

2012 HRSA BHP_r Performance Measures

A-TrACC Field Guide Suggestions

Professionals Education and Support (PES) - Continuing Education (CE) Offerings

These forms are intended as an example only, and their use is not required by HRSA.

The A-TrACC Field Guide Suggestions project was developed to foster data collection that responds to the **HRSA BHP_r AHEC Required Performance Measures Tables, Distributed 10-19-11.**

Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Performance Report for Grants and Cooperative Agreements
Reports Due: August 31, 2012 Reporting Period: July 1, 2011 to June 30, 2012

For your reference excerpted relevant AHEC Tables are included at the end of this document. For a copy of the full document, contact AHEC Program Federal staff.

The focus of this set of suggestions is CE. Data points on these 3 forms were designed to collect raw data that would be aggregated to meet the reporting requirements.

CE Participants Complete Registration & Evaluation Forms

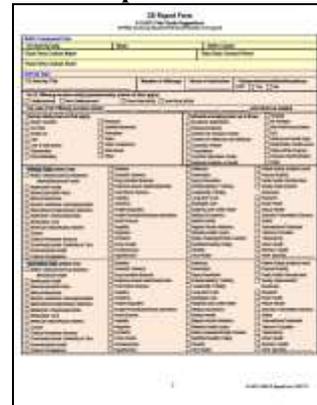
A sample participant registration form with various fields for personal information, contact details, and program selection.

1 page

A participant evaluation form with sections for program evaluation and feedback.

1 page

AHEC Centers Complete Report Form

A multi-page AHEC centers report form with a complex grid structure for data entry.

3 pages

In this set of materials we provided descriptions and explanations that correspond with each data point for the three forms. The material is provided as an example only to assist you as you develop your strategies for responding to the revised performance measures requirements. It is not intended to be an authorized final model. If you have questions please contact us at info@atracc.org.

Sample CE Participant Registration Form

A-TrACC Field Guide Suggestions
CE/PES Continuing Education/Professional Education and Support

1Today's Date:

2AHEC Center:

3Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

4 ID(AHEC Office Use Only):		5 Participant Type (select one) <input type="checkbox"/> Student <input type="checkbox"/> Healthcare Prof/Worker <input type="checkbox"/> Other		
6 Last Name/First name		7 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8 Age <input type="checkbox"/> <20 <input type="checkbox"/> 30-39 <input type="checkbox"/> 50-59 <input type="checkbox"/> 20-29 <input type="checkbox"/> 40-49 <input type="checkbox"/> 60 -69 <input type="checkbox"/> =>70	
9 Address		10 City	11 County (Parish or Borough)	12 State
14 Primary Phone #		15 Permanent Email address		
16 Ethnicity (select one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	17 Race (select all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) <input type="checkbox"/> Asian (Other)	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White Disadvantaged (educationally or economically) <input type="checkbox"/> White Non-Disadvantaged		
18 Employer Name				
19 Work/ Practice Location(s)Address		20 City	21 County (Parish or Borough)	22 State
23 Zip code (9 digit as possible)				
24 Are you employed by or work in the following? (select all that apply)				
MEDICALLY UNDERSERVED COMMUNITY				
<input type="checkbox"/> Community Health Center (CHC) (Federally Designated), or Federally Qualified Health Center (FQHC),				
<input type="checkbox"/> Other Designated - Migrant Health Center (MHC), National Health Service Corp (NHSC), Rural Health Clinic (Federally Designated), Health Department, Health Professions Shortage Area (HPSA) (Federally Designated), Governor Designated Ambulatory Practice Site, Health Care for Homeless (Federally Designated), Indian Health Service (IHS) / Tribal Health Site, Public Housing Primary Care Grantees,				
<input type="checkbox"/> Other Medically Underserved Site such as: School health services and health clinics, Emergency care facilities, State owned facilities for indigent care, teaching hospitals, and other teaching facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population, Sites with un-insured patient population greater than the national average, Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, charity, and other types of clinics.				
NON-UNDERSERVED COMMUNITY				
<input type="checkbox"/> Non-Underserved				
RURAL SETTING (non MSA)				
<input type="checkbox"/> Rural Setting				
25 Health Professional / Worker Discipline (select only one)	<input type="checkbox"/> First Responders (EMT, Paramedic, Fire Rescue, HazMat)	<input type="checkbox"/> Nurse Midwives	<input type="checkbox"/> Professional Counselors	
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Health Administrators	<input type="checkbox"/> Nurse Practitioners	<input type="checkbox"/> Psychiatrists	
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Health Education Specialists	<input type="checkbox"/> Occupational Health Specialists	<input type="checkbox"/> Psychologists	
<input type="checkbox"/> Community Health Care Worker	<input type="checkbox"/> Health Information Systems/Data Analysts	<input type="checkbox"/> Occupational Therapists	<input type="checkbox"/> Public Health Specialists (Incl. Public Health Nurses)	
<input type="checkbox"/> Dental Hygienists	<input type="checkbox"/> Home Health Aides	<input type="checkbox"/> Optometrists	<input type="checkbox"/> Social Workers	
<input type="checkbox"/> Dentists	<input type="checkbox"/> Marriage and Family Therapists	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Speech Therapists	
<input type="checkbox"/> Dietitians/ Nutritionists	<input type="checkbox"/> Medical Assistants	<input type="checkbox"/> Physical Therapists	<input type="checkbox"/> Student - Health Professions	
<input type="checkbox"/> Epidemiologists	<input type="checkbox"/> Nursing Assistant	<input type="checkbox"/> Physicians, Allopathic Medicine	<input type="checkbox"/> Veterinarians	
	<input type="checkbox"/> Nurses (Licensed/Practical)	<input type="checkbox"/> Physicians, Osteopathic Medicine	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Nurses (Registered)	<input type="checkbox"/> Physician Assistants	<input type="checkbox"/> Other (specify)_____	
		<input type="checkbox"/> Podiatrists		
26 Does your participation in this activity meet licensure, certification, employer, or professional education requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Blue numbers correspond with Guidelines items.

