

2015 Comments to ER Form

Item#	Commenter	Comment	HRSA Response
1	Jones, Danielle	Question 6 – List all participants who attend an event: This question includes multiple blank lines to collect every individual who attends an event. It duplicates the event registration system in our online database and the existing event registration paper forms currently used. In addition, it is prone to transposing errors, increases time and paperwork burden up to 500% and in fact does not have enough blank lines for larger events, meaning that program managers would have to fill out multiple ERs per one event!	Not accepted
		Critical missing information – Name of Event: The name of the event is very important on the ER form.	Accepted
		Critical missing information – Funding Type: Specific selections for Practice Transformation, Interprofessional Education, and Basic funding should be captured to provide more precise reporting by funding category.	Accepted
		Question 4 – State where event occurred: Zip code is more precise and preferred.	Accepted
		Questions 7-18 Yes and No responses: this requires a yes/no indication to every question. Only YES answers are needed reducing paperwork burden.	Accepted
2	Danvers, Karina	Question #6 should be eliminated! This is going to be extremely time consuming!! Most AETCs run a on very small staff, plus the data is on the PIFs. Please re-think this step!!!!	Not accepted
		Questions #7-12 ... couldn't we just check what was covered? Once again time consuming to indicate NO. Too many categories. If NOT COVERED it should be left BLANK.	Accepted
		Question #13 – Transgendered should have its own category	Not accepted
		Questions #18 – CMEs can also be used for RNs, APRNs, PAs So technically when we offer CMEs other professions besides MDs are "receiving CEs"	Accepted
3	Mar Tang, Moira	Question 4- Zip code is more precise than State	Accepted
		Do not understand the rationale for Question 6. When people register and/or complete PIF, the unique ID would be recorded. Q6 is redundant, prone to error due to transposing ID, and time consuming.	Not accepted

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		Questions 7-16 & 18: Use former method of selecting response if an affirmative. By having to select either affirmative or negative for each line item increases response burden and would probably increase error.	Accepted
		No question for Funding type (eg, Basic, PT, etc). Wouldn't HRSA want to know which fund was used to conduct training?	Accepted
		No question for name of event. Inputting name of event would help to categorize and identify	Accepted
4	Wong, Sophy Sophy.Wong@u csf.edu	Question 6 – List all participants who attend an event: This question includes multiple blank lines to collect every individual who attends an event. It duplicates the event registration system in our online database and the existing event registration paper forms currently used. In addition, it is prone to transposing errors, increases paperwork burden, and does not have enough blank lines for larger events, meaning that program managers would have to fill out multiple ERs per one event.	Accepted
		-Critical missing information – Name of Event: The name of the event is very important on the ER form.	Accepted
		-Critical missing information – Funding Type: Specific selections for Practice Transformation, Interprofessional Education, and Basic funding should be captured to provide more precise reporting by funding category.	Accepted
		-Question 4 – State where event occurred is not needed since zip code is more precise and preferred.	Accepted
5	Linda Frank	Proposed ER refers to "Local Partner Number instead of "Regional Partner Number"	Not accepted
		On the ER, Program ID Number: The Program ID is not necessarily unique per event/budget year. The combination of subsite/RP code and Program ID is unique. Changing this will be a significant undertaking requiring revisions of our online registration and database system to increase cost and time to make this change.	Not accepted

