FD tables instead. IPCP training sites should remain active and report data each year they are in use.

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

Fields with * are required

* Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1 1	<input type="text" value="Yes"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 24. EXP-1 - Selecting Whether the Site was Used in the Current Period

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

- Yes
- No



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



Note: If "No" is selected in Column 2, then the training site will not populate in the drop-down menus on the EXP-2 and EXP-4 subforms.



Note: If "No" is selected in Column 2, then you must provide a comment in describing why that site was not utilized in the current reporting

EXP-1 - Selecting Type of Site Used

The screenshot shows a web-based form for 'EXP-1'. At the top, there are three tabs: 'EXP-1' (active, green checkmark), 'EXP-2' (inactive, red X), and 'EXP-3' (inactive, red X). Below the tabs, a message states 'Fields with * are required'. A blue bar contains a red asterisk and the text 'Add Site'. Below this is a text input field labeled 'Enter the Site's Name'. A button labeled 'Add Record' is positioned below the input field. The main part of the form is a table with the following columns: 'No. Record Status', 'Site Name (1) Block (2)', 'Select Whether the Site was Used in the Current Reporting Period (2)', 'Select Type of Site Used (3) Block 1a', and 'Select Type of Setting Where the Site was Located (4) Block 2'. The first row of data shows '1' in the 'No. Record Status' column, '10' in the 'Site Name' column, 'Test Site1' in the 'Block (2)' column, 'Yes' in the 'Select Whether' column, 'Select one' in the 'Select Type of Site Used' column (highlighted with a red border), and an empty dropdown in the 'Select Type of Setting' column.

Figure 25. EXP-1 - Selecting Type of Site Used

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

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Critical Access Hospital
- Emergency Room
- Federal Government - Department of Defense / Military
- FQHC or look - alike
- Independent Living Facility
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Extended care facilities
- Federal Government - Other
- Hospice
- Indian Health Service (IHS) site
- Local health department
- Acute care services
- Community - based organization
- Community Mental Health Center
- Dentist Office
- Federal and State Bureau of Prisons
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental

Health Resources and Services Administration
Bureau of Health Workforce

- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Organization

- National health association
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

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- 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 Health Department

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

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period (3)	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10 Test Site1 1	Yes	Select one	

Figure 26. EXP-1 - Selecting Type of Setting Where the Site was Located

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

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



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



Reference: 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>



Reference: 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>

EXP-1 - Entering Site's geographical Data

City (8)	State (9)	Zip Code (10)	Four Digit Zip Code Extension (11)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 27. EXP-1 - Entering Site's geographical Data

City: Enter the name of the city where each training site is located by clicking on the textbox under Column 8. If outside the U.S. enter "N/A."

State: Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox below Column 9. If outside the U.S. enter "N/A."

Zip Code: Enter the zip code (5 digits) where each training site is located by clicking on the textbox under Column 10. If outside the U.S. enter "N/A."

Four Digit Zip Code Extension: Enter the four-digit zip code extension where each training site is located by clicking on the textbox under Column 11. If outside the U.S. enter "N/A."



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: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete pre-populated prior records in this form if they are no longer applicable.

	Type of Training Program	Site Name	Select Type of Site Used
	(1)	(2) Block 1	(3) Block 1a
2			
3			

Figure 28. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: Select the training program associated with each clinical site by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options. The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

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).



Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.



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.

Example:

Example: The John Doe School of Nursing saved 1 entry in the Training Program Setup form to reflect the type of structured training program supported through the grant. Under "Type of Training Program", the reporting official at the John Doe School of Nursing would see the following options:

- *Structured / Interprofessional Team-based Training / Team-based Training Semester #1*

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) Block 1	(3) Block 1a	(4) Block 2
Major Participating Site/Rotation Site Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)	University Pediatric Hospital	Academic institution	None of the above

Figure 29. EXP-2 - Selecting Type of Site Used

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



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) Block 1	(3) Block 1a	(4) Block 2	(5) 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 30. EXP-2 - Selecting Type of Setting Where the Site was Located

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



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.

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

Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(4) Block 2	(5) Block 5	(7) Block 4

Figure 31. 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 individuals at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- Federally - qualified health center or look - alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization

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- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs

- Tribal Government



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

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

Select Type(s) of Vulnerable Population Served at this Site	City	State	Zip Code	Four Digit Zip Code Extension
(7) Block 4	(8)	(9)	(10)	(11)
<input type="checkbox"/> College students <input type="checkbox"/> Health Insurance Marketplace				

Figure 32. 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 individuals during the reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

- Adolescents
- College students
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Unemployed
- Victims of abuse or trauma
- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Tribal Population
- Uninsured/Underinsured persons/families
- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Undocumented Immigrants
- Veterans



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-4: Experiential Characteristics - Team Based Care

EXP-4 - Selecting Type of Training Program



Warning: EXP-2 must be completed and validated before completing EXP-4. Please read instructions carefully. EXP-4 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.