CE Participant Registration Form Guidelines

A-TrACC Field Guide Suggestions

CE/PES Continuing Education/Professional Education and Support

These forms are intended as an example only, and their use is not required by HRSA.

The HRSA report does not require individual level data for Continuing Education participants. This form is built for individual participants to complete, as is typical for CE participants. You may have systems for tracking individual participants. This form will capture the current requirements for the Federal Performance Measures for AHECs. It may have a few data points that are not strictly required but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table/ Other Requirement
¹ Today's Date:	1. Today's Date– (internal use) Reporting period is July 1, 2011 to June 30, 2012.	
² AHEC Center:	2. AHEC Center – Center name or identifier (internal use)	
³ <i>Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.</i>	3. Purpose Statement - is recommended. This is only an example and is not offered as a legal statement.	
⁴ ID(AHEC Office Use Only):	4. Identifier: This identifier is for the AHEC staff to complete, not the participant. It is an element useful in many systems of record keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form. You may use this number in the processes for evaluation follow-up.	Project follow-up evaluation process
⁵ Participant Type (select one) Student, Healthcare Prof/Worker, Other	5. Participant Type – if they are already a health professional but currently a student too, they should check health professional.	Program Completers LR-1
⁶ Last Name/First name	6. This is Personal Identifying Information (PII). Needed for registration, CE accreditation, tracking, and evaluation follow-up. This information should be kept private to the extent allowed by law.	Project follow-up evaluation process
⁷ Gender: Male, Female	7. Gender – check one	Project follow-up evaluation process
⁸ Age <20, 20-29, 30-39, 40-49, 50-59, 60 -69 , =>70	8. Age – Sometimes participants will give you their age but not their birth date and vice versa.	Project follow-up evaluation process
⁹ Address	9. Follow-up, marketing, tracking, and evaluation.	Project follow-up evaluation process
¹⁰ City	10. Follow-up, marketing, tracking, and evaluation.	Project follow-up evaluation process
¹¹ County (Parish or Borough)	11. Follow-up, marketing, tracking, and evaluation.	Project follow-up evaluation process
¹² State	12. Follow-up, marketing, tracking, and evaluation.	Project follow-up evaluation process
¹³ Zip code (9 digit as possible)	13. Follow-up, marketing, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	Project follow-up evaluation process
¹⁴ Primary Phone #	14. This is Personal Identifying Information (PII). Utilized for future marketing, tracking, and follow-up evaluation.	Project follow-up evaluation process
¹⁵ Permanent Email address	15. This is Personal Identifying Information (PII). Utilized for future marketing, tracking, and follow-up evaluation.	Project follow-up evaluation process`
¹⁶ Ethnicity (select one) Hispanic/Latino, Non Hispanic/Latino	16. If left blank = Unknown	Project follow-up evaluation process
¹⁷ Race (select <u>all</u> that apply) African American / Black , American Indian/Alaskan Native, Asian (Chinese, Filipino, Japanese, Korean, Asian, Indian, or Thai), Asian (Other), Native Hawaiian/Other Pacific Islander, White Disadvantaged (educationally or economically), White Non-	17. If left blank = Unknown. If more than one selected = More Than One Race	Project follow-up evaluation process

