

2012 HRSA BHP_r Performance Measures
A-TrACC Field Guide Suggestions
Community Based Student Education (CBSE)

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 CBSE. Data points on these forms were designed to collect raw data that would be aggregated to meet the reporting requirements.

In this set of materials we provide descriptions and explanations that correspond with each data point for the four 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.

Student and AHEC Staff Complete
 Student Form

Rotation/Course Form

AHEC Staff Completes
 Site Form

Individual Tracking Form

Sample CBSE Student Form

A-TrACC Field Guide Suggestions
Community-Based Student Education

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

1 Today's Date:

2 AHEC Center:

³ 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.

4 7-Digit ID (AHEC Office Use Only):

5 Last Name/First name					6 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		7 Birthdate (mm/dd/yyyy) / /		
8 Address				9 City		10 County (not USA)	11 State	12 Zip code (9 digit as possible)	
13 Primary Phone #		14 Preferred Email Address Currently: Permanent (after completing school) Email Address:							
15 Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		16 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				
17 In what institution are you currently enrolled?									
18 Hometown at time of high school graduation (City/State)				19 College Attended (include City/State)				20 Undergraduate Major	
21 In which kind of community did you grow up? (Select one) <input type="checkbox"/> Urban/Inner City <input type="checkbox"/> Suburban <input type="checkbox"/> Rural or <input type="checkbox"/> Frontier									
22 Currently in which Educational Level (Select one from each column) (Select only one) <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Other Specify _____						23 Anticipated Date of Graduation / / (mm/dd/yyyy)			
24 Health Profession Discipline (Select only one) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Dentist, General <input type="checkbox"/> Dietitian/ Nutritionist <input type="checkbox"/> First Responder (EMT, Paramedic, Fire Rescue, HazMat)		<input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Nurse (Licensed/Practical) <input type="checkbox"/> Nurse (Registered) <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Health Specialist/Therapist <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist		<input type="checkbox"/> Physician, Allopathic Medicine <input type="checkbox"/> Physician, Osteopathic Medicine <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Podiatrist <input type="checkbox"/> Professional Counselor <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist		<input type="checkbox"/> Public Health Specialist (Incl. Public Health Nurse) <input type="checkbox"/> Social Worker <input type="checkbox"/> Veterinarian <input type="checkbox"/> Unknown <input type="checkbox"/> Allied Health / Other (specify) _____			
25 What type of community would you like to work? (select all that apply) <input type="checkbox"/> Rural <input type="checkbox"/> Frontier <input type="checkbox"/> Urban/Inner City <input type="checkbox"/> Suburban									
26 I intend/plan/would like to enter a health career in primary care (such as Family Medicine, General Internal Medicine, General Pediatrics, nurse practitioner, or physician assistant, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No									
27 I intend/plan/would like to work with people who are medically underserved or where there is not enough healthcare. <input type="checkbox"/> Yes <input type="checkbox"/> No									
28 I intend/plan/would like to work in rural areas (not big cities) <input type="checkbox"/> Yes <input type="checkbox"/> No									

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

AHEC Office Use Only

²⁹ Rotation/Course Dates Start / / (mm/dd/yyyy) End / / (mm/dd/yyyy)		³⁰ Total hours	
³¹ Rotation/ Course Code	³² Rotation/ Course Name		
³³ Site name		³⁴ Training Site Code	³⁵ Community Faculty name
³⁶ Housing provided <input type="checkbox"/> Yes <input type="checkbox"/> No		³⁷ If yes, Housing site name	
³⁸ Follow-up / Tracking Outcomes Date(s) of / / (mm/dd/yyyy)			
<hr/> <hr/> <hr/>			
³⁹ Did the student complete the AHEC rotation/program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of completion / / (mm/dd/yyyy)	
⁴⁰ Did the student graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of graduation / / (mm/dd/yyyy)	
⁴¹ Did the graduate begin work in primary care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date began in PC / / (mm/dd/yyyy)	
⁴² Did the graduate begin work in an underserved area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date began in underserved / / (mm/dd/yyyy)	
⁴³ Did the graduate continue to work in an underserved area?		Currently <input type="checkbox"/> Yes <input type="checkbox"/> No How many Years _____	

*Blue numbers correspond with Guidelines items.

Shaded fields are Personally Identifiable Information (PII) needed for follow-up, tracking and evaluation but not required by or reported to HRSA

Sample CBSE Student Form Guidelines

A-TrACC Field Guide Suggestions

Community-Based Student Education

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

This form is built for individual participants to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes. The 2nd page of the form is for AHEC staff to complete.

