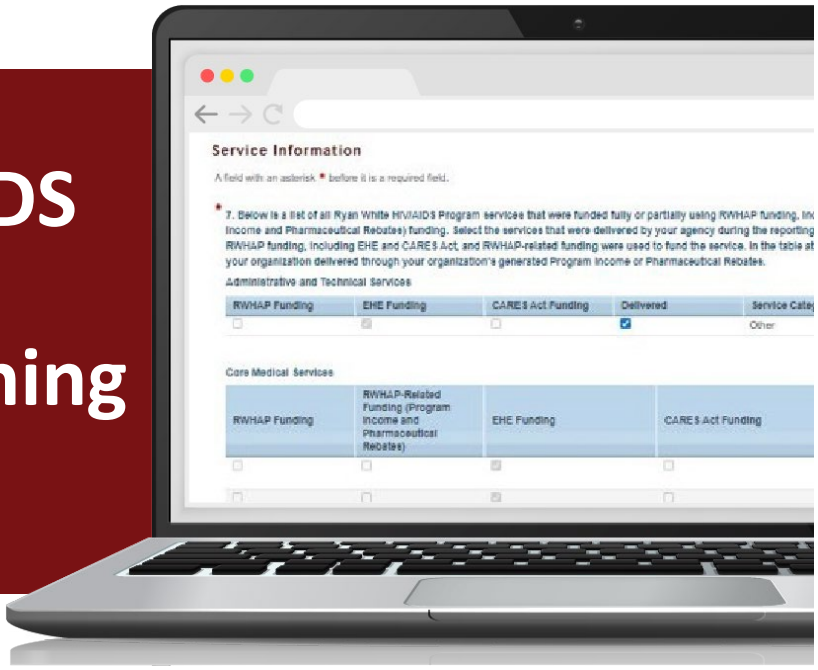
Ryan White HIV/AIDS Program AIDS Education and Training Center Program



2026 Instruction Manual

AETC Data: July 1, 2025, to June 30, 2026

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program's performance and identify gaps in RWHAP-related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program's accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0108 and it is valid until 07/31/2028. This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

HIV/AIDS Bureau
Division of Policy and Data
Health Resources and Services Administration
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HRSA Health Resources & Services Administration

RWHAP DATA SUPPORT

Icons Used in This Manual

The following icons are used throughout this manual to alert you to important and/or useful information.

The Note icon highlights information you should know when completing this section.

The Tip icon points out recommendations and suggestions that can make it easier to complete this section.

The Question Mark icon indicates common questions and their answers.

All new text in the document is indicated with a gray highlight.

The no icon indicates answer options that cannot be selected or information that cannot be entered under certain circumstances.

Table of Contents

Icons Used in This Manual i

Summary of Forms iii

Background iv

Introduction 1

Data Collection Forms 1
Reporting Period 2
Reporting Timeline 2
Data File Format Standards 2
Before Submission 2
Where to Submit Data 2
Purpose of Data Collection 3
How to Unsubmit Data 3
Change in Contact Information 3

Data Submission Steps 5

STEP 1: Access the AETC Report via the EHBs 5
STEP 2: Create/Open the AETC Report 5
STEP 3: Complete the AETC Report Data Entry Sections 5
STEP 4: Validate Your RWHAP AETC Report 9

Regional AETC Data Collection Forms 12

Individual Participant Record Form (IND-PAR) 12
Training Activity Record (TAR) 22
Practice Transformation-Site Characteristics/Outcomes Form (PT-SC) 36
Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC) 42
Participant Post Activity Survey (PPA) - Immediate 47
Interprofessional Education– One-Year Post-Participation Survey (IPE-Long Term) *(One year post; HIV IPE students only)* 51
List of Participant IDs (PL) 57

Glossary 59

Individual Participant Record Form (IND-PAR) 59
Training Activity Record (TAR) 61
Practice Transformation-Site Characteristics/Outcomes Form (PT-SC) 66
Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC) 68