<p>²⁵Health Professional / Worker Discipline (select only one)</p>	<p>25. This is the list required for reporting with slight rearranging to enhance participant response. In the case of slightly different titles or credentials the participants can be added to the related discipline category, for example Physical Therapists Assistants can be reported with Physical Therapists.</p>	<p>CE-1b.1</p>
<p>²⁶Does your participation in this activity meet licensure, certification, employer, or professional education requirements</p>	<p>26. HRSA Performance Measure requirement. Project OUTCOMES: Proxy for retention measure</p>	<p>CE-1a.2 Col 4</p>

***Blue numbers correspond with Guidelines items.**

Sample Participant Evaluation Form

A-TrACC Field Guide Suggestions

CE/PES Continuing Education/Professional Education and Support

¹Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

²Today's Date:

³CE Offering Title:

⁴1. In this educational session I increased my knowledge of _____.

Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
1___	2___	3___	4___	5___	___

⁵2. After completing this CE I improved skill in _____.

Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
1___	2___	3___	4___	5___	___

⁶3. After completing this educational session I intend to improve : _____

⁷4. I will _____.

Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
1___	2___	3___	4___	5___	___

⁸5. Before completing this educational session, I _____.

Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
1___	2___	3___	4___	5___	___

*Blue numbers correspond with Guidelines items.

CE Participant Evaluation Form Guidelines

CE/PES Continuing Education/Professional Education and Support

These forms are intended as an example only, and their use is not required by HRSA.

In assessing the effectiveness of the CE offering, you will consider if the offering had outcomes that met the objectives of the offering as well as meeting the required HRSA Performance Measures standard.

This form is built for individual participants to complete, as is typical for CE participants.

Each individual CE offering may not provide learning objectives for all the evaluation questions below. Utilize what is appropriate.

Form Item	Notations	Federal Table/ Other Requirement
¹ Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.	1. Purpose Statement - is recommended. This is only an example and is not offered as a legal statement.	
² Today's Date:	2. Today's Date-- (internal use) Reporting period is July 1, 2011 to June 30, 2012.	
³ CE Offering Title:	3. AHEC organizing data	
⁴ 1. In this educational session I increased my knowledge of (fill in the blank related to the objectives of the offering) _____.	4. Project OUTCOMES: Change in knowledge	CE-1a.2 Col 2
⁵ 2. In this CE I improved skill in of (fill in the blank related to the objectives of the offering) _____	5. Project OUTCOMES: Change in skill	CE-1a.2 Col 2
⁶ 3. After completing this educational session I intend to improve _____ (each participant fills in the blank)	6. Project OUTCOMES: Change in professional's behavior Any response given by a participant is acceptable. This item is found in the literature to be of value in both fostering change in practice and documenting intent to change practice.	CE-1a.2 Col 3
⁷ 4. I will (fill in the blank related to the objectives of the offering) _____.	7. Project OUTCOMES: Change in professional's behavior Items 4 and 5 are designed as a 'Retrospective Pretest', also known as 'Then Now' questions. The protocol is to ask the participant to respond based on their answer after the educational offering and then reflect on how they would have responded before the educational offering. The sequencing of the questions is part of the design.	CE-1a.2 Col 3
⁸ 5. Before completing this educational session, I (fill in the blank related to the objectives of the offering) _____	8. Project OUTCOMES: Change in professional's behavior. For further evaluation of the effectiveness of the CE in producing change in practice, the answers to the Retrospective Pretest items can be compared.	Program impact evaluation

***Blue numbers correspond with Guidelines items.**

Sample CE Report Form

A-TrACC Field Guide Suggestions

CE/PES (Continuing Education/Professional Education and Support)