Form Item	Notations	Federal Table
¹ Today's Date:	1. Today's Date– internal use	
² AHEC Center:	2. AHEC Center – Center name or identifier, internal use.	
³ 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.	3. Purpose and Confidentiality Statement - is recommended. This is only an example and is not offered as a legal statement.	
⁴ 7-Digit ID(AHEC Office Use Only):	4. Identifier: This identifier is for the AHEC staff to complete not the participant. AHEC staff assigns this identifier to the participant at the first encounter of the participant in AHEC activity. It is intended to be a unique number for each individual participant without duplicating either the participant or the identifier. It is an element useful in many systems of recording keeping and tracking outcomes. THIS MUST BE A 7-DIGIT ID. If you do not have a system already in place, you could begin with 0000001 and assign to each completed participant's registration form. NOTE: Within a program with multiple centers you will need to devise a system for assigning a unique 7-Digit ID to each student. The single ID number will need to be linked to a specific student regardless of the different centers where the student is experiencing rotations.	DP-1b Col 1
⁵ Last Name/First name	5. Last Name/First Name – for registration and tracking. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
⁶ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Gender – check one	LR-2, DP-4b Col 5
⁷ Birth date (mm/dd/yyyy) / /	7. Birth date – A very important data point for tracking and differentiating persons with the same name. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	LR-2, DP-4b Col 6
⁸ Address	8. Follow-up, tracking, and evaluation. This information IS NOT REQUIRED BY OR REPORTED TO HRSA. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
⁹ City	9. Follow-up, tracking, and evaluation.	
¹⁰ County (not USA)	10. Follow-up, tracking, and evaluation.	DV-2, DP-4b Col 5
¹¹ State	11. Follow-up, tracking, and evaluation.	
¹² Zip code (9 digit as possible)	12. Follow-up, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	DV-2, DP-4b Col 5
¹³ Primary Phone #	13. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	

14 Permanent Email address	14. Collect both current and permanent email addresses . This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, tracking, and evaluation purposes. Remember the importance of data security when managing PII.	
15 Ethnicity (select one) Hispanic/Latino, Non Hispanic/Latino	15. If left blank = Unknown	DV-1a, DP-4b Col 7
16 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.	16. If left blank = Unknown. If more than one selected = More Than One Race	DV-1a, DV-1b, DV-2, DP-4b Col 8
17 In what institution are you currently enrolled?	17. Follow-up, tracking, and evaluation.	
18 Hometown at time of high school graduation (City/State)	18. Follow-up, tracking, and evaluation. This information can help in determining if the student comes from a disadvantaged background. It is also useful in targeting experiences for students and tracking 'high propensity to serve the underserved	DV-2, DP-4b Col 9
19 College Attended (include City/State)	19. Follow-up, tracking, and evaluation.	
20 Undergraduate Major	20. Follow-up, tracking, and evaluation.	
21 In which kind of community did you grow up? (Select one) Rural, Frontier, Urban/Inner City, Suburban	21. Follow-up, tracking, and evaluation	DP-4b Col 9
22 Currently in which Educational Level (Select one from each column)	22. Follow-up, tracking, and evaluation	DP-4b Col 3
23 Anticipated Date of Graduation	23. Follow-up, tracking, and evaluation. This information can help with tracking outcomes.	
24 Health Profession Discipline (Select only one)	24. Follow-up, tracking, and evaluation	DP-4b Col 2
25 What type of community would you like to work? (select all that apply) Rural, Frontier, Urban/Inner City, Suburban	25. OUTCOMES measure.	DP-4c Col 7
26 I intend/plan/would like to enter a health career in primary care (such as Family Medicine, General Internal Medicine, General Pediatrics, nurse practitioner, or physician assistant, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No	26. OUTCOMES measure. The primary care examples help the student recognize what is meant by primary care. An end of rotation response would be preferable for collecting this data.	DP-4c Col 5
27 I intend/plan/would like to work with people who are medically underserved or where there is not enough healthcare. <input type="checkbox"/> Yes <input type="checkbox"/> No	27. OUTCOMES measure. The description ' where there is not enough healthcare' helps the student recognize what is meant by medically underserved. An end of rotation response would be preferable for collecting this data.	DP-4c Col 6
28 I intend/plan/would like to work in rural areas (not big cities) <input type="checkbox"/> Yes <input type="checkbox"/> No	28. OUTCOMES measure. An end of rotation response would be preferable for collecting this data.	DP-4c Col 7
AHEC staff provide the following information to connect the students to a training site and to a rotation/course description.		
29 Rotation/Course Dates	29. Follow-up, tracking, and evaluation. This data helps link the student, site and course information. Include start and end dates.	
30 Total hours	30. This is the total number of hours for the rotation or course, for example a 4 week rotation can be expressed as 160 hours. You will need to record the hours for each rotation and then aggregate the total for the HRSA PM report.	DP-4c Col 2
31 Rotation/ Course Code	31. Follow-up, tracking, and evaluation. This data helps link the student, site and course information. Include start and end dates.	
32 Rotation/ Course Name	32. Follow-up, tracking, and evaluation. This data helps link the student, site and course information. Include start and end dates.	
33 Site name	33. Follow-up, tracking, and evaluation. This data helps link the student, site and course information.	DP-4a Col 1
34 Training Site Code	34. Follow-up, tracking, and evaluation. This data helps link the student, site and course information.	
35 Community Faculty name	35. Follow-up, tracking, and evaluation. Community Faculty identification can help with process evaluation strategies. Community Faculty often changes within the same training site in relationship to the student needs and availability of the site staff.	