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		On the ER: Providing the unique identifiers for participants is labor intensive and unnecessary if trainees/participants can be linked to the program ID by the PIF. A. A simple enquiry will then provide linkage to attendance at any given event. B. Most registration and completion of PIFs are conducted by participants online. C. To complete the ER with the participant information would require manual entry of information that should be readily available by a query on the PIF table by program ID.	Not accepted
		On the ER for fields 7-16 and 18,	
6	Alice Downes	#6: This question includes multiple blank lines to collect every individual who attends an event. It duplicates the event registration system in our online database and the existing event registration paper forms currently used. This will be time consuming and create opportunity for errors	Not accepted
		Critical missing information - Name of Event	Accepted
		Critical missing information - Funding Type	Accepted
		#4 Zip code is more precise than State. Zip code is preferred	Accepted
		#7-#18: This requires a yes/no indication to every question. Only YES answers are needed reducing paperwork burden.	Accepted
7	Mary Rose Forsyth	#4: Request for State - We strongly prefer zip code, which is more specific and more useful for needs assessment	Accepted
		#6: List unique identifiers: Redundant and the data entry burden on our small staff would be untenable. Extensive transposing errors can only be expected, especially for programs with large attendance.	Not accepted
		#7-18: Yes/No responses: Require only one response, (ie Yes or No) would reduce data entry burden	Accepted
		#19 Funding source: Need to track all funding streams, not just MAI	Accepted
8	Geeta Gupta	#6 – Heavy burden to provide the unique identifiers on the Event Record. This information is already in the data system and a Duplication of Work. Recommendation: DELETE	Not accepted
		# 7 – 18 – Only checks for topics covered should be required. If a check is not present, it means it was not covered. Answering each of the 100+ lines is BURDENSOME and UNNECESSARY.	Accepted

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		#7 b/c -behavioral prevention and harm reduction are overlapping. The expectation is that these 2 would always be checked off together, so why have separate items? The 2 should be condensed into one.	Not accepted
		#8g – Delete: ‘including viral load suppression’ Rationale: unnecessary and obvious	Not accepted
		#9b/c – Condense Hepatitis B/C into 1 item. Rationale: How is separating the information going to be used differently? Decrease the number of Items.	Not accepted
		#9d – Delete: influenza. Rationale: How is this information going to be used?	Not accepted
		#9f – This item should be rolled into (9r). Rationale: When would you ever talk about Substance Abuse therapy, without talking about a substance abuse disorder? How would separation of these 2 topics be helpful? Reduce items.	Accepted
		#9i – ‘Non-infection comorbidities’ -	Not accepted
		#9j – Opportunistic Infection:	Not accepted
		· Overlaps with #8 as Clinical Manifestations	
		· Opportunistic Infections are NOT considered a Co-morbidity. It should be in #8	
		· It is alphabetically out of place.	
		#9p – “Primary Care Screening”	Not accepted
		· Does this mean screening HIV patients for Primary Care issues, or testing for HIV in Primary Care settings?	Not accepted
		· If this is meant for HIV screening, then it should be labelled as “Routine HIV testing” as this can occur in settings other than Primary Care	Not accepted
		· Why is this in a section on Co-morbidities?	Not accepted
		#9r – see above with #9f	Not accepted
		#9s – What will be done with the information of tobacco cessation? Is this necessary? Recommend: delete	Not accepted
		#12 – not alphabetized.	Accepted
		#15/16 – How is the information on collaboration with other entities used? Those who fill out these forms have no idea why we provide the information. I expect that the forms would be more accurately filled out if those who fill them out knew why.	Not accepted
		#17 – clinical consultations can be interactive and be on-line. Cases discussed through email would be ‘on-line’ yet also interactive.	Not accepted

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		#18 – how would this information be used? I hope this means that AETC could be the national provider of CME/CE for local sites, if this is considered important enough for which to collect data.	Not accepted
9	Michelle Agnoli	Item #6: This reentry of unique identifiers that can be uploaded is time consuming and prone to transcription errors. This is an area of concern expressed by the staff.	Not accepted
		Items 7-16: in the current form, this is a bubble that is filled in only if the field applies. Having both a yes and no option for each item to be evaluated creates multiple opportunities for the user to enter inappropriate information on accident.	Accepted
		Item 17: This item could be formatted to choose only the options that apply. The current format lends itself to potential errors in entering.	Not accepted
		Item 18: the options for answering yes or no could be simplified to increase accuracy in filling the form	Accepted
10	Monica Donica	Question 6 “list unique identifiers for all participants of the event” There must be an easier way to capture this information. Having someone type in all the participants will be very time consuming and take away from hours that could be spent in meaningful activities.	Not accepted
		Can there be a line on the form for the name of the event?	Accepted
		For questions 7-12, the process could be streamlined by having the reporter ‘check all that apply’ instead of having to report a yes or no answer for each item.	Accepted
		Question 17 is important---thank you for including it	Noted