AHEC Component Data			
¹ CE Activity Date:	² State:	³ AHEC Center:	
⁴ Data Entry Contact Name		⁵ Data Entry Contact Phone	
⁶ Data Entry Contact Email			
Activity Data			
⁷ CE Activity Title		⁸ Number of offerings	⁹ Hours of instruction
¹⁰ Interprofessional/Interdisciplinary CE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
¹¹ Is CE Offering location site(s) predominately (check all that apply)			
<input type="checkbox"/> Underserved <input type="checkbox"/> Non-Underserved <input type="checkbox"/> Rural (Non-MSA) <input type="checkbox"/> Non-Rural (MSA)			
¹² Zip code of CE Offering location site(s): _____, _____, _____, _____, _____, _____, (Add others as needed)			
¹³ Delivery Mode (mark all that apply)		¹⁴ Partners/Leveraging (mark up to three)	
<input type="checkbox"/> Audio Cassette <input type="checkbox"/> Research <input type="checkbox"/> CD Rom <input type="checkbox"/> Satellite Broadcast <input type="checkbox"/> Hands-on <input type="checkbox"/> Simulation <input type="checkbox"/> Live <input type="checkbox"/> Video <input type="checkbox"/> Live & Web-based <input type="checkbox"/> Video Conference <input type="checkbox"/> Observation <input type="checkbox"/> Web-based <input type="checkbox"/> Print Marketing <input type="checkbox"/> Other		<input type="checkbox"/> Hospital <input type="checkbox"/> Academic department <input type="checkbox"/> No Partners <input type="checkbox"/> Business/Industry <input type="checkbox"/> Non-Profit Associations <input type="checkbox"/> Centers for Disease Control <input type="checkbox"/> QIO <input type="checkbox"/> Centers for Medicare and Medicaid <input type="checkbox"/> State/Local Health Dept <input type="checkbox"/> Consortia Partner <input type="checkbox"/> State/Public Health Assoc <input type="checkbox"/> Foundations <input type="checkbox"/> Other HRSA Program <input type="checkbox"/> Geriatric Education Center <input type="checkbox"/> Veterans Administration <input type="checkbox"/> National Institutes of Health <input type="checkbox"/> Other	
¹⁵ Primary Topic (Select one)		¹⁶ Secondary Topic (Select one)	
<input type="checkbox"/> AHEC Veterans/Service Members Mental/Behavioral Health <input type="checkbox"/> Adolescent Health <input type="checkbox"/> Advocacy/Health Policy <input type="checkbox"/> African-Americans <input type="checkbox"/> Alcohol substance misuse/prevention <input type="checkbox"/> Alternative/Complementary Medicine <input type="checkbox"/> Alzheimer's disease/dementia <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> American Indian/Alaska Natives <input type="checkbox"/> Cancer <input type="checkbox"/> Clinical Preventive Services <input type="checkbox"/> Community-based Continuity of Care <input type="checkbox"/> Environmental Health <input type="checkbox"/> Cultural Competence		<input type="checkbox"/> Diabetes <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug resistant diseases <input type="checkbox"/> Evidence-based medicine/practice <input type="checkbox"/> Food Borne Disease <input type="checkbox"/> Genetics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Health Disparities <input type="checkbox"/> Health Promotion/Disease prevention <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hispanics <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Home Health <input type="checkbox"/> Homelessness <input type="checkbox"/> Hypertension	
		<input type="checkbox"/> Influenza <input type="checkbox"/> Informatics <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Interdisciplinary Training <input type="checkbox"/> Leadership Training <input type="checkbox"/> Long-term Care <input type="checkbox"/> Managed Care <input type="checkbox"/> Maternal and Child Health <input type="checkbox"/> Medical Economics <input type="checkbox"/> Mental Health <input type="checkbox"/> Migrant Health Initiatives <input type="checkbox"/> Minority Health Issues <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Nutrition/Healthy Eating <input type="checkbox"/> Obesity <input type="checkbox"/> Oral Health	
		<input type="checkbox"/> Patient Safety (medical error) <input type="checkbox"/> Physical Activity <input type="checkbox"/> Public Health Infrastructure <input type="checkbox"/> Quality Improvement/ Assurance <input type="checkbox"/> Research <input type="checkbox"/> Rural Health <input type="checkbox"/> Sexual Health <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Stroke <input type="checkbox"/> Telemedicine/Telehealth <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Urban Health <input type="checkbox"/> Women's health <input type="checkbox"/> Other (specify) _____	