36 Housing provided <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Facilitating housing for student rotations is a traditional AHEC service.	
37 If yes, Housing site name	37. Connecting housing information with the student information can be useful in evaluating housing utilization and other process measures.	
38 Follow-up / Tracking Outcomes Date(s) of / / (mm/dd/yyyy)	38. Recording the dates of follow-up contact helps with planning, process evaluation, and tracking strategies.	
39 Did the student complete the AHEC rotation/program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of completion / / (mm/dd/yyyy)	39. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies.	DP-4c Col 3
40 Did the student graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of graduation / / (mm/dd/yyyy)	40. The student graduation, health career milestone, shifts AHEC work with the individual to supporting them in practice entry and retention especially for work in underserved areas. Recording the dates of follow-up contact facilitates tracking strategies.	DP-4c Col 4
41 Did the graduate begin work in primary care? <input type="checkbox"/> Yes <input type="checkbox"/> No Date began in PC / / (mm/dd/yyyy)	41. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact is further documentation of the outcome in relationship to the 'intent to practice in primary care' for Item ²⁶	DP-4c Col 5
42 Did the graduate begin work in an underserved area? <input type="checkbox"/> Yes <input type="checkbox"/> No Date began in underserved / / (mm/dd/yyyy)	42. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact is further documentation of the outcome in relationship to the 'intent to practice in underserved areas for Item ²⁷	DP-4c Col 6
43 Did the graduate continue to work in an underserved area? Currently <input type="checkbox"/> Yes <input type="checkbox"/> No How many Years _____	43. OUTCOMES measure. Recording the dates of follow-up contact facilitates tracking strategies. This follow-up contact is further documentation of the outcome in relationship to the 'intent to practice in underserved areas' for Item ²⁷ . It also documents health professionals' retention outcomes.	DP-4c Col 6

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Sample CBSE Rotation/Course Form

A-TrACC Field Guide Suggestions
Community-Based Student Education

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¹Today's Date _____

²AHEC Center: _____

³ Rotation/ Course Code	⁴ Rotation/ Course Name	⁵ Rotation/ Course Dates (Semester/ Year)	⁶ Per Clinical Rotation Total Weeks _____ Total Hours _____
⁷ Sponsor Institution			
<input type="checkbox"/> School/College/University Name _____ <input type="checkbox"/> Community-based health organization (Public Health Department, CHC, etc.) Specify _____ <input type="checkbox"/> Other partner Organization. Specify _____			
⁸ Institution/School Address		⁹ City	¹⁰ State
¹¹ Zip code (9 digit as possible)			
¹² Health Profession Discipline (Select only one)			
<input type="checkbox"/> Audiologist <input type="checkbox"/> First Responder (EMT, Paramedic, Fire Rescue, HazMat) <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Professional Counselor <input type="checkbox"/> Chiropractic <input type="checkbox"/> Health Administrator <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Health Education Specialist <input type="checkbox"/> Occupational Health Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Health Information Systems/Data Analyst <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Public Health Specialist (Incl. Public Health Nurse) <input type="checkbox"/> Dentist <input type="checkbox"/> Home Health Aide <input type="checkbox"/> Optometrist <input type="checkbox"/> Social Worker <input type="checkbox"/> Dietitian/ Nutritionist <input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Epidemiologist <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Veterinarian <input type="checkbox"/> <input type="checkbox"/> Nursing Assistant <input type="checkbox"/> Physician, Allopathic Medicine <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> Nurse (Licensed/Practical) <input type="checkbox"/> Physician, Osteopathic Medicine <input type="checkbox"/> Allied Health/ Other <input type="checkbox"/> <input type="checkbox"/> Nurse (Registered) <input type="checkbox"/> Physician Assistant (specify) _____ <input type="checkbox"/> <input type="checkbox"/> Podiatrist			
¹³ Education Level for Course			
¹⁴ Academic Course Coordinator Name	¹⁵ Academic Course Coordinator Phone	¹⁶ Academic Course Coordinator Email Address	
Description of Rotation/Course:			
¹⁷ Interprofessional Education as part of the course? <input type="checkbox"/> Yes <input type="checkbox"/> No		¹⁸ Service learning/community service/community engagement as part of the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
¹⁹ What specific experiences are required by the course? _____			
²⁰ Describe program content			
²¹ Include Delivery Method:		²² Include Focus/Training objective	
²³ Total # of trainees for 2011-2012 Year		²⁴ Community site(s) name or codes for 2011-2012 Year	