Frequently Asked Questions 70

Summary of Forms

Form Name	Previous HRSA HAB Form	Description/Purpose
Individual Participant Record Form **(IND-PAR)**	Revised PIF	Participant-level data completed at least once every reporting period for participants actively engaging in AETC activities. This form includes demographic data and estimates of client descriptions from participants who provide direct services to clients.
Training Activity Record **(TAR)**	Revised ER	Activity level data completed at the end of each activity that takes place during the reporting period. This form includes activity topics, funding sources, and modalities.
Practice Transformation, Site Characteristics/Outcomes **(PT-SC)**	New	This form collects site characteristic information for only Practice Transformation (PT) sites. PT site characteristics differ from Interprofessional Education (IPE) sites and need to have different questions/a different form.
Interprofessional Education Health Profession Program Characteristics/Outcomes Form **(IPE-HC)**	New	This form collects site characteristic information for only Interprofessional Education (IPE) sites. IPE site characteristics and outcomes differ from Practice Transformation (PT) sites and need to have different questions/a different form.
Participant Post-Activity Survey **(PPA)** - Immediate	New	This form collects information from the participants who engage in activities and their subsequent satisfaction/and increased knowledge due to participation in activity.
Interprofessional Education, Long-Term **(IPE-Long Term)**	New	Created to collect long-term (one-year post-participation) information from students who engaged in an IPE program.
Participant List **(PL)**	Revised PL	Compiles participant identifiers, the activity attended, IPE student indicators.

Background

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) gives federal HIV programs in the Public Health Service (PHS) Act under Title XXVI the flexibility to respond effectively to the HIV epidemic. The Ryan White HIV/AIDS Program (RWHAP) funds cities, states, and local community-based organizations to provide HIV medical care, treatment, and essential support services to low-income people with HIV. The Health Resources and Services Administration (HRSA) works to ensure that RWHAP recipients at state and local levels can use evidence-informed approaches for community engagement, needs assessment, planning processes, policy development, service delivery, clinical quality improvement, and workforce development activities that are needed to support a robust system of HIV care, support, and treatment. The RWHAP Part F AIDS Education and Training Center (AETC) Program is a national network of HIV care experts who provide health care providers with tailored education and training on HIV-related topics, clinical consultation, and technical assistance. The goal is to strengthen the HIV workforce by increasing the number of health care providers educated and motivated to counsel, diagnose, treat, and medically manage people with HIV; and helping to prevent behaviors that lead to HIV transmission by educating providers on how to counsel patients. There are eight regional AETCs and five national AETC programs. This manual is to be used for the eight regional AETCs' annual reporting.

Introduction

The AIDS Education and Training Center (AETC) Program is the training component of the Ryan White HIV/AIDS Program (RWHAP). The RWHAP AETC Program is a network of leading HIV experts who provide training as well as locally based tailored education, technical assistance, and clinical consultation to health care professionals and health care organizations to integrate high-quality, comprehensive care for people with HIV. Regional RWHAP AETCs are required to collect and submit data annually. These data provide information on the RWHAP AETCs' activities and are submitted to the HRSA's HIV/AIDS Bureau (HAB). This manual provides the information needed for the RWHAP AETCs to comply with data collection requirements.

Data Collection Forms

The seven forms used by the RWHAP AETCs to report activities include the following:

- ***Individual Participant Record Form (IND-PAR)*** – This form collects participant-level data completed at least once every reporting period for participants actively engaging in AETC activities. This form includes demographic data and estimates of client descriptions from participants who provide direct services to clients.

- ***Training Activity Record (TAR)*** – This form collects activity level data completed at the end of each activity that takes place during the reporting period. This form includes activity topics, funding sources, and modalities.

- ***Practice Transformation, Site Characteristics/Outcomes (PT-SC)*** – This form collects site characteristic information for only Practice Transformation (PT) sites. PT site characteristics differ from Interprofessional Education (IPE) sites and need to have different questions and a different form.

