

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

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the  
Preventive Medicine Residency**

**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 **PMR** grant program:
  - **Support resident costs; and**
  - **Infrastructure development activities.**
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 for a subform. At the top left, there is a link labeled "View Prior Period Data" which is highlighted with a red rectangular box. Below this link, the text "Fields with \* are required" is displayed. A blue horizontal bar contains the text "Add Training Program" with a red asterisk. Underneath this bar, there is a label "Select Type of Training Program Offered" followed by a dropdown menu. Below the label, there is a smaller instruction: "(Click the 'Load Program Details' button after selecting your training program)". The dropdown menu currently shows "Select One" with 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	Applicable Grant Purpose(s)
1	Setup Form	Setup Forms	Grant Purpose	
2	Setup Form	Setup Forms	Training Program	PMR-1
3	Setup Form	Setup Forms	Faculty Development	PMR-2
4	Performance Data Form	Program Characteristics-PC Subforms	PC-8	PMR-1
5	Performance Data Form	Program Characteristics-PC Subforms	PC-9	PMR-1
6	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN	PMR-1
7	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY	PMR-1
8	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1	PMR-1
9	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2	PMR-1
10	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3	PMR-1

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
11	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1	PMR-2
12	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a	PMR-2
13	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2	PMR-2
14	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a	PMR-2
15	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b	PMR-2
16	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a	PMR-2
17	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b	PMR-2

## Grant Purpose – Setup

### Selecting Grant Purpose(s)

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the annual reporting period(**July 01, 2015 - June 30, 2016**).

Grant Purpose	Select
PMR-1: Support resident costs	<input checked="" type="checkbox"/>
PMR-2: Infrastructure and curriculum design	<input checked="" type="checkbox"/>

Figure 3. Selecting Grant Purpose(s)



**Warning:** Selections made in this form will affect the types of subforms and/or drop-down menu options that will appear throughout the BPMH system.



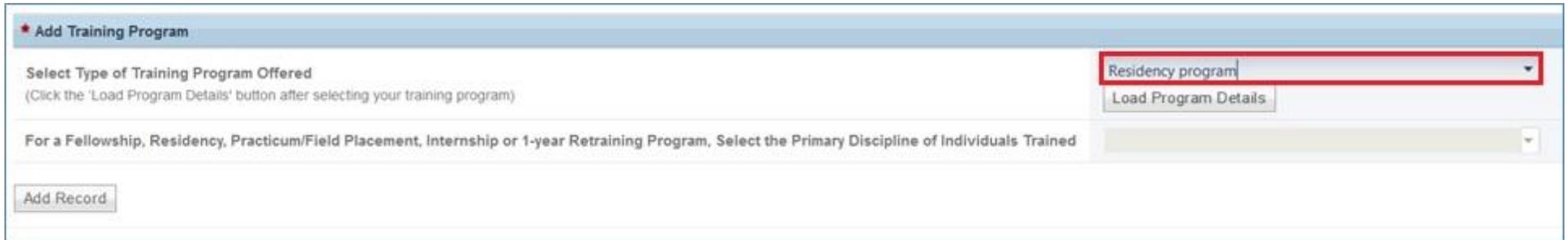
**Warning:** Some options in the Grant Purpose form will be automatically selected based on information provided in a previous reporting period. Unselecting a grant purpose will cause related forms and data to be deleted. If you need to unselect a grant purpose, contact your project officer first to ensure you do not unnecessarily lose any data.



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

## Training Program - Setup

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



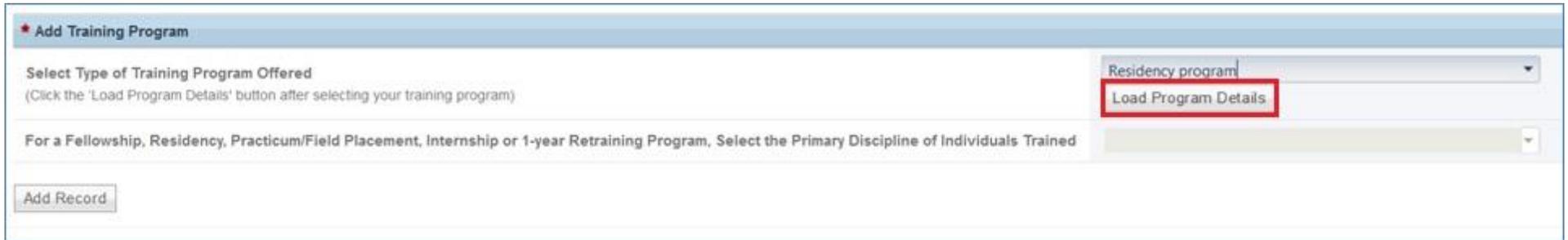
The screenshot shows a web form titled "Add Training Program". The form has a blue header bar with the title. Below the header, there is a section titled "Select Type of Training Program Offered" with a sub-instruction: "(Click the 'Load Program Details' button after selecting your training program)". To the right of this section is a dropdown menu with "Residency program" selected, highlighted by a red rectangular box. Below the dropdown is a "Load Program Details" button. Further down, there is another instruction: "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained" followed by another dropdown menu. At the bottom left of the form is an "Add Record" button.

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

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

- Residency program

## Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". It contains a dropdown menu for "Residency program" and a button labeled "Load Program Details" which is highlighted with a red box. Below the dropdown is another dropdown menu for "Primary Discipline of Individuals Trained". An "Add Record" button is located at the bottom left of the form.

**Figure 5. Training Program Setup - Loading Program Details**

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

## Training Program Setup - Adding Residency Program



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

**Figure 6. Training Program Setup - Adding Residency Program**

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

1. Select the profession and discipline of residents in each residency program supported with grant funds by clicking on the drop-down menu and choosing one of the options below.
2. Next, click on the "Add Record" button to save your entry.
3. Repeat this process as necessary.

- Medicine - General Preventive Medicine
- Medicine - IM in Preventive Medicine/Family Medicine
- Medicine - IM in Preventive Medicine/Pediatric
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - IM in General Preventive Medicine
- Medicine - IM in Preventive Medicine/Internal Medicine
- Medicine - IM in Preventive Medicine/Public Health
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - IM in Preventive Medicine/Aerospace Medicine
- Medicine - IM in Preventive Medicine/Occupational Medicine
- Medicine - IM in Preventive Medicine/Sports Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health



## Training Program Setup - Selecting Training Activity Status

No.	Type of Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)
1	Residency   Medicine – General Preventive Medicine	Active
2	Residency   Medicine –Preventive Medicine/ Public Health	Inactive

**Figure 7. Training Program Setup - Selecting Training Activity Status**

**Select Training Activity Status in the Current Reporting Period:** Select the status of each residency program at the end of the current reporting period (i.e. **June 30, 2016**) by choosing **one** of the options below:

- Active
- Inactive



*Note: Select Active If you are reporting activity for a residency program, that was offered during the current reporting period.*



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



**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

**Purpose:** The Faculty Development Setup form will configure all subforms specific to Faculty development activities.

Faculty Development Activities	
Structured Faculty Development Training Program	<input checked="" type="checkbox"/>
Faculty Development Activity	<input checked="" type="checkbox"/>

**Figure 8. Selecting Faculty Development Activities**

Select the type(s) of Faculty development activities supported with grant funds during the current annual reporting period.