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11	Paul Cook	<p>Trainers in our region have a major concern with ER question #6, which is a new requirement to list all unique identifiers associated with each event. Answering this question will require an inordinate amount of time for the trainer (potentially 4 to 5 times as long as the current process) because of the need to copy individual identifiers from each participant's PIF. Asking the trainer to copy PIF IDs also creates a very high potential for user error in transcribing digits for each identifier. And finally, the proposed process represents bad database design. The best practice for creating a many-to-one relationship in any type of relational database (in this case, many PIFs to one ER) is to assign a unique ID to the single record in the parent table (the ER) and then repeat that identifier on each of the related "child" records (i.e., repeat the event number on each PIF, to tell you which ER it is associated with). The solution currently proposed, which repeats each child record's unique ID (the PIF IDs) on the parent table (the ER) creates the need for a large number of data fields on the ER, most of which will usually be blank. For instance, to accommodate events with 60 participants there need to be 60 "related PIF ID" fields on the ER data table, but in an event with only 10 trainees 50 of these fields will be unused. Conversely, an event with 100 trainees would not have enough room to record all of the PIFs. This is inefficient database design and as noted above creates a high potential for error and an unnecessary time expenditure for the</p>	Not accepted
		<p>ER question #4, state where the training occurred, is less useful than zip code, which can be used to identify the state. Another way to tell where the training occurred is by the LP code, because many AETCs have state-based LPs. Additional text fields related to location are important to the AETCs for management purposes: (a) the title of the event, and (b) the name of the clinic or organization receiving training, which has increased importance with the AETCs' greater focus on longitudinal training at targeted sites (e.g., practice transformation) in the latest AETC guidance.</p>	
		<p>On ER questions #7-16, efficiency of the form would be substantially improved if each item had only a "yes" response choice, with instructions to "check all that apply." Requiring staff to check "no" for each non-applicable item adds no new information compared to simply leaving that item blank, and drastically increases staff time and paperwork burden to complete the form.</p>	Accepted

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		On ER question #17, the "not applicable" entries in the table are not necessarily true. Online training presents a wide variety of options, and technology is continually improving in ways that we may not yet be able to anticipate. For instance, current commercially available gamification strategies could be used to make an online training "interactive" rather than simply didactic. Asynchronous discussion boards are "online" rather than "live" but are often used to support communities of practice. There might be other examples in which other training modalities could be delivered online	Not accepted
		Finally, regional staff have identified a major omission in ER question #19, which asks about MAI funding only. Per the terms of our notice of award, regional AETCs are required to track specific percentages of total budget expenditures for Practice Transformation (40%) and Interprofessional Education (10%). Some regions have other special funding for the Border region and/or for CDC testing training. HRSA has proposed that these funding types should be captured as "metadata" in the online system that many AETCs use for data collection. However, not all AETCs use that system, and it seems important to collect these crucial data for all AETC events, not just those that are data-entered in the online system. If events need to be sorted or reported on by these fields, they need to be on the OMB-approved form to ensure that they are consistently documented for each event.	Accepted
12	Marge Sutinen	Question #4: A zip code and name of event is important for the AETC to track the activity. (MATEC-WI almost always conducts events only in Wisconsin so asking for the state where event occurred does not distinguish where in the state the event took place.)	Accepted
		Question # 6: will be very time consuming and not efficient use of space if the groups are either too small or too large to fill the grid. This transfer of information already captured in Virtual Forum is redundant and can be prone to errors.	Not accepted
		Question # 7-12: Add a "Check all that apply" or a "yes" only column would simplify and shorten the time to answer.	Accepted
		Question #9: Contains topics not considered " co-morbidities", either remove those topics or rename the category.	Not accepted
		Question #17: This is very confusing, I would have a hard time completing this grid.	Noted