- ***Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC)*** – This form collects site characteristic information for only Interprofessional Education (IPE) sites. IPE site characteristics and outcomes differ from Practice Transformation (PT) sites and need to have different questions and a different form.

- ***Participant Post-Activity Survey (PPA) – Immediate*** – This form collects information from the participants who engage in activities and their subsequent satisfaction and increased knowledge from participation in the activity.

- ***Interprofessional Education – Long Term (IPE-Long Term)*** – Created to collect long-term (one-year post-participation) information from students who engaged in an IPE program.

- ***Participant List (PL)*** – This form compiles participant identifiers and activities attended.

Reporting Period

Reporting for the RWHAP AETC activities is conducted annually and covers the period July 1, through June 30. Please note that in the PT-SC, questions 23-35 covers the previous calendar year (January 1 – December 31).

Reporting Timeline

Data Collection Period: July 1, 2025 – June 30, 2026	Deadline
RWHAP AETC System Opens	Sunday, July 12, 2026
RWHAP AETC Report Due	Tuesday, September 15, 2026

Data File Format Standards

Each RWHAP AETC will submit data once per year. Data files should be uploaded in a CSV format to HRSA's Electronic Handbooks (EHBs) system.

Data that do not conform to the standards and quality set forth in this document will be returned by the system to the RWHAP AETC for revision and resubmission.

Before Submission

All files should be scanned for viruses and checked for any missing and invalid data prior to submission according to the quality procedures outlined in the RWHAP AETC Data Collection Codebook (see page 5 of the Codebook for how to address missing data). Any files received with viruses or data errors will be returned.

Where to Submit Data

Data files must be uploaded to HRSA's server via the EHBs. Please contact the designated HRSA HAB project officer for additional programmatic assistance.

Purpose of Data Collection

The goal of data collection efforts is to create a uniform set of data elements that will produce an accurate summary of the scope of RWHAP AETC professional training, consultation, and activities. The elements have been selected for their relevance in documenting the RWHAP AETCs' efforts in achieving the program's stated goals and objectives in improving care for people with HIV by providing education, training, clinical consultation, and other forms of support to clinicians and other providers. HRSA HAB needs this information to respond to requests from within the Department of Health and Human Services (HHS), Congress, and others. Furthermore, the data collected are used for programmatic assessments and to determine future needs.

The data elements are intended to be a meaningful core set of elements that individual RWHAP AETC programs can use in program and strategic planning. Each RWHAP AETC can collect additional data using other forms created for their program to address specific training activities or other data collection needs.

How to Unsubmit Data

To make a change to the AETC Report after submission, an unsubmit request must be made in the AETC Report. Once the request has been submitted, contact Data Support to have the report returned to "Working" status. If assistance is needed for locating where to make an unsubmit request, contact Data Support.

Contact Data Support after you've requested your report be unsubmitted via the AETC Report. Data Support can be reached at 888-640-9356 or RyanWhiteDataSupport@wrma.com.

Change in Contact Information

HRSA HAB may send occasional reminders and updates regarding changes in the RWHAP AETC data collection and reporting process. Therefore, it is imperative that RWHAP AETCs inform their HRSA HAB project officer of any changes in the recipient's primary contact or contact information. Please maintain the most up-to-date contact information in the EHBs.

If you need EHBs technical assistance, please contact HRSA's EHBs Customer Support Center at 877-464-4772.

If you need assistance navigating the RWHAP AETC system, please contact Data Support at 888-640-9356.

Data Submission Steps

This section details each step to access, open, complete, validate, and submit your AETC report.

STEP 1: Access the AETC Report via the EHBs

Navigate to the EHBs. On the Select Role page, choose the "Applicant/Grantee" box at the top-left side of the screen. On the next page, select the "Login" button and log in using your username, password, and selected method of two-factor authentication.