**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.



**Warning:** You may uncheck “Faculty Development Activity” if you have nothing to report. You may uncheck “Structured Faculty Development Training Program” only if you have no training programs still in progress. Please refer to the Faculty Development—FD Subforms page (initial instructions page immediately following CDE forms) for instructions on how to update the status of each previously reported structured Faculty development program



*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-8: Program Characteristics – Residency Programs

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

Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer this Training
(1) Block 1	(2) Block 1I	(4) Block 2
Residency   Medicine – General Preventive Medicine	General Preventive Medicine	

Figure 9. PC-8 - Selecting Type(s) of Partners/Consortia

**Select Type(s) of Partners/Consortia Used to Offer this Training:** Select the type(s) of partnerships or consortia used or established for the purpose of offering each residency program during the current annual reporting period. Choose all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Academic department - within 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 - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization

Health Resources and Services Administration  
Bureau of Health Workforce

- Professional Associations
- State Government

- Quality improvement organization
- Tribal Government

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- Senior Center
- Tribal Organization



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

## PC-8 - Entering Enrollment Information



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

Enter Total # Enrolled (whether funded by BHW or not)		
Total (5) Block 3	URM (6) Block 3a	Disadvantaged Background and not URM (7) Block 3b
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 10. PC-8 - Entering Enrollment Information

**Enter Total # Enrolled (whether funded by BHW or not): Total:** For Block 3, enter the total number of residents who participated in each residency program during the current reporting period. Count all residents who participated in the residency program, regardless of whether or not the resident directly received a BHW-funded financial award (i.e., stipend).

**Enter Total # Enrolled (whether funded by BHW or not): URM:** For Block 3a, enter the number of residents who participated in the residency program during the current reporting period and were underrepresented minorities.

**Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM:** For Block 3b, enter the number of residents from disadvantaged backgrounds who participated in the residency program during the current reporting period but were not underrepresented minorities.



*Note: Residents who permanently left their residency program before completion (i.e. attrition) will be counted separately in Column 10 (Block*

9).



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



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

*Example: The John Doe School of Medicine had 18 General Preventive Medicine residents maintain enrollment in the residency program during the current annual reporting period. Among the 18 residents who were enrolled in this program, 9 residents were underrepresented minorities. In addition, 3 residents were from disadvantaged backgrounds, but were not under-represented minorities.*

- *In Column 5 (Block 3), the reporting official would enter 18.*
- *In Column 6 (Block 3a), the reporting official would enter 9.*
- *In Column 7 (Block 3b), the reporting official would enter 3.*

## PC-8 - Entering Graduate Information



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

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total (8) Block 8	URM (9) Block 8a
<input type="text"/>	<input type="text"/>

Figure 11. PC-8 - Entering Graduate Information

**Enter Total # Graduated/Completed (whether funded by BHW or not): Total:** For Block 8, enter the total number of residents who completed all requirements of their residency program during the current reporting period. Count all residents who completed residency programs, regardless of whether or not the resident directly received a BHW-funded financial award (i.e., stipend).

**Enter Total # Graduated/Completed (whether funded by BHW or not): URM:** For Block 8a, enter the number of residents who completed all requirements of their residency program during the current reporting period and were underrepresented minorities.



*Note: Residents who permanently left their residency program before completion (i.e. attrition) will be counted separately in Column 10 (Block 9).*



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



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

*Example:*

*Example: The John Doe School of Medicine had 18 General Preventive Medicine residents maintain enrollment in the residency program during the current annual reporting period. Among the 18 residents who were enrolled in this program, 3 completed all residency requirements during the current annual reporting period. Of those who completed training, none were underrepresented minorities.*

- *In Column 8 (Block 8), the reporting official would enter 3.*
- *In Column 9 (Block 8a), the reporting official would enter 0.*

## PC-8 - Entering Attrition Information



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

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (10) Block 9	URM (11) Block 9a
<input type="text"/>	<input type="text"/>

**Figure 12. PC-8 - Entering Attrition Information**

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total:** For Block 9, enter the total number of residents who permanently left their residency programs before completion during the current reporting period. Count all residents who permanently left their **residency programs** regardless of whether or not the resident directly received a BHW-funded financial award (i.e., stipend).

**Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM:** For Block 9a, enter the number of residents who permanently left their residency programs before completion during the current reporting period and were underrepresented minorities.



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



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

*Example: The John Doe School of Medicine had 18 General Preventive Medicine residents maintain enrollment in the residency program during the current annual reporting period. Among the 18 residents who were enrolled in this program, 2 left the residency program before completion. Neither resident was an underrepresented minority.*

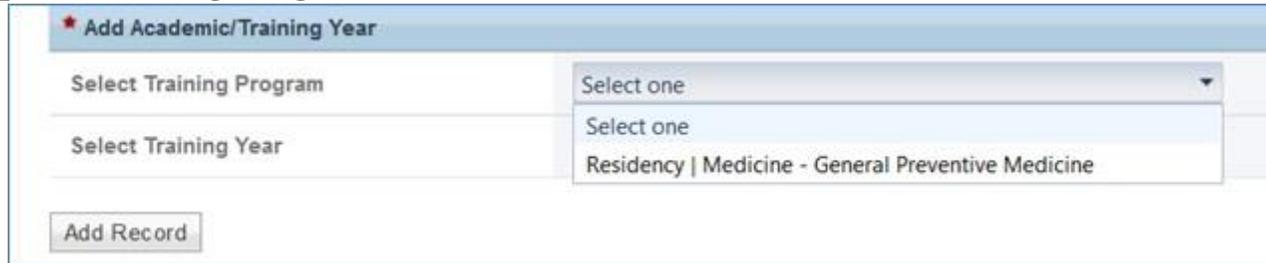
- *In Column 10 (Block 9), the reporting official would enter 2.*
- *In Column 11 (Block 9a), the reporting official would enter 0.*



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

## PC-9: Program Characteristics –Positions Description

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



The screenshot shows a web form titled "Add Academic/Training Year". It contains two dropdown menus. The first dropdown, labeled "Select Training Program", is open and displays the option "Residency | Medicine - General Preventive Medicine". The second dropdown, labeled "Select Training Year", is currently closed and shows "Select one". Below the dropdowns is a button labeled "Add Record".

Figure 13. PC-9 - Selecting Type of Training Program

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



**Warning:** Complete the PC-9 Setup form only if grant funds were used to support residency programs other than those previously reported. You do not need to reenter information about residency programs previously reported. If no new residency programs were supported other than those previously reported, skip to the step named 'Entering Total # of Positions Recruited'.



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

## PC-9 - Selecting Training Year

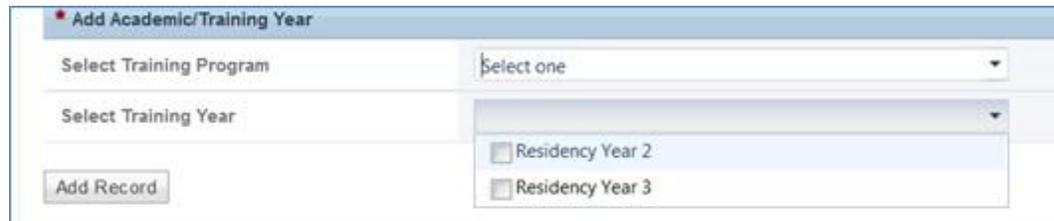


Figure 14. PC-9 - Selecting Training Year

### Training Year:

1. **Select** the training years that apply to the residency program supported through the grant by clicking on the drop-down menu next to "Select Training Year" and choosing **all that apply**.
2. Next, click on the "Add Record" button to save your entry.
3. **Repeat this process to as necessary**
  - Residency Year 2
  - Residency Year 3

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

Type of Training Program	Training Year	Enter Total # of Accredited Positions	Enter Total # of Positions Recruited For	Enter Total # of Positions Filled
(1) Block 1	(2)	(3) Block 4	(4) Block 5	(5) Block 6
Residency   Medicine - General Preventive Medicine	Residency Year 1			
Residency   Medicine - General Preventive Medicine	Residency Year 2			

**Figure 15. PC-9 - Entering Total # of Accredited Positions**

**Enter Total # of Accredited Positions:** Enter the total **number of accredited** residency positions in the textbox in Column 3 (Block 4).