Participants Data from the registration form

17 Total # of Participants _____ #	18 Gender _____ # Male _____ # Female	19 Age _____ # <20 _____ # 30-39 _____ # 50-59 _____ # =>70 _____ # 20-29 _____ # 40-49 _____ # 60 -69 _____ # No Response
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20 Ethnicity-Hispanic/Latino and Race : _____ # African American / Black _____ # American Indian/Alaskan Native _____ # Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) _____ # Asian (Other)	_____ # Native Hawaiian/Other Pacific Islander _____ # White Disadvantaged (educationally or economically) _____ # White Non-Disadvantaged _____ # Unknown _____ # More than one race
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21 Ethnicity- Non Hispanic/Latino and Race : _____ # African American / Black _____ # American Indian/Alaskan Native _____ # Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) _____ # Asian (Other)	_____ # Native Hawaiian/Other Pacific Islander _____ # White Disadvantaged (educationally or economically) _____ # White Non-Disadvantaged _____ # Unknown _____ # More than one race
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22 Participants Discipline _____ # Audiologists _____ # Chiropractic _____ # Community Health Care Workers _____ # Dental Hygienists _____ # Dentists _____ # Dietitians / Nutritionists _____ # Epidemiologists _____ # First Responders (EMT, Paramedic, Fire Rescue, HazMat) _____ # Health Administrators _____ # Health Education Specialists _____ # Health Information Systems/Data Analysts _____ # Home Health Aides _____ # Marriage and Family Therapists	_____ # Medical Assistants _____ # Nursing Assistants _____ # Nurses (Licensed/Practical) _____ # Nurses (Registered) _____ # Nurse Midwives _____ # Nurse Practitioners _____ # Occupational Health Specialists _____ # Occupational Therapists _____ # Optometrists _____ # Pharmacists _____ # Physical Therapists _____ # Physicians, Allopathic Medicine _____ # Physicians, Osteopathic Medicine _____ # Physician Assistants	_____ # Podiatrists _____ # Professional Counselors and Behavioral Health Specialists _____ # Psychiatrists _____ # Psychologists _____ # Public Health Specialists (Incl. Public Health Nurses) _____ # Social Workers _____ # Speech Therapists _____ # Student - Health Professions _____ # Veterinarians _____ # Unknown _____ # Other _____ # Total
--	--	--

23 Participants Employed MEDICALLY UNDERSERVED COMMUNITY _____ # Community Health Center (CHC) (Federally Designated), or Federally Qualified Health Center (FQHC), _____ # Other Designated - Migrant Health Center (MHC), National Health Service Corp (NHSC), Rural Health Clinic (Federally Designated), Health Department, Health Professions Shortage Area (HPSA) (Federally Designated), Governor Designated Ambulatory Practice Site, Health Care for Homeless (Federally Designated), Indian Health Service (IHS) / Tribal Health Site, Public Housing Primary Care Grantees, _____ # Other Medically Underserved Site such as: School health services and health clinics, Emergency care facilities, State owned facilities for indigent care, teaching hospitals, and other teaching facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population, Sites with un-insured patient population greater than the national average, Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, charity, and other types of clinics. NON-UNDERSERVED COMMUNITY _____ # RURAL (non MSA) _____ # Total

24 Number of participants by discipline by their zip code address for where they work (or home zip if work not available)
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25 Participant response to “Does your participation in this activity meet licensure, certification, employer, or professional education requirements?” _____ # Yes _____ # No

Participants' Evaluation Responses at the end of the CE Offering

26 1. In this educational session I increased my knowledge of _____.						
Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable	
1 ___ #	2 ___ #	3 ___ #	4 ___ #	5 ___ #	___ #	
27 2. After completing this CE I improved skill in _____.						
Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable	
1 ___ #	2 ___ #	3 ___ #	4 ___ #	5 ___ #	___ #	
28 3. After completing this educational session I intend to improve : _____						
29 4. I will _____.						
Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable	
1 ___ #	2 ___ #	3 ___ #	4 ___ #	5 ___ #	___ #	
30 5. Before completing this educational session, I _____.						
Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable	
1 ___	2 ___	3 ___	4 ___	5 ___	___	

*Blue numbers correspond with Report Form Guidelines items.

CE Report Form Guidelines

A-TrACC Field Guide Suggestions

CE/PES Continuing Education/Professional Education and Support

These forms are intended as an example only, and their use is not required by HRSA.