The EHBs homepage will appear in the main window. Select the "Grants" tab. The "Grants" tab is in the upper left-hand corner of the page.

The *My Grant Portfolio* page will open in the main window. Locate your assigned organization's grant number on the grant portfolio page. Select the "Grant Folder" link on the right side of the page on the same row.

The *Grant Home* page will open in the main window. Select the "Work on Other Submissions" link under the Submissions heading. The Submissions page will open in the main window.

Locate the submission named "AETC Data Submission 2026" on the submissions list. Select the "Start" link on the right side of the page on the same row. **Note:** If you have already worked on your RWHAP AETC report, the link will say "Edit" instead of "Start."

The AETC Data Submission Search page will open in a pop-up window.

STEP 2: Create/Open the AETC Report

Create or open your AETC report by clicking the envelope icon under the "Action" column.

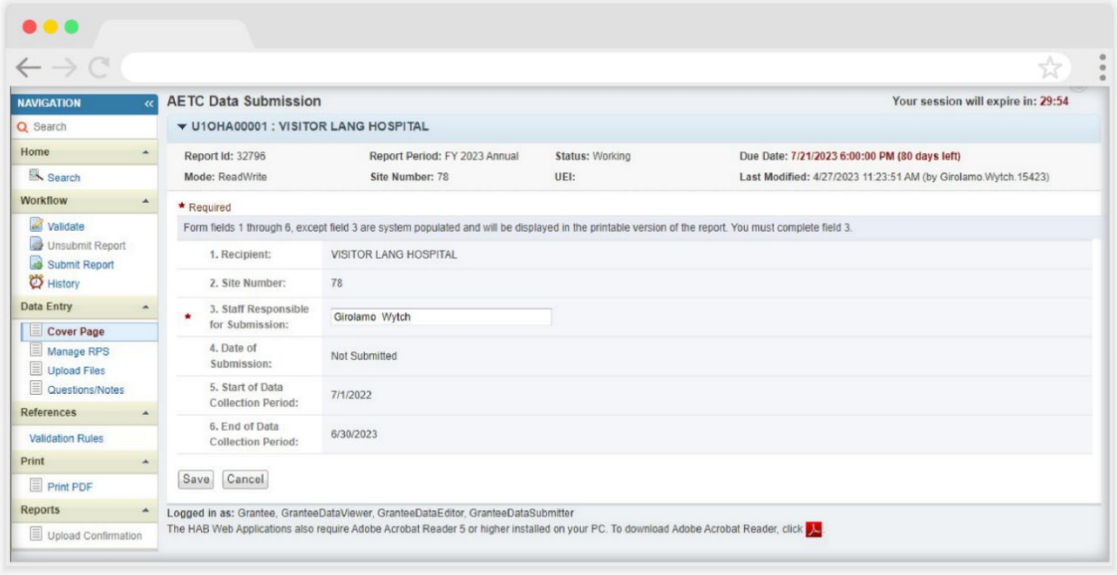
STEP 3: Complete the AETC Report Data Entry Sections

Cover Page

After clicking the envelope icon, you will automatically be taken to the Cover Page (Figure 1). Items 1-6 are prepopulated; however, Item 3 should be revised as necessary to reflect the staff member responsible for the RWHAP AETC submission.

Click “Save” on the bottom of the page.