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

Type of Training Program	Training Year	Enter Total # of Accredited Positions	Enter Total # of Positions Recruited For	Enter Total # of Positions Filled
(1) Block 1	(2)	(3) Block 4	(4) Block 5	(5) Block 6
Residency   Medicine - General Preventive Medicine	Residency Year 1			
Residency   Medicine - General Preventive Medicine	Residency Year 2			

**Figure 16. PC-9 - Entering Total # of Positions Filled**

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



*Note: The sum total of Column 5 (Block 6) values across all years within a residency program will equal the number reported in PC-8 Block 3 (for Residency Programs).*



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

# Individual Characteristics—INDGEN Subforms

## INDGEN - Introduction

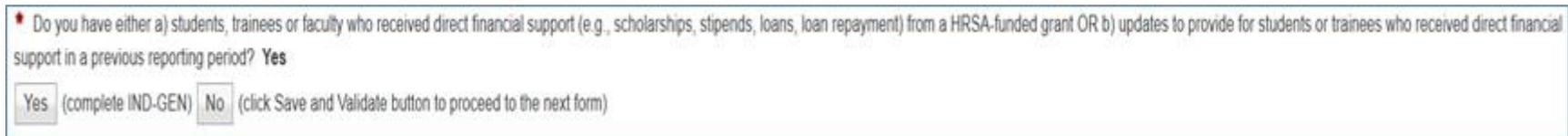
### Notice to Grantees about Individual-level Data:

1. You must complete an IND-GEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on IND-GEN and were not marked as having graduated, completed or attrited from their training program by **June 30, 2016**.
2. For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual. All other fields must be updated on an annual basis until the individual graduates from, completes, or permanently leaves their training program.
3. The IND-GEN subform will automatically calculate and display read-only columns labeled "Academic Year Total" and "Cumulative BHW Financial Award Total."
  - a. The Academic Year Total will display the amount entered for a given academic year.
  - b. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BMPH system.
4. Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from IND-GEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.

## IND-GEN: Individual Characteristics

### IND-GEN - Setup

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



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

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

Figure 17. IND-GEN - Setup



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



**Warning:** Gray fields in prior records cannot be edited.

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one ▼				

**Figure 18. IND-GEN - Selecting Type of Training Program**

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



*Note: The options available in this menu will prepopulate with programs entered and saved in the Training Program Setup Form.*



*Note: The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" is for faculty members who have received direct support.*

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one ▾	<input style="border: 2px solid red;" type="text"/>			

**Figure 19. IND-GEN - Entering Trainee Unique ID**

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



**Warning:** It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide annual updates for each individual.



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

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category
(1)	(2) Block 1	(3) Block 2
Select one		Select one

Figure 20. IND-GEN - Selecting Individual's Training or Awardee Category

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

- Resident



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

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one	<div style="border: 2px solid red; padding: 2px;">                     Select one                      Full-time                      Part-time                 </div>	

**Figure 21. IND-GEN - Selecting Individual's Enrollment/Employment Status**

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

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



*Note: For residents, select enrollment status based on the individual's residency program.*

## IND-GEN - Selecting Individual's Sex

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Select one		Select one		Select one Male Female

Figure 22. IND-GEN - Selecting Individual's Sex

**Select Individual's Sex:** Select each individual's sex by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Female
- Male
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during the previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

## IND-GEN - Selecting Individual's Age

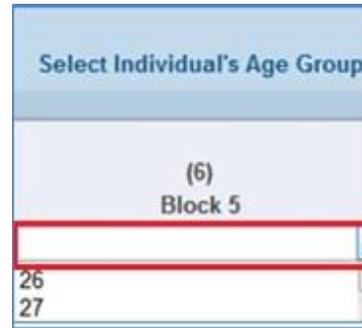


Figure 23. IND-GEN - Selecting Individual's Age

**Select Individual's Age:** Select each individual's age at the end of the annual reporting period in the dropdown menu under Block 5.

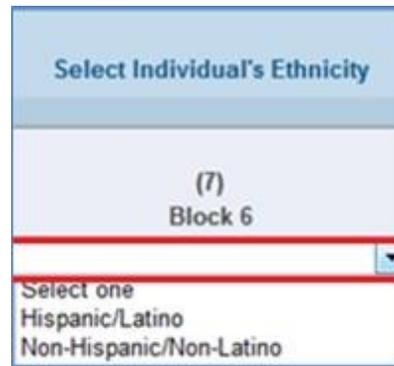
- 12
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- 63
- 64
- 65
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- 67
- 68
- 69
- 70
- 71

- 72
- 73
- 74
- 75
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during the previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

## IND-GEN - Selecting Individual's Ethnicity



The screenshot shows a web form titled "Select Individual's Ethnicity". Below the title is a section labeled "(7) Block 6". Underneath is a drop-down menu with the text "Select one" and two visible options: "Hispanic/Latino" and "Non-Hispanic/Non-Latino".

**Figure 24. IND-GEN - Selecting Individual's Ethnicity**

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

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



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

## IND-GEN - Selecting Individual's Race

Select Individual's Ethnicity	Select Individual's Race
(7) Block 6	(8) Block 7
	<input type="text"/>

Figure 25. IND-GEN - Selecting Individual's Race

**Select Individual's Race:** Select each individual's race by clicking on the drop-down menu under Block 7 and choosing **all that apply** from the following options:

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



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



*Note:* This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

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

Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10
	<input type="text"/>		

Figure 26. IND-GEN - Selecting if Individual is from a Rural Residential Background

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

- Yes
- No
- Not Reported



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

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

Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background
(2) Block 1	(9) Block 8	(10) Block 9
		<input type="text"/>

Figure 27. IND-GEN - Selecting if Individual is from a Disadvantaged Background

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

- Yes
- No
- Not Reported



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*



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

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

Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10

Figure 28. IND-GEN - Selecting Individual's Veteran Status

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

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



*Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*



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

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



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

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Stipend
(1)	(2) Block 1	(12) Block 11	(13) Block 11
		<div style="border: 1px solid black; padding: 2px;">                     Select one                      Yes                      No                 </div>	

**Figure 29. IND-GEN - Entering BHW-Funded Financial Award Information**

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

- Yes
- No

### Enter Individual's Financial Award Amount (BHW funds only): Stipend:

1. If the individual did receive a BHW-funded financial award, select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 13.
2. If the individual did not receive a BHW-funded financial award, select “No” in Column 12 (Block 11) and enter "0" in the textbox in Column 13.



*Note: The amount reported under the column labeled "Stipend" should be the total monies from the grant provided to an individual during the current annual reporting period for the purposes of participating in the training program that was selected under the column labeled "Type of*

*Training Program." The total amount reported should account for all BHW dollars including those applied to tuition, fees, and reasonable living expenses, as allowed by federal statutes and regulations. Do not include dollars that came from other sources of funding. If an individual participated in more than one (1) program and received stipends for each program, multiple entries on IND-GEN are required to capture participation and stipend amounts for each program separately.*

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

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15
		Select one 1 2 -	

**Figure 30. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding**

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

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



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



*Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received a stipend for 1 ½ years, please enter 2 in Column 22 (Block 12).*



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

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

Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(26) Block 15	(27) Block 16
N/A	

Figure 31. IND-GEN - Selecting Individual's Academic or Training Year

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

- Residency Year 2
- Residency Year 3
- N/A



*Note: For Residents participating in residency training programs, select Residency Year 2 or Year 3.*

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

Select Individual's Academic or Training Year	Select Individual's Primary Discipline
(26) Block 15	(27) Block 16

Figure 32. IND-GEN - Selecting Individual's Primary Discipline

**Select Individual's Primary Discipline:** Select each individual's **profession and discipline** by clicking on the drop-down menu under Block 16 and choosing **one** of the following options:

- Medicine - General Preventive Medicine
- Medicine - IM in Preventive Medicine/Family Medicine
- Medicine - IM in Preventive Medicine/Pediatric
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - IM in General Preventive Medicine
- Medicine - IM in Preventive Medicine/Internal Medicine
- Medicine - IM in Preventive Medicine/Public Health
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - IM in Preventive Medicine/Aerospace Medicine
- Medicine - IM in Preventive Medicine/Occupational Medicine
- Medicine - IM in Preventive Medicine/Sports Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health

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



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



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

Training in a Medically Underserved Area	
Select Whether Individual Received Training	Enter # of Contact Hours
(31) Block 18	(32) Block 18a
<input type="text"/>	<input type="text"/>
Select one Yes No N/A	

**Figure 34. IND-GEN - Entering Training Information in a Medically Underserved Area**

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

- Yes
- No
- N/A

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

- **If the resident received clinical or experiential training in a MUC,** enter the total number of hours spent in this type of setting during the annual reporting period in the textbox under Block 18a.
- **If the resident did not receive clinical or experiential training in a MUC,** leave the textbox under Block 18a blank.

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



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

Training in a Rural Area	
Select Whether Individual Received Training	Enter # of Contact Hours
(33) Block 19	(34) Block 19a
Select one Yes No N/A	

Figure 35. IND-GEN - Entering Training Information in a Rural Area

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

- Yes
- No
- N/A

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

- If the resident received clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the current reporting period in the textbox under Block 19a.
- If the resident did not receive clinical or experiential training in a rural area, leave the textbox under Block 19a blank.

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

Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/ Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/ Completion Intentions
(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b

**Figure 36. IND-GEN - Selecting Whether Individual Left the Program Before Completion**

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

- Yes
- No

## IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(39) Block 22b

Figure 37. IND-GEN - Entering Graduation/Completion Information

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

- Yes
- No

### Select Individual's Post-Graduation/Completion Intentions:

1. If a resident completed their residency or training program during the current reporting period, select the resident's or professional's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing all that apply from the following options:
  2. If the resident did not complete their training program, select "N/A" under Block 22b.
- Individual intends to become employed or pursue further training in a medically underserved community
  - Individual intends to become employed or pursue further training in a rural setting
  - Not Reported
  - Individual intends to become employed or pursue further training in a primary care setting
  - None of the above
  - N/A

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

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

## INDGEN-PY: Individual Prior Year

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

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(12) Block 22b	(13) Block 23	(14) Block 23a	(16)

Figure 38. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

**Select whether status/employment data are available for the individual 1-year post graduation/completion:** Select whether current employment data are available for each resident who completed their residency one year prior to this report by clicking on the drop-down menu under Block 23 and choosing **one** of the following options:

- Yes
- No

#### Select Individual's Current Training/Employment Status:

1. If "No" was selected in Block 23, choose "N/A" in Block 23a.
2. If "Yes" was selected in Block 23, choose each former resident's current employment location by clicking on the drop-down menu under Block 23a choosing **all that apply** from the following options:
  - Individual is currently employed or is pursuing further training in a medically underserved community
  - Individual is currently employed or is pursuing further training in a primary care setting
  - Individual is currently employed or is pursuing further training in a rural setting
  - None of the above

- N/A

**Select Whether Your Organization Hired this Individual:** Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the following options:

- No
- Yes
- N/A



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



*Note: Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Blocks 23 and 23a.*



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

# Experiential Characteristics—EXP Subforms

## EXP - Introduction

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

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

## 2. Order of Subforms:

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

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

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



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

## EXP-1: Training Site Setup

### EXP-1 - Entering Site Name

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	Yes	Select one	

Figure 39. EXP-1 - Entering Site Name

#### Site Name:

1. Enter the name of each site used to train residents during the current reporting period
2. Next, click on the "Add Record" button to save your entry.
3. **Repeat this process as necessary**

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

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

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

- Yes
- No



**Warning:** For new records, you must select "Yes" under the column labeled "Select Whether Site Was used in the Current Reporting Period."



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

## EXP-1 - Selecting Type of Site Used

The screenshot shows a web form for 'EXP-1'. At the top, there are three tabs: 'EXP-1' (active, green checkmark), 'EXP-2', and 'EXP-3'. Below the tabs, a message states 'Fields with \* are required'. A blue header bar contains a red star icon 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 (3)', '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.

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 41. EXP-1 - Selecting Type of Site Used**

**Select Type of Site Used:** Select the type of sites used to train residents during the current reporting period by clicking on the drop-down menu under Block 1a and choosing from one of the following options.

- Academic institution
- Aerospace operations setting
- Community - based care programs for elderly mentally challenged individuals
- Community care programs for elderly mentally challenged individuals
- Critical Access Hospital
- Dentist Office
- Federal and State Bureau of Prisons
- Geriatric ambulatory care and comprehensive units
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community - based organization
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Emergency Room
- Federal Government Office or Agency
- Acute care services
- Assisted Living Community
- Community Behavioral Health Center
- Community Mental Health Center
- Dental Services
- Extended care facilities
- FQHC or look - alike
- Geriatric consultation

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- Hospice
- Hospital - community
- Hospital - non profit
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association or affiliate
- 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)

- Geriatric Behavioral or Mental Health Units
- Hospital
- Hospital - federal
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- 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
- Veterans Affairs Hospital or clinic

- services
- Hospital - academic center
- Hospital - for profit
- Indian Health Service (IHS) site
- Local health department
- National health association
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Organization

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

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	Yes	Select one	<input type="text"/>

Figure 42. EXP-1 - Selecting Type of Setting Where the Site was Located

**Select Type of Setting Where the Site was Located:** Select whether each site used to train residents during the current reporting period was located in designated settings by clicking on the drop-down menu under 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.

### 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 43. 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.

**State:** Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox below Column 9.

**Zip Code:** Enter the zip code (5 digits) where each training site is located by clicking on the textbox under Column 10.

**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.



**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

Type of Training Program	Site Name	Select Type of Site Used
(1)	(2) Block 1	(3) Block 1a
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 44. EXP-2 - Selecting Training Program and Site Name

**Type of Training Program:** Select a training program 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).



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



*Note: If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.*

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

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located
(1)	(2) 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 45. 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 46. 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.



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

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

Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(5) Block 5	(7) Block 4
<input type="text"/>	<input type="text"/>

Figure 47. EXP-2 - Selecting Type(s) of Partners/Consortia

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

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

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- Other
- Professional Associations
- State Governmental Programs
- Tribal Government

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



**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 48. EXP-2 - Selecting Type(s) of Vulnerable Population

**Select Type(s) of Vulnerable Population Served at this Site:** Select the **type(s) of vulnerable populations** served at each site used to train residents during the annual reporting period by clicking on the drop-down menu under 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
- None of the above
- 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-3: Experiential Characteristics - Trainees by Profession/Discipline

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

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

Figure 49. EXP-3 - Selecting Training Program and Site Name

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

#### Site Name:

Select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options. **Repeat this process** until all used Training Program/Site combinations used in EXP-2 are present.



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



*Note: The options available under Block 1 will prepopulate with information entered and saved in the EXP-1 subform.*

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

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained
(1)	(2) Block 1	(3) Block 3
		<input type="text" value=""/>

Figure 50. EXP-3 - Selecting Profession and Discipline of Individuals Trained

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

- 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 - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and
- 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 - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- 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 - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Aerospace Medicine

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- Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- 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 gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal 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 Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Medicine - Preventive Medicine/Occupational 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 - 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
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate

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- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Health Informatics
- 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 - Pharmacy School
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- 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 - Registered nurse (RN)
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Law School
- 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 - Undergraduate - Other



*Note: Each reported profession and discipline must be reported on a separate line even if they trained at the same site under the same program.*

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

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8

**Figure 51. EXP-3 - Entering # Trained in the Profession and Discipline**

**Enter # Trained in this Profession and Discipline:** Enter the number of residents in the profession and discipline selected in the previous step that were trained at each site during the current reporting period.