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		Question #19: Why ask only about Minority AIDS Initiative funding when some AETC's receive other funding streams?	Accepted
13	Nancy Eberle	Question #4: I believe it would be more helpful to include the zipcode where the event occurred, rather than the state.	Accepted
		Question #6: Listing unique identifiers for every participant who attended an event would seem to duplicate information currently entered into the AETC National Evaluation Center's online program database (Virtual Forum), with the possible exception of those individuals who do not pre-register for a program. Furthermore, it is currently possible to export data from Virtual Forum which contains a list of PIF identifiers for each ER, and so it is unclear to me what added benefit re-keying unique identifiers for each program would provide. Completing item #6 as proposed would significantly increase the amount of time required to complete the ER form, with no clear added benefit.	Not accepted
		Questions #7-12: The proposed revisions ask the form completer to check "yes" or "no" for every response option for these items. I believe that asking respondents to indicate only those response options which apply (i.e., the "yes" answers) would simplify the form, reduce the possibility of data entry errors, and require less time to complete.	Accepted
		Question #9: This item is labeled "Co-morbidities," but the list of response options includes several general topical areas (e.g., nutrition, oral health, primary care screenings) that are not co-morbidities. I would suggest revising the table heading if possible.	Not accepted
		Question #12: Response option "a" currently reads "organization needs assessment." I would suggest revising to say "organizational needs assessment."	Accepted
14	Priyatam Piya	Question #6 should be eliminated! This is going to be extremely time consuming!! Most AETCs run a on very small staff, plus the data is on the PIFs. Please re-think this step.	Not accepted
		Questions #7-12 - couldn't we just check what was covered? Once again time consuming to indicate NO. Too many categories. If NOT COVERED it should be left BLANK.	Accepted

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		Question #13 – Transgendered should have its own category. the Other Population option at the end of the list includes a blank with insufficient room to list these populations. In particular, the newsletter often has news about sex workers, serodiscordant couples, and survivors of interpersonal violence	Not accepted
		Questions #18 – CMEs can also be used for RNs, APRNs, PAs So technically when we offer CMEs other professions besides MDs are “receiving CEs”	
15	Jay Ohagi	State where event occurred (Qtn. #: 4) – Zip code information may be a more appropriate option.	Accepted
		Name of Event is missing – This is an important piece of information.	Accepted
		Tables with Yes and No options (Qtn. #:7 – 16) will create a time-intensive process and reduce accuracy, and increase frustration. We recommend the use of check boxes instead.	Accepted
		Participant Unique IDs on the ER form (Qtn. #: 6) seems a bit redundant. If we are going to use Virtual Forum to manage events, shouldn't that piece of information be automatically captured during participant registration?	Not accepted
		Funding source: There is no provision for the regions that receive CDC funds to specify that funding source. There is no provision for either the PT or IPE projects to be specified. This could adversely impact meaningful reporting.	Accepted
16	Malinda Boehler	#4. Would like to make the case for using zip code instead of State. Helps us to know if we are covering the entire State vs just big cities. We should be looking this to make sure we are meeting the needs of rural communities.	Accepted
		Thoughts: We should add a space for program name. Helps us to track and respond to questions about ER data.	Accepted
17	Nadine Nader	Question 6 – List all participants who attend an event: I would recommend a separate attendance form which would collect AETC No., Local Partner No. , Program No, date Unique PIF IDs. There are not enough fields in the ER to accommodate large events.	Not accepted
		Question 4 – State where event occurred: Zip code is more precise and allows AETC and HRSA to precisely map training.	Accepted
		Questions 7-16, 18 Yes and No responses: I would suggest only indicating a yes answer which will help reduce the burden of completing the forms.	Accepted

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		Question 17 Number of hours for each training modality. Enter hours rounded to the nearest half hour in each cell. Do not enter data into cells that contain "not applicable. I suggest round to the nearest quarter an hour. Many clinical consultations range between 10 and 15 Minutes rounding to the next half hour over estimates time spent on a typical consultation.	Accepted
		Question 17 Training Modality I suggests removing the words Coaching for organizational capacity building modality. We expect to provide technical assistance to sites that do not receive Practice Transformation Funding. I feel the use of Coach may be interpreted that practice facilitators can provide technical assistance.	Not accepted
		Additional Questions needed to ER:	
		Name of Event: The name of the event is very important on the ER form. This allows the AETC Central Office and Evaluator the opportunity to snapshot of the work that is being done at the LPS level. (This field can be locally collected)	Accepted
		Funding Type: Specific selections for Practice Transformation, Interprofessional Education, and Basic funding are not included in the new ER form. I would be helpful to the local AETCs assess funding streams per training.	Accepted
		A way to reduce the burden of the form is to change question 19 to: What funds were used to support this event? Your answers would be: Minority AIDS Initiative (MAI) , Practice Transformation (PTP), Interprofessional Education (IPE), and Basic funding.	Accepted