Figure 1. Cover Page



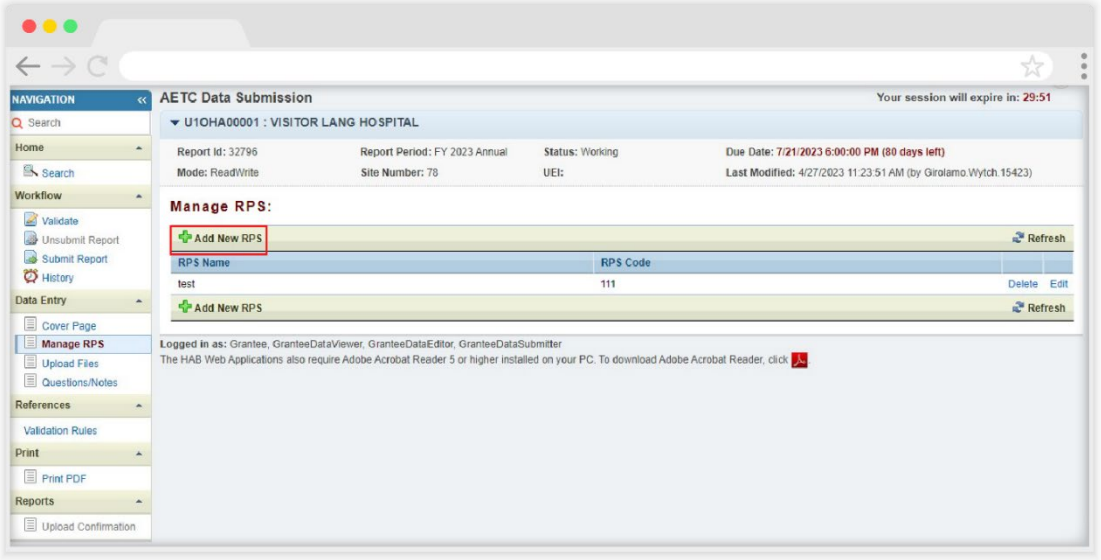
Manage LPS

On the left Navigation panel, select “Manage LPS (Figure 2).”

For each partner site, click “Add New LPS.” LPS (Local Partner Site) name and LPS number can be found in the AETC Data Collection Codebook. If an LPS is not listed, contact your project officer to request an LPS number addition.

Once all the LPS agencies have been added, click “Refresh” to ensure each LPS is listed.

Figure 2. Manage LPS



Upload Files

On the left Navigation panel, select “Upload Files.” (Figure 3)

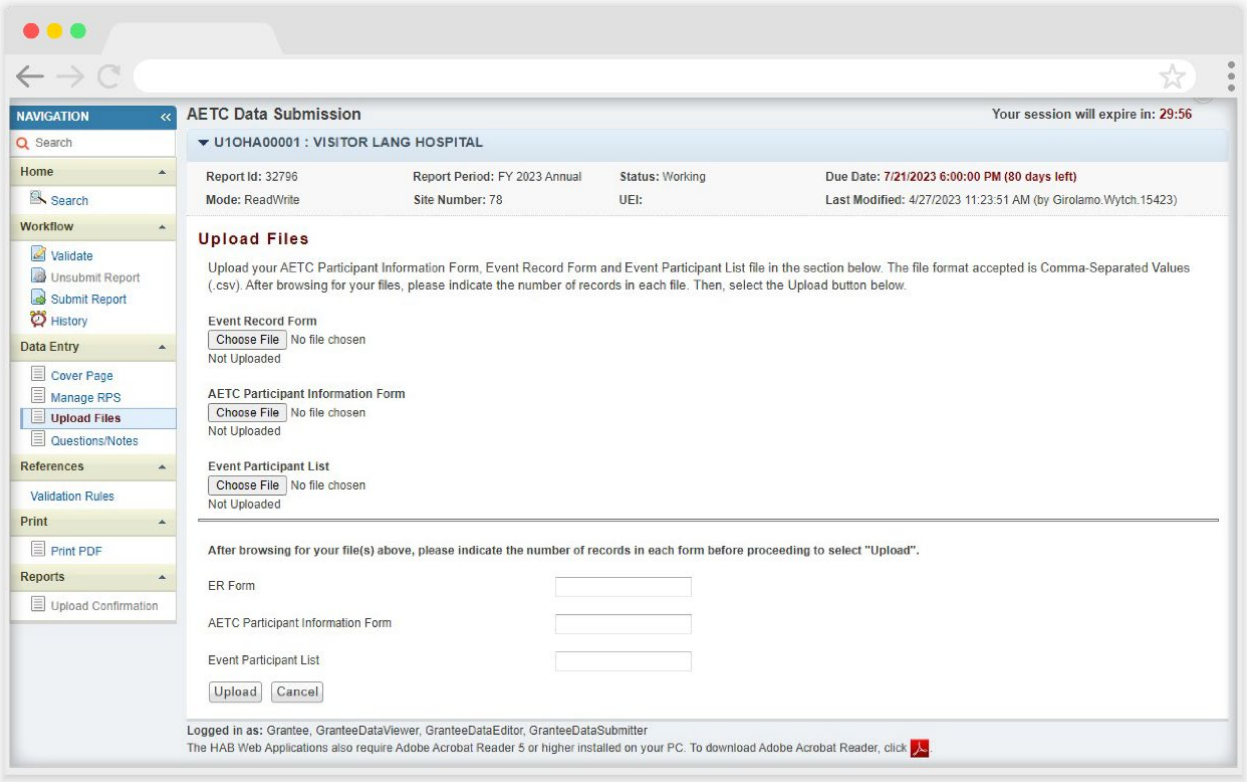
Follow the on-screen prompts to upload a separate CSV file for your IND-PAR, TAR, PT-SC, IPE-HC, PPA, IPE-Long Term, and PL data.