*Blue numbers correspond with Guidelines items.

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Sample CBSE Rotation/Course Form Guidelines

A-TrACC Field Guide Suggestions

Community-Based Student Education

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This form is built for AHEC staff to complete for gathering current data reporting requirements for the 2012 Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table
¹ Today's Date:	1. Today's Date– internal use	
² AHEC Center:	2. AHEC Center – Center name or identifier, internal use.	
³ Rotation/ Course Code	3. You should devise <u>your own course coding system</u> (not those of multiple universities' codes) as complex or simple as your program requires. This data helps link the student, site and course information.	
⁴ Rotation/ Course Name	4. You should devise <u>your own course naming system</u> (not those of multiple universities' codes) as complex or simple as your program requires. This data helps link the student, site and course information. Include start and end dates.	
⁵ Rotation/ Course Dates (Semester/ Year)	5. Follow-up, tracking, and evaluation.	
⁶ Per Clinical Rotation Total Weeks, Total Hours	6. This information is useful in planning rotations and tracking students. The total number of hours per rotation contributes to CBSE Student Form Item ³⁰ . The contact hours will be recorded on CBSE Individual Tracking Form Item ¹⁴ and then aggregated for the federal report.	DP-4c Col 2
⁷ Sponsor Institution School/College/University, Name; Community-based health organization (Public Health Department, CHC, etc.) , Specify; Other partner Organization, Specify	7. Your evaluation strategies may include performance measures and utilization by partner school, community organization, etc.	DP-4a Col 6
⁸ Institution/School Address	8. Follow-up, tracking, and evaluation.	
⁹ City	9. Follow-up, tracking, and evaluation.	
¹⁰ State	10. Follow-up, tracking, and evaluation.	
¹¹ Zip code	11. Follow-up, tracking, and evaluation. 9-digit aids geo-mapping evaluation strategies.	
¹² Health Profession Discipline (38 options)	12. Follow-up, tracking, and evaluation.	
¹³ Education Level for Course	13. Follow-up, tracking, and evaluation.	
¹⁴ Academic Course Coordinator Name	14. Follow-up, tracking, and evaluation.	
¹⁵ Academic Course Coordinator Phone	15. Follow-up, tracking, and evaluation.	
¹⁶ Academic Course Coordinator Email Address	16. Follow-up, tracking, and evaluation.	
¹⁷ Interprofessional Education as part of the course? Yes, No	17. As interprofessional education is well aligned with AHECs' mission your program evaluation may include how many courses include IPE, perhaps as a response to AHEC advocacy.	
¹⁸ Service learning/community service/community engagement as part of the course? Yes, No	18. Service learning / community engagement is a valuable AHEC intervention for impacting students practice location decision processes. Your program evaluation may include how many courses include Service learning / community engagement, perhaps as a response to AHEC advocacy.	
¹⁹ What specific experiences are required by the course?	19. Evaluation strategies may include assessing how effective the AHEC program is in meeting the specific required needs of a course. This information can help with both planning and evaluation.	