Form Item	Notations	Federal Table/ Other Requirement
AHEC Component Data		
¹ CE Activity Date:	1. Date of the offering	Project data
² State:	2. State where the AHEC center is located	Project data
³ AHEC Center:	3. AHEC center reporting the CE activity. If multiple AHEC centers involved, report should be from only one center.	Project data
⁴ Data Entry Contact Name	4. Internal Use	Project data
⁵ Data Entry Contact Phone	5. Internal Use	Project data
⁶ Data Entry Contact Email	6. Internal Use	Project data
Activity Data		
⁷ CE Activity Title	7. Title of the CE offering	CE-1a.1 Col 1
⁸ Number of offerings	8. For the annual Federal report, if the offering is given at the <u>same time</u> in <u>multiple sites</u> it is counted as <u>one offering</u> . If the <u>same offering</u> is repeated <u>multiple times</u> , then each different time can be considered a <u>different offering</u> .	CE-1a.1 Col 2
⁹ Hours of instruction	9. Enter the total number of instruction hours per offering	CE-1a.1 Col 7
¹⁰ Interpersonal/Interdisciplinary education?	10. Indicate if trainees' learning outcomes pertained to interprofessional. Interdisciplinary teamwork.	CE-1a.1 Col 8
¹¹ Is CE Offering location site(s) predominately (check all that apply) Underserved, Non-Underserved, Rural (Non-MSA), Non-Rural (MSA), Unknown	11. This is for the location of the CE offering(s). You may have multiple sites, so mark all the boxes that apply to those multiple sites. MSA = Metropolitan Statistical Area	Useful in evaluation of 'access/distribution of services'
¹² Zip code of CE Offering location site(s):	12. Provide zip codes for the location(s) of the CE offering(s).	Useful in evaluation of 'distribution of knowledge'
¹³ Delivery Mode (mark all that apply)	13. Some video conferencing/live presentations also can include a web-based site or two, and with a telehealth system we can have live, web-based and video conferencing at one conference. Indicate all that apply.	CE-1a.1 Col 5
¹⁴ Partners/Leveraging	14. Mark up to 3 choices.	CE-1a.1 Col 6
¹⁵ Primary Topic (Select one)	15. Select priority topic first, even if many options apply.	CE-1a.1 Col 3
¹⁶ Secondary Topic (Select one)	16. Select priority topic first, even if many options apply.	CE-1a.1 Col 4
Participants Data from the registration form		
¹⁷ Total # of Participants	17. Total number. Use this number for comparisons to all other totals.	LR-1;CE-1a.2 Col 1
¹⁸ Gender: Male, Female	18. Total number for each gender. Total should equal item ¹⁷ Total # of Participants	LR-2 Col 4 & 9 Program Completers
¹⁹ Age : <20, 20-29, 30-39, 40-49 ,50-59, 60 -69, =>70, no response	19. Total should equal item ¹⁷ Total # of Participants	LR-2 Col 4 & 9 Program Completers
²⁰ Ethnicity- <u>Hispanic/Latino</u> and <u>Race</u> : African American / Black, American Indian/Alaskan Native, Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai), Asian (Other), Native Hawaiian/Other Pacific Islander, White Disadvantaged (educationally or economically), White Non-Disadvantaged, Unknown, More than one race	20. Total should equal item ¹⁷ Total # of Participants	DV 1 – Col 4 Program Completers; DV 2 – Col 4 Program Completers;

<p>²¹Ethnicity- <u>Non Hispanic/Latino and Race</u> : African American / Black, American Indian/Alaskan Native, Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai),Asian (Other), Native Hawaiian/Other Pacific Islander, White Disadvantaged (educationally or economically), White Non-Disadvantaged, Unknown, More than one race</p>	<p>21. Total should equal item ¹⁷Total # of Participants</p>	<p>DV 1 – Col 4 Program Completers; DV 2 – Col 4 Program Completers;</p>
<p>²²Participants Discipline</p>	<p>22. This is the list required for reporting with slight rearranging. In the case of slightly different titles or credentials the participants can be added to the related discipline category, for example Physical Therapists Assistant can be reported with Physical Therapists.</p>	<p>CE-1b.1 Col 2</p>
<p>²³Participants <u>Employed</u>: MEDICALLY UNDERSERVED COMMUNITY, NON-UNDERSERVED COMMUNITY, RURAL (non MSA)</p>	<p>23. Total will not equal ¹⁷Total # of Participants because participants may select all that apply.</p>	<p>CE-1b.2 Col 2</p>
<p>²⁴Number of participants by discipline by their zip code address for where they work (or home zip if work not available)</p>	<p>24. ‘ Distribution of Knowledge’ using both zip code of employment and discipline for geomapping is powerful in impact evaluation but not required by the HRSA Performance Measures.</p>	<p>Useful in evaluation of ‘distribution of knowledge’</p>
<p>²⁵ Participant response to “Does your participation in this activity meet licensure, certification, employer, or professional education requirements?” (Check yes or no)</p>	<p>25. Project OUTCOMES: Proxy for retention measure</p>	<p>CE-1a.2 Col 4</p>
<p>Participants’ Evaluation Responses at the end of the CE Offering</p>		
<p>²⁶1. In this educational session I increased my knowledge of (fill in the blank related to the objectives of the offering) _____.</p>	<p>26. Project OUTCOMES: Change in knowledge Provide the number for each response item.</p>	<p>CE-1a.2 Col 2</p>
<p>²⁷2. In this CE I improved skill in of (fill in the blank related to the objectives of the offering)_____</p>	<p>27. Project OUTCOMES: Change in knowledge Provide the number for each response item.</p>	<p>CE-1a.2 Col 2</p>
<p>²⁸3. After completing this educational session I intend to improve _____</p>	<p>28. Project OUTCOMES: Change in professional’s behavior Report the # who give <u>any response</u> for this item.</p>	<p>CE-1a.2 Col 3</p>
<p>²⁹4. I will (fill in the blank related to the objectives of the offering) _____.</p>	<p>29. Project OUTCOMES: Change in professional’s behavior Items 4 and 5 are designed as a ‘Retrospective Pretest’, also known as ‘Then Now’ questions. The protocol is to ask the participant to respond based on their answer after the educational offering and then reflect on how they would have responded before the educational offering. The sequencing of the questions is part of the design.</p>	<p>CE-1a.2 Col 3</p>
<p>³⁰5. <u>Before</u> completing this educational session, I (fill in the blank related to the objectives of the offering) _____</p>	<p>30. See above</p>	<p>CE-1a.2 Col 3</p>