Each file uploaded into the RWHAP AETC system goes through an automatic schema validation check. If the file is noncompliant, the RWHAP AETC system rejects the file, and a complete list of error messages will be displayed. Download the list as a text file and use it to fix the data in your source system.

At the bottom of the Upload Files page, you must indicate the number of records in the IND-PAR, TAR, PT-SC, IPE-HC, PPA, IPE-Long Term, and PL files.

Once all the data have been added, click “Upload / Update Record Count.” **Note:** Your file status will advance to “Uploaded.” Once the files are successfully uploaded, the file status will say “Processed.”

Figure 3. Upload Files



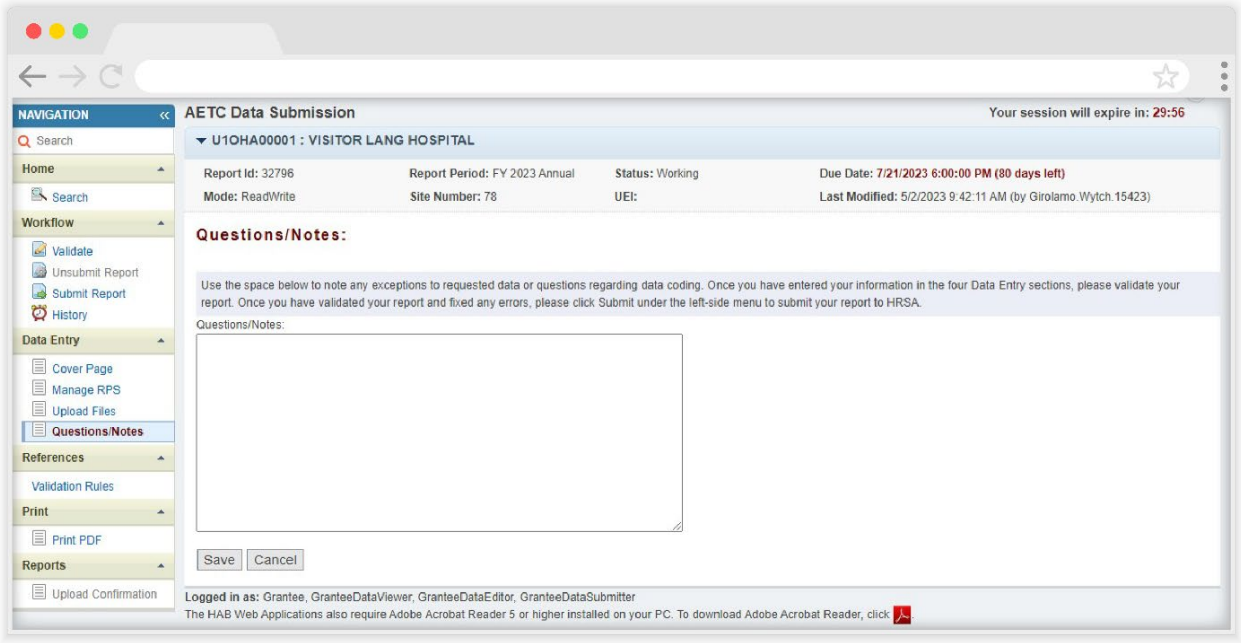
Questions/Notes