	Type of Training Program	Site Name	Select Team Number
	(1)	(2) Block 1	(3) Block 7b
1			
2			

Figure 33. EXP-4 - Selecting Type of Training Program

Type of Training Program: The EXP-4 subform captures information about the composition of each Interprofessional team at each site used during the current reporting period. To begin completing this subform, select a training program by clicking on the drop-down menu under Column 1 and choosing **one** of the available options. Options are populated from the Training Program Setup Form.

EXP-4 - Selecting Site Name

	Type of Training Program	Site Name	Select Team Number
	(1)	(2) Block 1	(3) Block 7b
1			
2			

Figure 34. EXP-4 - Selecting Site Name

Site Name: Select a site used during the current reporting period by clicking on the drop-down menu under Column 2 and choosing one of the available options. The options available under "Site Name" will prepopulate with information entered and saved in the EXP-1 subform. Only sites marked as "Used during the Reporting Period" will appear as options.

The site name is where the IPCP practice team is providing care to the target population.

EXP-4 - Selecting Team Number

Site Name	Select Team Number	Select Profession and Discipline of Team Members
(2) Block 1	(3) Block 7b	(4) Block 7b
	<input type="text"/>	

Figure 35. EXP-4 - Selecting Team Number

Select Team Number: Assign a team number for each Interprofessional team trained at each site by clicking on the drop-down menu under Column 3.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50

EXP-4 - Selecting Profession and Discipline of Team Members

Select Team Number	Select Profession and Discipline of Team Members	Enter # of Team Members in this Profession and Discipline
(3) Block 7b	(4) Block 7b	(5) Block 7b

Figure 36. EXP-4 - Selecting Profession and Discipline of Team Members

Select Profession and Discipline of Team Members: Select the profession and discipline of individuals in each Interprofessional team trained at each site by clicking on the drop-down menu under Column 4 and choosing one of the available options.

Do not include any administrative personnel unless they are involved in the direct care of the target population.

- Medicine - Hospitalist
- Nursing - BS/BSN Completion
- Other - Behavioral health (e.g., Therapists, Counselors)
- Other - Registered Dietician
- Student - Respiratory Therapy
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Pediatric Hematology
- Nursing - Pre-licensure
- Other - Law Enforcement
- Other - Social Worker
- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal
- Nursing - DNP - Generalist
- Other - Architecture and Environmental Engineering
- Other - Mental health (e.g., LCSW, Family Therapist)
- Student - Pharmacy
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry

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- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - CNL
- Student - Dietary
- Student - Graduate - Other

- Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Respiratory Therapy
- Other - Veterinary Medicine

- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Nutritionist
- Other - Optometry
- Other - Podiatry
- Other - Speech Therapy
- Physician Assistant

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- Student - Graduate - Public Health
 - Student - Informatics
 - Student - NP - Acute care adult gerontology
 - Student - NP - Adult Psychiatric/Mental health
 - Student - NP - Family
 - Student - NP - Neonatal
 - Student - NP - Women's health
 - Student - Physician Assistant
 - Student - Speech therapy
- Public Health - Disease Prevention & Health Promotion
 - Public Health - Health Policy & Management
 - Public Health - Social & Behavioral Sciences
 - Student - Dental Hygiene
 - Student - Diploma/Certificate
 - Student - Graduate - Other Behavioral Health
 - Student - Graduate - Social Work
 - Student - Licensed Practical/Vocational Nurse (LPN/LVN)
 - Student - NP - Acute care pediatric
 - Student - NP - Child/Adolescent Psychiatric/Mental Health
 - Student - NP - Family Psychiatric/Mental Health
 - Student - NP - Other advanced nurse specialists
 - Student - Occupational therapy
 - Student - Post - high school / Pre - college
 - Student - Undergraduate - Other
- Public Health - Environmental Health
 - Public Health - Infectious Disease Control
 - Student - BSN
 - Student - Dental School
 - Student - Graduate - Nursing Doctorate
 - Student - Graduate - Psychology
 - Student - Home Health Aide
 - Student - Medical School
 - Student - NP - Adult gerontology
 - Student - NP - Emergency care
 - Student - NP - Geropsychiatric
 - Student - NP - Pediatrics
 - Student - Physical therapy
 - Student - Social work
 - Student - Undergraduate - Public Health

EXP-4 - Entering # of Team Members

Select Profession and Discipline of Team Members	Enter # of Team Members in this Profession and Discipline	Option(s)
(4) Block 7b	(5) Block 7b	

Figure 37. EXP-4 - Entering # of Team Members

Enter # of Team Members in this Profession and Discipline: Enter the number of individuals in each profession and discipline that was selected in the previous step in the textbox under Column 5.