*Note: Counts provided should be based on principal trainees (residents reported on INDGEN).*

**EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care**

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8

**Figure 52. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care**

**Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care:** Enter the **number of all OTHER** team-based care students, fellows, and residents on separate lines who were also trained at this site in Column 5 (Block 8).



**Warning: Do not count faculty or non-trainees.**



*Note: Counts provided should be based on individuals NOT reported on INDGEN.*



*Note: See examples of how to report counts of principal and interprofessional team trainees below.*

**EXP-3 - Adding Individuals Trained Example 1**

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency   Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	0
2	Residency   Family Medicine	Community Physicians	Medicine-Family Medicine	10	0
3	Residency   Family Medicine	Doctor's Clinic	Medicine-Family Medicine	4	0

**Figure 53. EXP-3 - Adding Individuals Trained Example 1**

**Example with Principal Trainees ONLY (no interprofessional trainees):**

In this example, the medical residents from the Family Medicine residency program do not have interprofessional experiences. The medical residents trained at 3 different clinical training sites. At the first site, there were 24 Family Medicine residents and no interprofessional trainees at North Regional Hospital. At the second site, there were 10 Family Medicine residents and no interprofessional trainees at Community Physicians. At the third site, there were 4 Family Medicine residents and no interprofessional trainees at the Doctor's Clinic.

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

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency   Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	0
2	Residency   Family Medicine	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency   Family Medicine	North Regional Hospital	Student-Graduate-Psychology	0	3
4	Residency   Family Medicine	Community Physicians	Medicine-Family Medicine	14	0
5	Residency   Family Medicine	Community Physicians	Student-Pharmacy School	0	4

**Figure 54. EXP-3 - Adding Individuals Trained Example 2**

**Example with Principal AND Interprofessional Trainees:**

In the example on this page, the Residency in Family Medicine program trained 24 of its family medicine residents at North Regional Hospital. As part of Interprofessional team-based care, the Family Medicine residency program also trained 2 Internal Medicine residents and 3 graduate students in psychology. At a second site, the Family Medicine residency trained 14 of its medical residents alongside 4 pharmacy students who were part of interprofessional team-based care.

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

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in <u>Interprofessional Team-based care</u>
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
1	Residency   Family Medicine	North Regional Hospital	Medicine-Family Medicine	24	10
2	Residency   Family Medicine	North Regional Hospital	Medicine-Internal Medicine	0	2
3	Residency   Family Medicine	North Regional Hospital	Student-Pharmacy School	0	5
4	Residency   Family Medicine	Community Physicians	Medicine-Family Medicine	10	8
5	Residency   Family Medicine	Community Physicians	Student-Physical Therapy	0	4

Figure 55. EXP-3 - Adding Individuals Trained Example 3

#### Example with Principal AND Interprofessional Trainees:

In the example on this page, the Family Medicine residency program trained 24 of its own medical residents at North Regional Hospital. As part of Interprofessional team-based care, the Family Medicine residency also trained 10 Family Medicine residents from non-HRSA funded residency programs, 2 Internal Medicine residents and 5 pharmacy students. At a second site, the Family Medicine residency trained 10 of its own medical residents alongside 8 additional Family Medicine residents from different Family Medicine residency programs as well as 4 physical therapy students who were part of interprofessional team-based care.



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

# Course Development and Enhancement—CDE Subforms

## CDE - Introduction

**Purpose:** The CDE subforms collect information on the characteristics and trainees of developed and/or enhanced courses offered by grantees.

1. The CDE-1 subform is used to create new courses and update prior courses/training activities that were reported previously, but have not yet been implemented.
2. The CDE-1a subform is used to report on implemented courses and training activities.
3. The CDE-2 subform is used to report aggregate counts of individuals trained in each curriculum, based on the type of course or training activity.

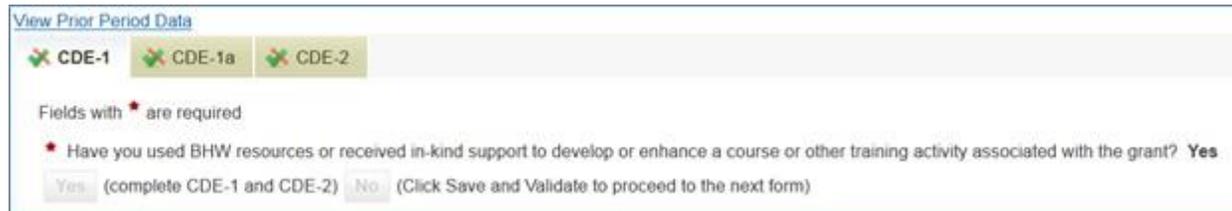


**Warning:** Both CDE-1 and CDE-1a must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 and CDE-1a subforms.

## CDE-1: Course Development and Enhancement - Course Information

### CDE-1 - Setup

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



View Prior Period Data

CDE-1 CDE-1a CDE-2

Fields with \* are required

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

Yes (complete CDE-1 and CDE-2) No (Click Save and Validate to proceed to the next form)

Figure 56. CDE-1 - Setup



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

## CDE-1 - Entering the Name of Course/Training Activity

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

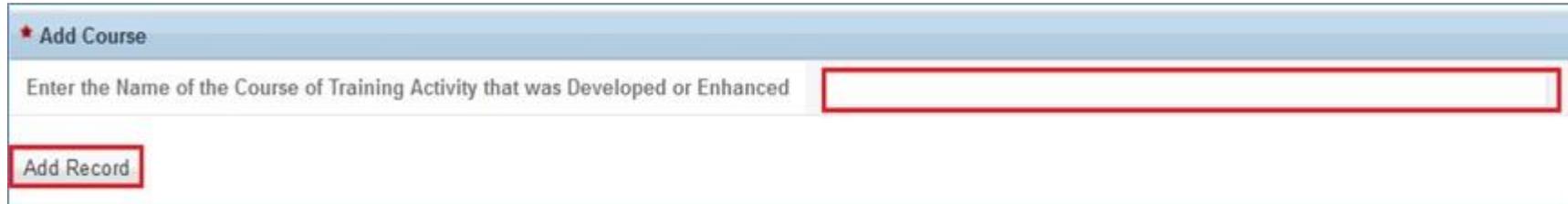


Figure 57. CDE-1 - Entering the Name of Course/Training Activity

### Name of Course or Training Activity:

1. Enter the name of each course or training activity that was developed or enhanced through the grant during the current reporting period.
2. Click the "Add Record" button to save your entry.
3. Repeat this process as necessary.

 **Warning:** Complete the CDE-1 Setup form only if grant funds were used to develop or enhance courses or training activities other than those previously reported. You do not need to reenter information about courses or training activities previously reported.

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

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

No. Record	Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4
1	New Record Course 1	Select one	Select one	Select one

Figure 58. CDE-1 - Selecting Type of Course or Training Activity

**Select Type of Course or Training Activity:** To begin completing the CDE-1 subform for new records, select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

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



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



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

## CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4
Course 1	Select one	Select one	Select one

Figure 59. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

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

- Enhanced
- Newly developed



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



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

## CDE-1 - Entering Development/Enhancement Status



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

Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation	
	From Year (5) Block 4a	To Year (6) Block 4a
Select one Under development	<input type="text"/>	<input type="text"/>

**Figure 60. CDE-1 - Entering Development/Enhancement Status**

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

- Developed, not yet implemented
- Implemented
- Under development

**For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: From Year:**

- For records marked as "Implemented" in Block 4, enter the academic start year that each course or training activity that was developed or enhanced through the grant was first implemented in the textbox under Column 5 (Block 4a) using the YYYY format.
- For records marked as "Under Development" or "Developed, not yet implemented", enter N/A.