On the left Navigation panel, select “Questions/Notes.” (Figure 4)

Use the comment space to note any exceptions to requested data or questions regarding data coding.

Once all your comments have been added, click “Save” at the bottom of the page.

Figure 4. Questions/Notes



STEP 4: Validate Your RWHAP AETC Report

Once you have entered your information in the four Data Entry sections, click “Validate” (Figure 5) on the left navigation panel.

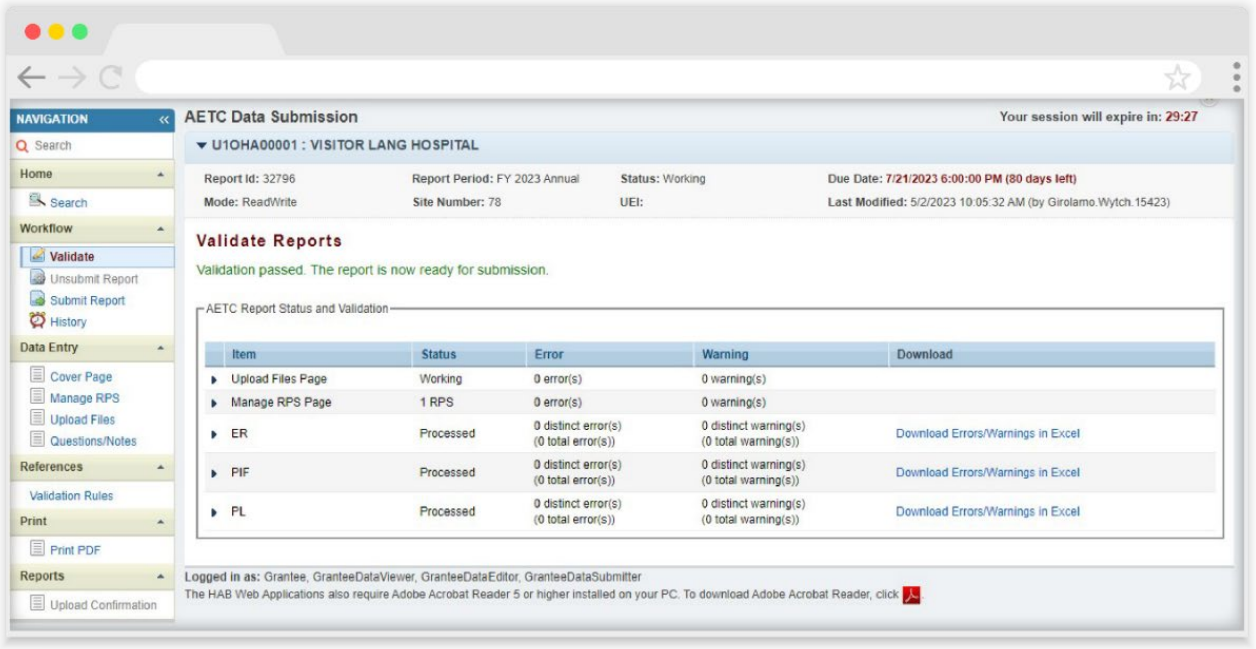
Your validation results may return two types of report validation messages: **Errors** or **Warnings**. If your report has no validation warnings or errors, it will return the message, “Validation passed. The report is now ready for submission.”