Repeat this process to capture the total number of individuals who participated in IPCP training at each site during the current reporting period.



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

Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

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

Purpose: The FD-2 subforms collect information about the characteristics and the trainees of faculty development activities.

The FD forms capture all IPCP team training activities during the project period. The activities include case conferences, huddles, seminars, or workshops that IPCP team members participate in during the current reporting period. Clinician-specific trainings or conferences are not included here unless they have a specific IPCP team focus.



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



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

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

FD-1a - Adding Structured Faculty Development Programs



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



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

Fields with * are required

* Add Structured Faculty Development Program

Program Name

Add Record

Figure 38. FD-1a - Adding Structured Faculty Development Programs

Program Name:

For NEW records:

1. To begin completing the FD-1a subform, enter the name of each structured faculty development program coordinated and/or supported through the grant during the annual reporting period.
2. Next, click the "Add Record" button to save your entry.
3. Repeat this process to enter each faculty development program that was coordinated and/or supported through the grant during the current reporting period.



Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates to prior records, go to the next page. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.



Note: If an entry needs to be deleted for any reason, simply click on “Delete” under the column labeled “Options”.

Example:

Example: The John Doe School of Nursing used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the costs of training an additional seven (7) faculty members.

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

FD-1a - Selecting Program Status

No.	Record Status	Program Name (1)	Select Program Status in the Current Reporting Period (1a)	Select Whether this was a Degree Bearing Program (2) Block 2	For Degree-bearing Programs	
					Select Type of Degree Offered (3) Block 2a	Select Primary Focus Area (4) Block 2b
1	New Record	Test	Select one	Select one	Select one	Select one

Figure 39. FD-1a - Selecting Program Status

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

- Complete
- Ongoing



Warning: If no additional structured faculty development programs were supported through the grant during the annual reporting period other than those previously reported, skip to the Final Steps for this subform.



Note:

- Select 'Ongoing' if the training program did not conclude by **June 30, 2016**.
- Select 'Complete' if the training program concluded at some point during the annual reporting period (i.e. **July 01, 2015 - June 30, 2016**).

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



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

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

Figure 40. FD-1a - Entering Program Information for Degree/Non-Degree Programs

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

- Yes
- No

For Degree-bearing Programs: Select Type of Degree Offered: For Degree-bearing Programs: Select Type of Degree Offered:

1. If you selected "Yes" in Column 2 (Block 2), select the type of degree that participants will earn when completing each program by clicking on the drop-down menu in Column 3 (Block 2a) and choosing one of the options below.
2. If you selected "No" in Column 2 (Block 2), select "N/A" in Column 3 (Block 2a).

- Certificate
- DNP
- DNSc
- Master's Degree Not Otherwise Specified
- MS
- MSN
- Post-Masters Certificate
- N/A

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

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

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

- Nursing - CNL - Generalist
- Nursing - CNS - Family
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Psychiatric/Mental health
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Public Health Nurse
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Gerontology
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Adult gerontology
- Nursing - NP - Gerontology
- Nursing - NP - Other advanced nurse specialty
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Assistant
- Other - Midwife
- Nursing - CNS - Community Health
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Nursing Informatics
- N/A

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

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

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

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

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

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours (5) Block 3	Enter the % of Time Spent Developing Competencies for the Following Roles				Enter # of Faculty Who Completed the Program (10) Block 6
	Clinician (6) Block 5	Administrator (7) Block 5	Educator (8) Block 5	Researcher (9) Block 5	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 41. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

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

Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Administrator' in Column 7 (Block 5).

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Educator' in Column 8 (Block 5).

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher: Enter the percentage of time spent in each structured faculty development program developing competencies associated with 'Researcher' in Column 9 (Block 5).



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

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

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

Enter the % of Time Spent Developing Competencies for the Following Roles				Enter # of Faculty Who Completed the Program
Clinician (6) Block 5	Administrator (7) Block 5	Educator (8) Block 5	Researcher (9) Block 5	(10) Block 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 42. FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program: If you marked a program as "Complete" in Column 1a, enter the number of faculty who completed each structured faculty development program during the current reporting period in the textbox in Column 10 (Block 6). If you selected "Ongoing" in Column 1a, enter a zero ("0") in the textbox in Column 10 (Block 6).