*Blue numbers correspond to ‘CE Report’ items.

REFERENCE ONLY

HRSA BHPr AHEC Required Performance Measures Tables Distributed 10-19-11 Excerpts

The following Tables are excerpted from the BHPr Manual distributed 10/19/2011. These are the set of Tables that AHECs are required to complete for the annual report to HRSA. For a copy of the full document, contact AHEC Program Federal staff.

**Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions
Performance Report for Grants and Cooperative Agreements
Reports Due: August 31, 2012 Reporting Period: July 1, 2011 to June 30, 2012**

Blue labels identify Table Numbers, AHEC program area, and Columns.

LR-1 (HCPP, CBSE, CE)

Table LR-1: Total Number of Trainees in BHPr-Funded Programs

Col 1 Category of Trainees	Col 2 Number
Enrollees	
Trainees who are newly enrolled or continuing the program but did not complete a training program, or did not graduate from a health professions school.	
Graduates	
Trainees who successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.	
Fellowships and Residencies	
Trainees who completed fellowships and residencies of one year or more	
Program Completers (Exclude fellowships and residencies from this row)	
Trainees who successfully completed a non-degree course of study or training program that was less than 120 hours.	
Trainees who successfully completed a non-degree course of study or training program that was equal to or more than 120 hours.	
Continuing Education (Exclude program completers from this row)	
Trainees who successfully completed a continuing education offering. Include trainees receiving a continuing education offering that may or may not have received CEU credit.	
Total	Auto-calculate

LR-2 (HCPP, CBSE)

Table LR-2: Trainee Age and Gender

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11	Col 12
Age	Males					Females					Grand Total (Auto-calculate)
	Trainee Category					Trainee Category					
	Number of Enrollees	Number of Graduates	Number of Program Completers	Number Who Completed Fellowships and Residencies	Total (auto calculate)	Number of Enrollees	Number of Graduates	Number of Program Completers	Number Who Completed Fellowships and Residencies	Total (auto calculate)	
Under 20 years											
20-29 years											
30-39 years											
40-49 years											
50-59 years											
60 – 69 years											
70 years or older											
Total											

Table DV-1: Trainees by Ethnicity and Race

DV-1a (HCPP, CBSE)

DV-1a: Hispanic or Latino Ethnicity

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Race	Trainee Category					Total by Race
	Number of Enrollees	Number of Graduates	Number of Program Completers (< 120 hours)	Number of Program Completers (≥ 120 hours)	Number Who Completed Fellowships and Residencies (1 year or more)	
American Indian or Alaska Native						
Asian (not underrepresented*)						
Asian (underrepresented*)						
Black or African-American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
Total (Auto-calculate)						

*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

DV-1b (HCPP, CBSE)

DV-1-b: Non-Hispanic or Non-Latino Ethnicity

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Race	Trainee Category					Total by Race
	Number of Enrollees	Number of Graduates	Number of Program Completers (< 120 hours)	Number of Program Completers (≥ 120 hours)	Number Who Completed Fellowships and Residencies (1 year or more)	
American Indian or Alaska Native						
Asian (not underrepresented*)						
Asian (underrepresented*)						
Black or African-American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
Total (Auto-calculate)						

*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

Table DV-2: Trainees by Disadvantaged Status and Race

	Trainee Category					Total
	Enrollees	Graduates	Program Completers (< 120 hours)	Program Completers (≥ 120 hours)	Fellowships and Residencies (1 year or more)	
Total Number of Disadvantaged Trainees						
Total Number of Underrepresented Minority Trainees Reported in DV-1 Tables						
Unduplicated Number of Disadvantaged Trainees (Trainees in row 1 who were not counted as URM in row 2)						
Number of Disadvantaged and/or Underrepresented Minority Trainees (unduplicated)						

Table CE-1 (1a, 1b): Continuing Education

CE-1a.1 (CE)