**For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year:**

- For records marked as "Implemented" in Block 4, enter the academic end year that each course or training activity that was developed or enhanced through the grant was first implemented in the textbox under Column 6 (Block 4a) using the YYYY format.
- For records marked as "Under Development" or "Developed, not yet implemented", enter N/A.

## CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one ▼	<input type="text"/>

Figure 61. CDE-1 - Entering Curriculum

**Enter the Curriculum the Course or Training Activity is Associated With:** For new records, enter the **name of the curriculum** associated with each course or training activity that was developed or enhanced through the grant in the textbox under Block 5.



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



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

## CDE-1 - Selecting Delivery Mode

Enter the Curriculum the Course or Training Activity is Associated With (7)	Select Delivery Mode Used to Offer this Course or Training Activity (8)	Enter Site Name from EXP-1 Where Implemented (9)
Block 5	Block 6	
<input type="text"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 62. CDE-1 - Selecting Delivery Mode

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

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

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

## CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter the Curriculum the Course or Training Activity is Associated With (7) Block 5	Select Delivery Mode Used to Offer this Course or Training Activity (8) Block 6	Enter Site Name from EXP-1 Where Implemented (9)
<input type="text"/>	Select one <input type="button" value="v"/>	<input type="text"/>

Figure 63. CDE-1 - Selecting EXP-1 Site Name Where Implemented

### Enter Site Name from EXP-1 Where Implemented:

- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was implemented during the annual reporting period,** enter the name(s) of the site(s) where the activity took place in the textbox under Column #9. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.
- **For all other records,** enter "N/A" in the textbox under Column #9.



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



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

## CDE-1a: Course Development and Enhancement - Log of Courses/Training Activities Implemented

### CDE-1a - Selecting Whether the Course was Offered in the Current Period

Name of Course or Training Activity (1)	Select Type of Course or Training Activity (2)	Select whether Course or Training Activity was Newly Developed or Enhanced (3)	Select Status of Development or Enhancements (4)	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7)	Select Delivery Mode Used to Offer this Course or Training Activity (8)	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)
				From Year (5)	To Year (6)			
Block 1	Block 2	Block 3	Block 4	Block 4a	Block 4a	Block 5	Block 6	
Medical Orders for Life-Sustaining Treatment	Faculty development prog*	Enhanced	Implemented	2011	2012	Establishing a Center of Ex	Classroom-based	Select one

Figure 64. CDE-1a - Selecting Whether the Course was Offered in the Current Period

**Select Whether the Course or Training Activity was Offered in the Current Reporting Period:** To begin completing the CDE-1a subform, select **whether each previously-implemented course or training activity was also offered** during the current annual reporting period by clicking on the drop-down menu in Column 9 and choosing one of the following options

- Yes
- No



**Warning:** If "No" was selected in the CDE-1a subform, the name of the course or training activity previously implemented will not display as an option in the CDE-2 subform.

### CDE-1a - Selecting EXP-1 Site Name Where Implemented

Name of Course or Training Activity (1)	Select Type of Course or Training Activity (2)	Select whether Course or Training Activity was Newly Developed or Enhanced (3)	Select Status of Development or Enhancements (4)	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation		Enter the Curriculum the Course or Training Activity is Associated With (7)	Select Delivery Mode Used to Offer this Course or Training Activity (8)	Select Whether the Course or Training Activity was Offered in the Current Reporting Period (9)	Enter Site Name from EXP-1 Where Implemented (10)
Block 1	Block 2	Block 3	Block 4	From Year (5)	To Year (6)	Block 4a	Block 4a	Block 5	Block 6
Medical Orders for Life-Sustaining Treatment	Faculty development prog*	Enhanced	Implemented	2011	2012	Establishing a Center	Classroom-based	Select one	

Figure 65. CDE-1a - Selecting EXP-1 Site Name Where Implemented

#### Enter Site Name from EXP-1 Where Implemented:

- If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was offered during the annual reporting period, enter the name(s) of the site(s) where the activity took place in the textbox under Column #10. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.
- For all other records, enter "N/A" in the textbox under Column #10.



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



**Warning:** If a previously-implemented course was NOT offered in the current annual reporting period, leave the textbox under Column 9 blank.



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

## CDE-2 - Adding Courses and Profession/Disciplines

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

**Name of Course or Training Activity:** Select the name of a course by clicking on the drop-down menu and choosing **one** of the available options.

### Profession and Discipline of Individuals Trained:

1. Next, select the profession(s) and discipline(s) of individuals trained through each course or workshop offered during the current reporting period by choosing **all that apply** from the options listed below.
2. Click on the "Add Record" button to save your entry.
3. **Repeat this process as necessary.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Behavioral Health - Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine

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- 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/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Chiropractor
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Midwife (non - nurse)

- Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse Assistant/Patient Care Associate (PCA)
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Nutritionist

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- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Office/Support Staff
- Other - Podiatry
- Other - Unknown
- Other - Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control

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- Other - Optometry
- Other - Profession Not Listed
- Other – Allied Health
- Other – Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Chiropractic School
- Student - Alternative/Complementary Nursing
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Community Health Nursing
- Student - Dental School
- Student - Graduate - Clinical Laboratory Services
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Optometry
- Student - Physician Assistant
- Student - Registered nurse (RN)
- Student - Speech Therapy
- Student - Undergraduate - Other

- Other - Pharmacy
- Other - Respiratory Therapy
- Other – Home Health Aide
- Other – Speech Therapy
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Podiatry School
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Women’s health
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant
- Student - K - 8 (primary)
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women’s health
- Student - Nurse Educator
- Student - Nursing Informatics
- Student - Pharmacy School
- Student - Post - high school / Pre -

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- Student - Certified Nursing Assistant
- Student - 9 - 12 (secondary)
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women’s health and pediatrics
- Student - Dental Hygiene
- Student - Graduate - Allied Health
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Occupational Therapy
- Student - Physical Therapy
- Student - Public Health Nurse
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

- Student - Undergraduate - Radiological Technician
- Student - Undergraduate - Radiological college
- Student - Registered Nurse - BSN
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health
- Student - Unknown



*Note: CDE-2 is used to report trainee counts for academic courses, training workshops, grand rounds, clinical rotations, and field placement/practica that were offered during the current reporting period.*



*Note: Trainee counts for faculty development participants are captured separately with the FD-subforms and continuing education participants are reported with the CE subforms.*

## CDE-2 - Entering # Trained in the Profession and Discipline

Name of Course or Training Activity (1)	Profession and Discipline of Individuals Trained (2)	Enter # Trained in this Profession and Discipline (3)
Block 1	Block 7	Block 7
Course 1	Student - NP - Acute care pediatric	<input data-bbox="1430 440 1724 488" type="text"/>

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

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

Enter the number of individuals trained from each profession and discipline in the textbox under Column 3 (Block 7). Repeat this step as many times as necessary.