<p>20 Describe program content</p>	<p>20. This description should be brief and not duplicate what has already been noted. Items 7, 17, 18, 19, 20, 21, 22. Together these items are the basis for the course description for CBSE Site Data Form Item 6.</p>	<p>DP-4a Col 6</p>
<p>20 Include Delivery Method:</p>	<p>21. Educational content delivery methods might include interactive televideo, web-based curriculum, small group conference calls, etc.</p>	<p>DP-4a Col 6</p>
<p>21 Include Focus/Training objective</p>	<p>22. This description can be simple and brief, for example - general pediatric for 3rd year clerkship</p>	<p>DP-4a Col 6</p>
<p>23 Total # of trainees for 2011-2012 Year</p>	<p>23. To reflect the AHEC service to this Course each separate rotation should be counted as a trainee. This information can be helpful in evaluation of effectiveness in working multiple courses, capacity assessments, program impact and other performance measures.</p>	
<p>24 Community site(s) name or codes for 2011-2012 Year</p>	<p>24. This data helps link the student, site and course information in evaluation processes.</p>	

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

Sample CBSE Site Form

A-TrACC Field Guide Suggestions
Community Based Student Education

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

¹Today's Date

² AHEC Center/Staff:

³ Training Site Code:	⁴ Training Site Name If site linked to a multi-office system specify system name	⁵ Training Site Contact Name		⁶ Contact Phone # ()	
⁷ Address		⁸ City	⁹ County (not USA)	¹⁰ State	¹¹ Zip code (9 digit as possible)
¹² Primary Phone # ()		¹³ Fax # ()		¹⁴ Email address	
¹⁵ Website					
¹⁶ Site Location Type (Select one) <input type="checkbox"/> Urban/Inner City <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier					
¹⁷ Training Site Type Federally Designated (Select all that apply) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Tribal Health Service <input type="checkbox"/> Public Housing Primary Care		<input type="checkbox"/> Health Care for Homeless <input type="checkbox"/> Migrant Health Center <input type="checkbox"/> Rural Health Clinics <input type="checkbox"/> Medically Underserved Areas/Populations <input type="checkbox"/> Health Professionals Shortages Areas (HPSA) <input type="checkbox"/> National Health Service Corp		Other Types (Select all that apply) <input type="checkbox"/> Community health center (those that are not federally qualified, i.e. FQHC look-alikes) <input type="checkbox"/> Ambulatory Practice <input type="checkbox"/> Mobile Health Unit <input type="checkbox"/> Frontier Health Clinic <input type="checkbox"/> Mental Health Centers	
<input type="checkbox"/> Health Department, State <input type="checkbox"/> Health Department, Local <input type="checkbox"/> Family Planning Clinic <input type="checkbox"/> Nurse-managed Health Center <input type="checkbox"/> Nurse Shortage Areas <input type="checkbox"/> School Based Health Centers <input type="checkbox"/> Hospital <input type="checkbox"/> Hospital, Critical Access Hospital <input type="checkbox"/> Other Community-based site <input type="checkbox"/> Other Specify _____					
¹⁸ Populations Served in Training Site (Including Underserved/Vulnerable Populations –U/VP) (Select all that apply)					
<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Elderly / Older adults (U/VP) <input type="checkbox"/> Individuals with HIV/AIDS (U/VP) <input type="checkbox"/> Victims of domestic violence (U/VP)		<input type="checkbox"/> Homeless Individuals (U/VP) <input type="checkbox"/> Mental Health /Substance Abuse populations (U/VP) <input type="checkbox"/> People with disabilities <input type="checkbox"/> College students <input type="checkbox"/> Migrant and Seasonal Farm Workers (U/VP)		<input type="checkbox"/> Recently unemployed <input type="checkbox"/> Chronically ill <input type="checkbox"/> Returning war veterans <input type="checkbox"/> Other _____	
¹⁹ Interprofessional Education (IPE) <input type="checkbox"/> Yes <input type="checkbox"/> No					
²⁰ Description of Training Available at Site:					
<input type="checkbox"/> Medical Students <input type="checkbox"/> Nurse Practitioner Students <input type="checkbox"/> Other Students Specify _____ <input type="checkbox"/> Physician Assistant Students <input type="checkbox"/> Primary Care Residents <input type="checkbox"/> Other Training Available Specify _____					
²¹ Total Number of Trainees at this site for 2011-2012 year.			²² Course name or codes that had rotations in this site for 2011-2012 Year.		

*Blue numbers correspond with Guidelines items.

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

Sample CBSE Site Form Guidelines

A-TrACC Field Guide Suggestions

Community-Based Student Education

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

This form is built for AHEC staff to complete for gathering current data reporting requirements for the Federal Performance Measures (PM). The form includes data points that are not strictly required by the HRSA PMs but are highly useful in program evaluation and performance measurement processes.