CE-1a.1: Educational Offering Description

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
Educational Offering Title (One per row)	Number of Offerings	Primary Educational Offering Topic (Select one)	Secondary Educational Offering Topic (Select one)	Delivery Mode (Select all that apply)	Partners/ Leveraging (Select up to three)	Hours of Instruction	Interprofessional/ Interdisciplinary Education (Y/N)

CE-1a.2 (CE)

CE-1a.2: Trainee and Completer Outcomes

Col 1	Col 2	Col 3	Col 4
Total Number of Trainees	Number of Completers Who Increased Their Knowledge	Number of Completers Who Reported Intent to Implement at Least One Practice Improvement	Number of Completers Who Applied the Training to State Certification or Annual Continuing Education Requirements

CE-1b.1 (CE)
Col 1

CE-1b.1: Trainees Disciplines
Col 2

Trainee Type	Total Number of Trainees
Allopathic medicine physicians	
Audiologists	
Chiropractors	
Community health workers	
Dental hygienists	
Dentists	
Epidemiologists	
First responders (e.g., EMP, paramedic, fire rescue, HazMat)	
Health administrators	
Health education specialists	
Health information systems/data analysts	
Health professions students	
Home health aides	
Marriage and family therapists	
Medical assistants	
Nursing assistants (certified)	
Nurses (licensed practice)	
Nurses (registered)	

Trainee Type	Total Number of Trainees
Nurse midwives	
Nurse practitioners	
Nutritionists	
Occupational health specialists	
Occupational therapists	
Optometrists	
Osteopathic medicine physicians	
Pharmacists	
Physical therapists	
Physician assistants	
Podiatrists	
Professional counselors	
Psychiatrists	
Psychologists	
Public health specialists	
Social workers	
Speech therapists	
Veterinary physicians	
Unknown	
Other (specify)	
Total	

CE-1b.2 (CE)
Col 1

CE-1b.2: Educational Offering Trainee Employment Settings
Col 2

Employment Settings of Trainees	Total Number of Trainees
Employment Setting in a Medically Underserved Community (MUC)	
Employment Location in a Rural Setting	

DP-1b (HCPP- Pilot Only)

DP-1b: Diversity/Pipeline Program Trainees and Completer Outcomes

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11	Col 12	Col 13
Trainee Unique ID	Educational Level (Select one)	Amount of BHP Financial Support	Gender	Age	Ethnicity (Select one)	Race (Select one)	Disadvantaged Background (Y/N)	Rural/Urban/Frontier Background (Select one)	Did the Trainee Complete the Program? (Y/N)	If Completed, Intent to Pursue Health Professions Training? (Y/N)	Did the Trainee Graduate? (Y/N)	If Graduated, Accepted Into Health Professions Program (Y/N)
		NOT AHEC Field										

DP-1b (HCPP- Pilot Only)

Trainee Intent to Practice (continuation of Table DP1b)

Col 14	Col 15	Col 16
Intent to Practice? (Y/N)		
Primary Care Setting	Medically Underserved Community	Rural Setting

DP-1c (HCPP- Pilot Only)

DP-1c: Prior Academic Year Outcomes

Col 1	Col 2	Col 3
Academic Year	Total Number of Graduates or Completers	Total Number of Graduates Accepted into Health Professions Program
2010-2011		
2009-2010		
2008-2009		
2007-2008		

Table DP-4: Diversity/Pipeline Clinical Training Table

DP-4a (CBSE)

DP-4a: Training Site

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
Training Site Name (One per row)	Training Site Address	Training Site Zip Code	Number of Trainings per Site	Training Setting Types (Select all that apply)	Training Description (Describe)	Number of Inter-professional Teams Trained	Disciplines that Participated in Inter-professional Training (Select all that apply)	Exposure to Underserved/ Vulnerable Populations (Select all that apply)	Total Number of Trainees

DP-4b (CBSE – April 1, 2012)

DP-4b: Clinical Training- Trainee Characteristics

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
Trainee Unique ID	Discipline (Select one)	Educational Level (Select one)	BHPr Financial Award Amount	Trainee Gender (M/F)	Trainee Age (Select one)	Trainee Ethnicity (Select one)	Trainee Race (Select one)	Disadvantaged Background (Y/N)	Rural/ Urban/ Frontier Background (Select one)
			NOT AHEC Field						

DP- 4c (CBSE – April 1, 2012)

DP- 4c: Trainee Outcomes

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7
Trainee Unique ID	Contact Hours	Did the Trainee Complete the Program? (Y/N)	Did the Trainee Graduate? (Y/N)	Intent to Practice in Primary Care Setting? (Y/N)	Intent to Practice in MUC? (Y/N)	Intent to Practice in Rural Setting? (Y/N)