**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 trainees of faculty development programs.

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



**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-2b subforms will only appear if "Unstructured Faculty Development Training Activity" was selected in the Faculty Development Setup form.**

## FD-1a: Individual Development - Structured individual Development Training Programs

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



Figure 68. FD-1a - Adding Structured Faculty Development Programs

#### Program Name:

1. Enter the name of each structured faculty development program coordinated and/or supported through the grant during the current reporting period.
2. Click the "Add Record" button to save your entry.
3. **Repeat this process as necessary.**



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



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

## FD-1a - Selecting Program Status

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
New Record	Structured Program	Select one	Select one	Select one	Select one

Figure 69. FD-1a - Selecting Program Status

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

- Complete
- Ongoing



*Note: Select 'Ongoing' if the training program did not conclude by **June 30, 2016**.*



*Note: 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

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		For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours (5) Block 3
			Select Type of Degree Offered (3) Block 2a	Select Primary Focus Area (4) Block 2b	
Structured Program 1	Select one	Select one Select one Yes	Select one	Select one	

Figure 70. FD-1a - Entering Program Information for Degree/Non-Degree Programs

**Select Whether this was a Degree Bearing Program:** Select whether each faculty development program culminated 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:**

- If 'No' was selected for Block 2, select 'N/A'.
- If 'Yes' was selected for Block 2, select the type of degree that participants will earn when completing each program by clicking on the drop-down menu under Block 2a and choosing **one** of the options listed below:
  - AA
  - Bachelor's Degree Not Otherwise Specified
  - BSN
  - DC
  - DDS/MSPH
  - DNP
  - DO/DrPH
  - DO/ScD
  - AS
  - BPH
  - BSW
  - DDS
  - Diploma
  - DNSc
  - DO/MPH
  - DrPH
  - BA
  - BS
  - Certificate
  - DDS/MPH
  - DMD
  - DO
  - DO/MSPH
  - DVM

- MA
- MD/DrPH
- MD/PhD
- MHA
- MMS/MPH
- MPAS
- MPAS/MSPH
- MS
- MSN
- MSW
- Post-Masters Certificate
- VMD
- Master's Degree Not Otherwise Specified
- MD/MPH
- MD/ScD
- MMS
- MMS/MSPH
- MPAS/DrPH
- MPAS/ScD
- MS-CTS
- MSPH
- PharmD
- PsyD
- N/A
- MD
- MD/MSPH
- MEd
- MMS/DrPH
- MMS/ScD
- MPAS/MPH
- MPH
- MSCR
- MSSW
- PhD
- ScD

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

- **If 'No' was selected for Block 2**, select 'N/A'.
- **If “Yes” was selected 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.

- Business Administration
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry/Public Health
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Leadership
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Dentistry - Dental Assistant
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Education
- Nursing - BS/BSN Completion
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Education and Clinical Research
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women’s health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family

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- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialty
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Nursing Informatics
- Other - Midwife
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences

- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Pre-licensure
- Other Focus Area
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Maternal and Child Health
- Teaching

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- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Assistant
- Nursing - Public Health Nurse
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Nutrition
- N/A

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

- **If 'Yes' was selected for Block 2**, enter "0" in Block 3.
- **If 'No' was selected for Block 2**, enter the length of each program in clock hours in the textbox under Block 3.



*Note: These Blocks will be prepopulated for prior records based on data submitted in the previous reporting period.*

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

Enter the % of Time Spent Developing Competencies for the Following Roles			
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"/>

Figure 71. 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 faculty development program developing competencies associated with the 'Clinician' role (Column #6).

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

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

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

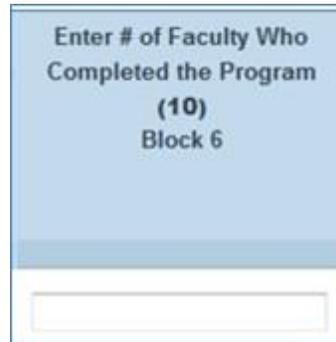


*Note: Percentages of time spent across the four roles must sum up to 100%.*



*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



The image shows a screenshot of a data entry form. The top section is a light blue box containing the text: "Enter # of Faculty Who Completed the Program (10) Block 6". Below this is a white rectangular input field with a thin border, currently empty.

**Figure 72. FD-1a - Entering # of Faculty Who Completed the Program**

**Enter # of Faculty Who Completed the Program:** For programs marked as "Complete" in Block 1a, enter the number of faculty who completed each program during the current reporting period in the textbox under 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 73. 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 training program received any type of BHW-funded financial award by clicking on the drop-down menu under Block 7 and choosing from the following options:

- Yes
- No

 **Warning:** You must complete an IND-GEN subform for each individual who received a BHW-funded financial award for participating in a faculty development program.

 *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: Individual Development - Individual Trained By Profession/Discipline

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



Figure 74. 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.

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

1. Select **the profession(s) and discipline(s)** of all faculty who participated in each faculty development program during the current reporting period by choosing **all that apply** from the options listed below.
2. Click on the "**Add Record**" button to save your entry.
3. **Repeat this process** as necessary.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry/Public Health
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Assistant
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics

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- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- 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 - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Optometry
- 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 - Midwife
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology

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- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences

- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition

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- Public Health - Infectious Disease Control
- 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

No.	Program Name (1)	Profession and Discipline of Faculty Trained (2) Block 4	Enter # Trained in this Profession and Discipline (3) Block 4
1	Structured Program 1	Dentistry - General Dentistry	<input type="text"/>

Figure 75. FD-1b - 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 program during the current reporting period. Repeat this step as necessary.



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: Individual Development - individual Development Activities

### FD-2a - Entering Faculty Development Activities

No. (1)	Program Name	Profession and Discipline of Faculty Trained (2)	Enter # Trained in this Profession and Discipline (3)
		Block 4	Block 4
1	Structured Program 1	Dentistry - General Dentistry	<input type="text"/>

Figure 76. FD-2a - Entering Faculty Development Activities

#### Activity Name:

1. **Enter the name of each faculty development activity** coordinated and/or supported through the grant during the current reporting period in Column 1 (Block 1)
2. Click on the "**Add Record**" button to save your entry.
3. **Repeat this process** as necessary.

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

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 Activity 1	<input type="text" value="Select one"/> <input type="text" value="Select one"/> <input type="text" value="Professional Conference"/>	<input type="text" value="Select one"/>	<input type="text" value="Select one"/>

Figure 77. 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:** Select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under 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:** Select whether attendance by

faculty was for the **purposes of acquiring or maintaining a professional certification** by clicking on the drop-down menu under Block 8b and choosing one of the following options:

- Yes
- No
- N/A



*Note: If "Academic Course for Continuing Education" or "Training/Workshop for Continuing Education" was selected under Block 8, select 'Yes' or 'No' for Blocks 8a and 8b. If any other option was selected under Block 8, select "N/A" under Blocks 8a and 8b.*

## FD-2a - Entering Duration of Training Activity

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	

Figure 78. 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 under 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"/>	<input type="text" value="Select one"/>	<input type="text"/>

Figure 79. 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 under Block 10 and choosing **one** of the following options:

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

## FD-2a - Selecting Faculty Role(s)

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 80. FD-2a - Selecting Faculty Role(s)

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

- Administrator
- Clinician
- Educator
- Researcher



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

## FD-2b: individual Development - individual 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 81. FD-2b - Adding Profession and Discipline for Activities

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

#### Profession and Discipline of Faculty Trained:

1. **Select the profession(s) and discipline(s)** of all faculty members who participated in each faculty development activity during the reporting period by choosing **all that apply** from the options below:
2. Click on the "**Add Record**" button to save your entry.
3. **Repeat this process** as necessary.