Form Item	Notations	Federal Table
¹ Today's Date:	1. Today's Date-(internal use)	
² AHEC Center:	2. AHEC Center-Center name or identifier(internal use)	
³ Training Site Code:	3. Identifier- for AHEC staff to complete. It is an element useful in many systems of record keeping and tracking outcomes. You may use this code to connect to both students and courses. Each site with a separate physical location should have a separate form and a separate Site Code.	
⁴ Training Site Name	4. Name of training site. Each site with a separate physical location should have a separate form and a separate Site Code.	DP-4a Col 1
⁵ Contact Name	5. Name of contact at training site. Useful for follow-up, tracking, and evaluation.	
⁶ Contact Phone #	6. Training site contact's phone #. Useful for follow-up, tracking, and evaluation.	
⁷ Address	7. Follow-up, tracking, and evaluation.	DP-4a Col 2
⁸ City	8. Follow-up, tracking, and evaluation.	DP-4a Col 2
⁹ County (not USA)	9. Follow-up, tracking, and evaluation.	DP-4a Col 2
¹⁰ State	10. Follow-up, tracking, and evaluation.	DP-4a Col 2
¹¹ Zip code (9 digit as possible)	11. Follow-up, tracking, and evaluation. 9-digit aids geo-mapping evaluation.	DP-4a Col 3
¹² Primary Phone #	12. Follow-up, tracking, and evaluation.	
¹³ Fax #	13. Follow-up, tracking, and evaluation	
¹⁴ Email address	14. Follow-up, tracking, and evaluation	
¹⁵ Website	15. Follow-up, tracking, and evaluation	
¹⁶ Site Location Type Urban/Inner City, Suburban, Rural, Frontier	16. Site Location Type-select one. If the site location is rural then it will be applicable to the selections for DP-4a Col 9.	DP-4a Col 9
¹⁷ Training Site Type Federally Designated (11 options), Other Types(14 options)	17. Training Site Type-select all that apply.	DP-4a Col 5
¹⁸ Populations Served in Training Site (Including Underserved/Vulnerable Populations –U/VP) (Select all that apply)	18. Exposure to underserved/vulnerable populations-select all that apply. There are 13 options. The options with the descriptor (U/VP) will be included in the pull-down menus we expect to see in the HRSA reporting processes. The full selection of options is useful in evaluating the overall program effectiveness in providing experiences to students with a wide range of underserved populations.	DP-4a Col 9
¹⁹ Interprofessional Education (IPE)	19. Does this training site utilize an Interprofessional Team model in the learning environment? Select yes or no	DP- 4a
²⁰ Training Available at Site:	20. Select all that apply - (1) medical students, (2) nurse practitioner students, (3) physician assistant students, (4) primary care residents, (5) Other Students Specify, (6) Other training available Specify. This item helps define the types of experiences that can be completed at this site and may be part of your evaluation plan.	
²¹ Total Number of Trainees at this site for 2011-2012 year.	21. To reflect the AHEC partnership with this Site each separate rotation should be counted as a trainee. This information can be helpful in evaluation of effectiveness, capacity assessments, program impact and other performance measures.	DP-4a Col 4
²² Course name or codes that had rotations in this site for 2011-2012 Year.	22. This item helps connect the sites to the courses with rotations in that site for the year. This information may be part of your program evaluation processes, assessing the utilization of the site and potential for learning environment enhancements.	

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

Sample CBSE Individual Tracking Form (Begin April 1, 2012)

A-TrACC Field Guide Suggestions
Community Based Student Education

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

The HRSA report requires individual level data for Community Based Student Education students beginning in the last quarter of the reporting year, April 1, 2012. You may have systems for tracking individual students. 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. **All data points for this form come from:**

- **CBSE Student Form**
- **CBSE Site Form**
- **CBSE Rotation/Course Form**

¹Reporting Year: July 1, 2011- June 30, 2012

²AHEC Center:

³ Student Name	⁴ 7-Digit ID	⁵ Rotation/ Course Codes	⁶ Discipline	⁷ Ed Level	⁸ Gender	⁹ Age	¹⁰ Ethnicity	¹¹ Race	¹² Disadvantaged Bckgrnd	¹³ Rural/ Urban/ Frontier Bckgrnd	¹⁴ Contact Hours	¹⁵ Complete	¹⁶ Did The Trainee Graduate	¹⁷ Intent to Practice PC	¹⁸ Intent to Practice MUC	¹⁹ Intent to Practice Rural
Instructions	ID /Date										Hrs -Date	Y/N -Date	Y/N -Date	Y/N -Date	Y/N -Date	Y/N -Date
Example 1 Garza, Mary Elena	0000001	CB01MS3	Al Med	Doctoral	F	25	Hispanic	White	Y	Rural	160	Y	N	Y	Y	Y
	07/10/11										09/01/11	09/01/11				
Example 2 Leonardo, Joe	0000002	CB03MS4, CB04MS4	Al Med	Doctoral	M	27	Non-Hispanic	AA	Y	Urban	160, 160	Y, Y	Y	Y	Y	N
	07/10/11										09/01/11, 02/29/12	09/01/11, 02/29/12	05/30/12	06/01/12	06/01/12	06/01/12

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

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

CBSE Individual Tracking Form Guidelines

A-TrACC Field Guide Suggestions

Community Based Student Education

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

The HRSA report requires individual level data for Community Based Student Education students beginning in the last quarter of the reporting year, April 1, 2012 . You may have systems for tracking individual students. 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. **All data points for this form come from:**

- **CBSE Student Form**
- **CBSE Site Form**
- **CBSE Rotation/Course Form**

Form Item	Notations	Federal Table/ Other Requirement
¹ Reporting Year:	1. Reporting Year – Internal use	
² AHEC Center:	2. AHEC Center – Center name or identifier, internal use	
³ Student Name	3. Student full name is recommended. This is for internal records and will not be reported in the federal report. This is Personally Identifiable Information (PII) that Centers need to collect for follow-up, marketing, tracking, and evaluation purposes but this information IS NOT REQUIRED BY OR REPORTED TO HRSA. Remember the importance of data security when managing PII.	
⁴ ID	4. Source: CBSE Student Form Item ⁴ AHEC staff assigns this identifier to the student at the first encounter of the student in AHEC activity. It is intended to be a unique number for each individual student without duplicating either the student or the identifier. It is an element useful in many systems of recording keeping and tracking outcomes. If you do not have a system already in place, you could begin with 0000001 and assign to each completed student's registration form. Note This Identifier should be a 7 digit numeric identifier. We recommend you include a date the student began AHEC activity under the ID.	DP-4b Col 1 DP-4c Col 1
⁵ Rotation/Course Codes	5. Data Source: CBSE Rotation/Course Form Item ³ Rotation/Course Code – this will be useful in tracking and aggregating individual data for outcomes evaluation. We recommend you include dates of the beginning of rotations along with their rotation/course codes from CBSE Rotation/Course Form Item ³ . Multiple rotations by an individual student are considered outcome indicators for program evaluation plans but not required by HRSA.	
⁶ Discipline	6. Data Source: CBSE Activity/Program Form Item ²⁴ Discipline – This will be useful in tracking and aggregating individual data for outcomes evaluation.	DP-4b Col 2
⁷ Ed Level	7. Source: CBSE Student Form Item ²² This is the education degree level of the program in which the student is enrolled. The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1)Certificate,(2)Associate's, (3) Bachelor's, (4) Master's, (5) Doctoral, (6) Other (specify). These options will be built for all BHPr programs and may have categories that do not apply to your programming. You may wish to develop a code for your own use to facilitate documentation processes.	DP-4b Col 3
⁸ Gender	8. Source: CBSE Student Form Item ⁶ The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Male,(2) Female You may wish to develop a code for your own use to facilitate documentation processes.	LR-2 DP-4b Col 5
⁹ Age	9. Source: CBSE Student Form Item ⁷ The age will need to be calculated based on the birth date in item ⁷ . The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes age options.	LR-2 DP-4b Col 6
¹⁰ Ethnicity	10. Source: CBSE Student Form Item ¹⁵ The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Hispanic, (2) Non Hispanic. You may wish to develop a code for your own use to facilitate documentation processes.	DV-1a DP-4b Col 7