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

Enter # of Faculty Who Completed the Program (10) Block 6	Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program (11) Block 7
	<input type="text"/>

Figure 43. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

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

- Yes
- No

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

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

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

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



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

Figure 44. FD-1b - Adding Profession and Discipline for Structured Programs

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

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

2. Select "Add Record."

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

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- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry

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- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Other - Podiatry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Other



Note: Information regarding the names of faculty development programs will prepopulate with the information that was entered and saved in the FD-1a subform.

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

Profession and Discipline of Faculty Trained (2) Block 4	Enter # Trained in this Profession and Discipline (3) Block 4
Behavioral Health - Clinical Social Work	<input data-bbox="1409 370 1682 440" type="text"/>

Figure 45. FD-1b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: For each structured faculty development program, enter the number of faculty in each profession/discipline who participated in the program during the current reporting period in the textbox in Column 3 (Block 4). Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each structured faculty development program during the current reporting period.



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

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities



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



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

Faculty development activities include IPCP team case conferences, huddles, and monthly meetings used to help IPCP teams work more effectively. Clinician-specific activities should not be included here unless they have an IPCP team focus.

Figure 46. FD-2a - Entering Faculty Development Activities

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

Select "Add Record."

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



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

Example:

Example: The John Doe School of Nursing used BHW funds to pay for the cost of sending five (5) faculty members to the annual Academy Health conference. In addition, the school also used BHW funds to pay for the cost of sending two (2) faculty members to a local workshop on the integration of behavioral health and primary care.

Since each faculty development activity supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—one entry for the Academy Health Annual Conference and one for the Integration of Behavioral Health and Primary care workshop (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-2a and FD-2b subforms for each of these activities.

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

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

No.	Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops	
			Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b
1	FD-2a form	Select one	Select one	Select one

Figure 47. FD-2a - Selecting Type of Faculty Development Activity Offered

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

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

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

- Yes
- No

- N/A

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

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

- Yes
- No
- N/A

FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours (5)	Select Delivery Mode Used to Offer Training Activity (6)	Select the Faculty Role(s) Addressed at Training Activity (7)
Block 9	Block 10	Block 11
<input type="text"/>	Select one <input type="text"/>	<input type="text"/>

Figure 48. FD-2a - Entering Duration of Training Activity

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



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

FD-2a - Selecting Delivery Mode

Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
<input type="text"/>	Select one ▾	<input type="text"/>

Figure 49. FD-2a - Selecting Delivery Mode

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

- Archived/Self-paced distance learning
- Clinical Rotation
- Hybrid
- Real-time/Live distance learning
- Classroom-based
- Distance learning (Online, Webinar)
- Other

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

FD-2b - Adding Profession and Discipline for Activities



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

Figure 51. FD-2b - Adding Profession and Discipline for Activities

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

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

2. Select "Add Record."

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

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

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- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Advanced Practice Nursing
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - Aggregate/Systems/Organizational
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist
- Other - Optometry

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- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Public health nurse
- Other - Allied Health
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Respiratory Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Registered Nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Speech Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Other - Podiatry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Other

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

Profession and Discipline of Faculty Trained	Enter # Trained in this Profession and Discipline
(2)	(3)
Block 12	Block 12
Behavioral Health - Clinical Psychology	<input type="text"/>

Figure 52. FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox in Column 3 (Block 12).

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



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, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

Printing Your Performance Report

The screenshot displays the 'Performance Report' interface. On the left sidebar, the 'Review' link is highlighted with a red box. The main content area shows a 'Resources' section with a 'Print All Forms' button also highlighted with a red box. Below this, there is a table listing various sections of the report.

Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▼
PC	HTML	View ▼
IND-GEN	HTML	View ▼
INDGEN-GPC	HTML	View ▼
INDGEN-PY	HTML	View ▼
EXP	HTML	View ▼
Comments and Certification	HTML	View ▼

Figure 53. 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', and 'Review and Submit'. The 'Submit' link is highlighted in red. The main content area shows 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' row. A 'Submit' button is also highlighted in red 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 54. 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 55. 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 56. 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 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.

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(1)(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 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 **August 01, 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, 2015 - June 30, 2016**.

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 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 reporting 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-PY 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-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 funding during the academic year. When you enter, save, and validate the funding amount for the current reporting period, the academic year total will automatically populate.

Q24: How is the cumulative funding total calculated?

A24: The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

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.

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?

A:31 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.