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

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- Health
- Dentistry - General Dentistry/Public Health
  - Dentistry - Other
  - Dentistry - Periodontic Dentistry
  - Dentistry - Radiology Dentistry
  - Medicine - Anesthesiology
  - Medicine - Emergency Medicine
  - Medicine - Geriatrics
  - Medicine - Internal Medicine/Family Medicine
  - Medicine - Neurological Surgery
  - Medicine - Obstetrics and Gynecology
  - Medicine - Orthopaedic Surgery
  - Medicine - Pathology - Anatomical and Clinical
  - Medicine - Plastic Surgery
  - Medicine - Preventive Medicine/Family Medicine
  - Medicine - Psychiatry
  - Medicine - Surgery - General
  - Medicine - Urology
  - Nursing - CNS - Family
  - Nursing - CNS - Pediatrics
  - Nursing - Home Health Aide
  - 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
- Dentistry - Pathology Dentistry
  - Dentistry - Prosthodontic Dentistry
  - Medicine - Aerospace Medicine
  - Medicine - Colon and Rectal Surgery
  - Medicine - Family Medicine
  - Medicine - Integrative Medicine
  - Medicine - Internal Medicine/Pediatrics
  - Medicine - Neurology
  - Medicine - Occupational Medicine
  - Medicine - Other
  - Medicine - Pediatrics
  - Medicine - Plastic Surgery - Integrated
  - Medicine - Preventive Medicine/Internal Medicine
  - Medicine - Radiation Oncology
  - Medicine - Thoracic Surgery
  - Medicine - Vascular Surgery - Integrated
  - Nursing - CNS - Geropsychiatric
  - Nursing - CNS - Psychiatric/Mental health
  - Nursing - Licensed practical/vocational nurse (LPN/LVN)
  - Nursing - NP - Acute care pediatric
  - Nursing - NP - Adult Psychiatric/Mental health
  - Nursing - NP - Family
  - Nursing - NP - Neonatal
  - Nursing - Nurse administrator
  - Nursing - Nurse informaticist
  - Nursing - Public health nurse
- Dentistry - Public Health Dentistry
  - Medicine - Allergy and Immunology
  - Medicine - Dermatology
  - Medicine - Geriatric Psychiatry
  - Medicine - Internal Medicine
  - Medicine - Medical Genetics
  - Medicine - Nuclear Medicine
  - Medicine - Ophthalmology
  - Medicine - Otolaryngology
  - Medicine - Physical Medicine and Rehabilitation
  - Medicine - Preventive Medicine
  - Medicine - Preventive Medicine/Public Health
  - Medicine - Radiology - Diagnostic
  - Medicine - Thoracic Surgery - Integrated
  - Nursing - CNS - Adult gerontology
  - Nursing - CNS - Neonatal
  - Nursing - CNS - Women's health
  - Nursing - Midwife
  - Nursing - NP - Adult
  - Nursing - NP - Child/Adolescent Psychiatric/Mental Health
  - Nursing - NP - Family Psychiatric/Mental Health
  - Nursing - NP - Pediatrics
  - Nursing - Nurse anesthetist
  - Nursing - Nurse midwife
  - Nursing - Registered Nurse
  - Other - Chiropractic
  - Other - Facility Administrator
  - Other - Health Informatics/Health Information Technology
  - Other - Medical Laboratory Technology
  - Other - Occupational Therapy

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- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Public Health - Social & Behavioral Sciences
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Other



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

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

No. (1)	Activity Name	Profession and Discipline of Faculty Trained (2)	Enter # Trained in this Profession and Discipline (3)
		Block 12	Block 12
1	Activity 1	Dentistry - General Dentistry	<input type="text"/>

Figure 82. FD-2b - Entering # Trained in the Profession and Discipline

**Enter # Trained in this Profession and Discipline:** Enter the number of faculty members in each profession/discipline who participated in the activity. Repeat this step as necessary.



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

## Printing Your Performance Report

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 the 'Resources' section with a 'Print All Forms' button also highlighted with a red box. Below the Resources section is a table with columns for Section, Type, and Options.

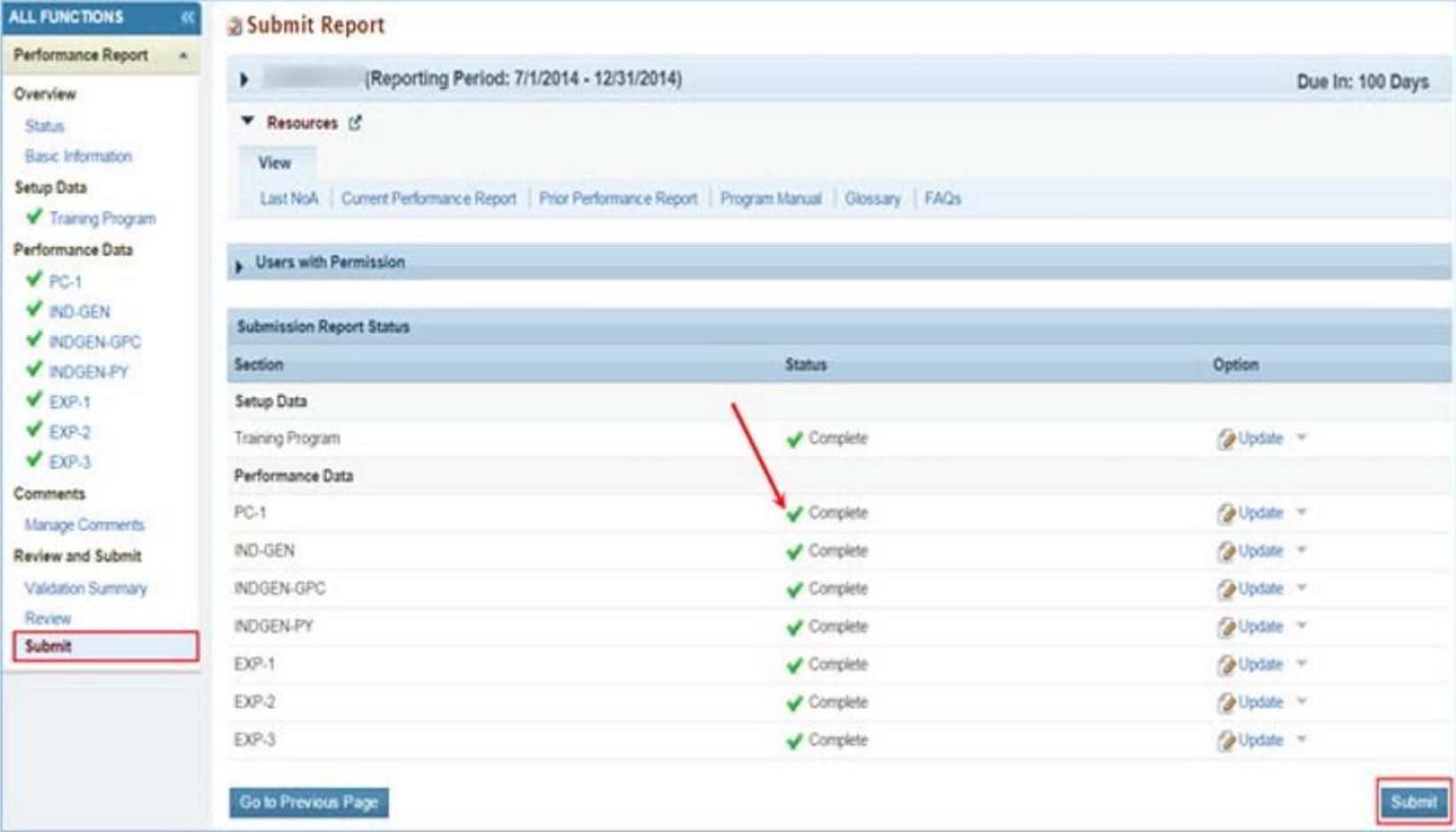
Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View ▼
PC	HTML	View ▼
IND-GEN	HTML	View ▼
INDGEN-GPC	HTML	View ▼
INDGEN-PY	HTML	View ▼
EXP	HTML	View ▼
Comments and Certification	HTML	View ▼

**Figure 83. 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', 'Overview', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in the 'Review and Submit' section. The main content area shows a 'Submit Report' header with a reporting period of 7/1/2014 - 12/31/2014 and a 'Due In: 100 Days' indicator. Below this is a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status for the 'PC-1' section. A 'Submit' button is located at the bottom right of the page.

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 84. 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 85. 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 86. 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.