¹¹ Race	11. Source: CBSE Student Form Item ¹⁶ The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) African American / Black, (2) American Indian/Alaskan Native, (3) Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai), (4) Asian (Other), (5) Native Hawaiian/Other Pacific Islander, (6) White Disadvantaged (educationally or economically), (7) White Non-Disadvantaged. You may wish to develop a code for your own use to facilitate documentation processes.	DV-1a, DV-1b, DV-2, DP-4b Col 8
¹² Disadvantaged Background	12. Source: CBSE Student Form Item ^{16,18} Yes/No answers. Disadvantaged Background can be identified from information about/from the high school the student graduated from and the service region for that school.	DV-2 DP-4b Col 9
¹³ Rural/ Urban/ Frontier Background	13. Source: CBSE Student Form Item ²¹ Rural/ Urban/ Frontier Background can be identified from the CBSE Student Form Item ²¹ . The HRSA Performance Measures Reporting system will likely have a pull-down selection option that includes the following: (1) Rural, (2) Urban, (3) Frontier. You may wish to develop a code for your own use to facilitate documentation processes.	DP-4b Col 10
¹⁴ Contact Hours	14. Source: CBSE Student Form Item ³⁰ Generally a 4 week rotation is expressed as 160 hours. You will need to aggregate the hours for multiple rotations by an individual student.	DP-4c Col 2
¹⁵ Complete	15. Source: CBSE Student Form Item ³⁹ Did the Trainee Complete the Program? Yes/No answers. A program completer is a trainee who has successfully fulfilled the requirements of a clinical rotation, as specified by the university or clinical training site.	LR-1 DP-4c Col 3
¹⁶ Graduate	16. Did the Trainee Graduate? Source: CBSE Student Form Item ⁴⁰ Yes/No answers. This will require follow-up contact with the student after the projected graduation date, CBSE Student Form Item ²³ . Data from the CBSE Student Form about the student and school are resources for making the ongoing connection with the student. We recommend you include a date you contacted the student along with their Y/N response.	DP-4c Col 4
¹⁷ Intent to Practice PC	17. Source: CBSE Student Form Item ²⁶ Intent to Practice? Primary Care Yes/No answers. This information can be collected from the CBSE Student Form. ²⁶ For evaluation strategies you may request the student to repeat completing this Form periodically, such as before and after the rotation/course. You should report the response at the end of the rotation/course to HRSA. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the student provided their Y/N response.	DP-4c Col 5
¹⁸ Intent to Practice MUC	18. Source: CBSE Student Form Item ²⁷ Intent to Practice? Medically Underserved Community Yes/No answers. This information can be collected from the CBSE Student Form Item ²⁷ . For evaluation strategies you may request the student to repeat completing this Form periodically, such as before and after the rotation/course. You should report the response at the end of the rotation/course to HRSA. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the student provided their Y/N response.	DP-4c Col 6
¹⁹ Intent to Practice Rural	19. Source: CBSE Student Form Item ^{25, 28} Intent to Practice in Rural Setting? Yes/No answers. This information can be collected from the CBSE Student Form Item ^{25, 28} . For evaluation strategies you may request the student to repeat completing this Form periodically, such as before and after the rotation/course. You should report the response at the end of the rotation/course to HRSA. You may also consider follow-up evaluation strategies after the activity/program is completed as part of your program evaluation and outcome measurements processes. We recommend you include a date the student provided their Y/N response.	DP-4c Col 7

Shaded fields are not required by or reported to HRSA. This information may be useful for follow-up, tracking, and evaluation.

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

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)

These are also required tables but we did not build Field Guide Samples for these Tables.

Table AHEC-1: Program Characteristics

Name of AHEC Program: _____
 Date of Program Establishment: _____
 Service Area of AHEC Program (Please check one): Statewide Regional area within a state Multi-state
 Total Program Budget: *(Includes program office and affiliated AHEC centers)*
 Federal: \$ _____
 Non-Federal: \$ _____ (funds used towards 1:1 match)
 Additional Non-Federal Funds: \$ _____
 In-Kind Support: \$ _____

Provide the total number of federally supported full time and part time staff employed by your AHEC Program, as well as the number of volunteer staff. Please include staff employed by each AHEC center in your service area (as reported on the AHEC Center Characteristics form), as part of the total number provided below.

- Total AHEC Program Office and Center Staff:
- a. Number of Federally Supported Full Time Staff: _____
 - b. Number of Federally Supported Part Time Staff: _____ (Equivalent to _____ FTEs)
 - c. Number of volunteer Staff: _____ (Equivalent to _____ FTEs)

Table AHEC-2: Program Activity

AHEC Program Activity	Percent of Staff Time/Effort Focused on Programmatic Category
a. Health Careers Recruitment	
b. Community-based education, field placements or preceptorships, emphasis on primary care	
c. Continuing Education	
d. Evaluation	
e. Interdisciplinary Training	
f. Public Health Careers	
g. Dissemination of evidenced-based information, research results, best practices	
h. Innovative curricula	
i. Community Based Participatory Research	
j. Other activity related to health workforce development	
TOTAL	100%