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18	Mari Millery	The ER and the PIF files represent a “many-to-many” relational data structure where each unique event (ER) is typically linked to many participants (PIFs) and each unique participant (PIF) may attend more than one event during one grant year. In the age of IT-based data collection and management, the newly proposed way of collecting a list of unique participant IDs on the ER form (question 6) appears to be outdated, unnecessary, prone to error, and extremely burdensome. Also, events may have more participants than there are spaces on the proposed form. Instead, the data submission requirement should be defined in terms of each AETC submitting required data elements on each event (ER) and (PIF), and indicating which ERs (program numbers) are associated with each PIF. This requirement can be stated without having to list the IDs on the ER. The AETCs have developed mechanisms for collecting information on who is at each training. It is not necessary to list the participant IDs on the ER form.	Not accepted
		Another excessively burdensome part of the ER form is the requirement to answer “Yes” or “No” in questions 7-18. “No” can be implied as a default in order to reduce the burden.	Accepted

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19	Kevin Khamarko	<p>My primary concern with the Event Record Form is that practice transformation (PTP) and interprofessional education (IPE) aren't measured as funding categories or program types on the form. Although they are listed as training topics, that does not adequately determine whether a training event was actually a training devoted to PTP or IPE, as defined in the regional AETC FOA.</p> <p>Additionally, the training topic for IPE is "team-based care (interprofessional training)" and AETCs might indicate that topic for PTP (e.g., transforming practice in a clinic to provide team-based care) and other AETC trainings. So there isn't an adequate way for us to determine which trainings were delivered to faculty of professional schools.</p> <p>Additionally, AETCs might deliver training on practice transformation topics to non-PTP participating clinics, so we do not have a way of differentiating those trainings for evaluation. We need to add a question that asks whether the AETC program type was IPE, PTP, or CDC testing. In addition to that, there should also be a field for the clinic name, so we could track which events occurred at different PTP sites. Having that information would have allowed us to see whether we saw greater changes at sites based on the number and types of trainings delivered. Also, an item indicating whether the event was part of a longitudinal training program would be helpful. We have concerns about question 6 on the ER, this isn't needed and seems inappropriate since some events have upwards of 300</p>	Accepted
		Zip code of where training occurred should also be collected.	Accepted
		Training title should be added	Accepted
		<p>The number of topics has increased from 44 to 77 in this document. Efforts must be made to prioritize and collapse these categories, in addition to limiting the number of topics an AETC can check per training. Historically, HRSA analyzed this data to present the top 15 training topics, as evidenced on page 3 of the HRSA FY 2011-12 data report. How will this data be analyzed moving forward? In NEC analysis, we found that sites on average checked 11 topics per training and there were some trainings with all 44 topics checked. A rule should be made, such as 1 topic per 15 minutes segment. And this rule must be enforced by HRSA.</p>	Not accepted
		Is "basic science" as a topic needed? Topic doesn't make sense with Epidemiology stripped from it.	Not accepted
		Is "osteoporosis" needed as a topic?	Not accepted

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		<p>“education” topical group doesn’t make sense on this form. Are PIFs to be collected for AETC trainers at AETC faculty development trainings? It might make sense to have AETCs collect data on this in their immediate-post evaluations instead of here. There are many questions, authored by the NEC and others, that measure these constructs.</p>	Not accepted
		<p>Topic of “Immigrant or Border Population” should be teased apart as a training along the US/Mexico Border is different from a training on risks among Ethiopian immigrants. This will also allow us to track border trainings more easily.</p>	Accepted
		<p>How will Border events be captured? Adding “was this training conducted within 62.5 miles of the US/Mexico Border?” would be helpful, as it will identify border trainings and also signify to AETCs that Border trainings should be conducted in the Border region (many are not currently delivered in the Border region).</p>	Not accepted
		<p>Add “is training for a longitudinal training site” and an ID number for the clinic/setting.</p>	Not accepted