- **Error**: All data causing errors should be corrected before you submit your RWHAP AETC report. If the errors are triggered by the AETC report, correct the information entered. If the errors are triggered by the data files, correct the data file and re-upload it to the system. Revalidate the report after the updates are made.

- **Warning**: If data is incorrect and causing warnings, correct the data and revalidate the report. If this is not possible or the data are correct, enter a comment in the Questions/Notes section explaining why the data cannot or should not be corrected. The AETC Report can be submitted with warning validations.

- For a full list of RWHAP AETC report validations, click “Validation Rules” on the left navigation panel.

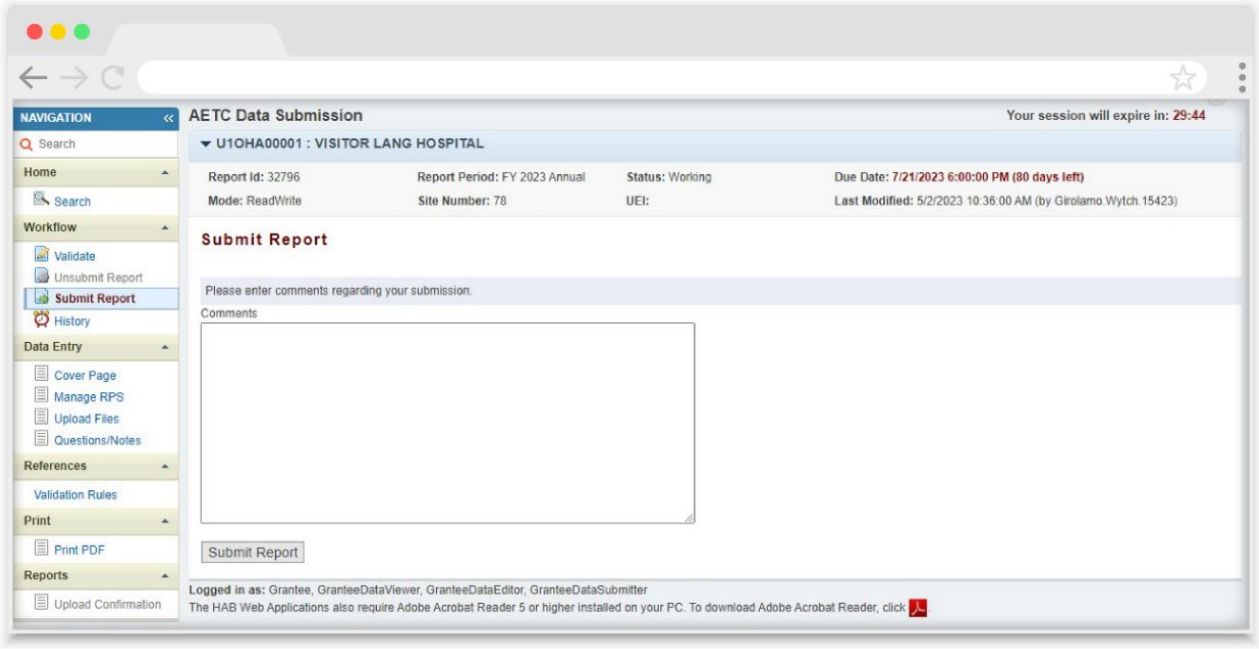
Figure 5. Validate



STEP 5: Submit Your RWHAP AETC Report

Once your report is error free, click "Submit Report" on the left navigation panel (Figure 6).

Figure 6. Submit Report



To unsubmit your report, click "Unsubmit Report" from the left navigation panel. Then, contact Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com to have your report returned to "Working" status.

Regional AETC Data Collection Forms

This section reviews each item in the forms. It also discusses issues related to coding or exceptions to "acceptable values" for each item.

Individual Participant Record Form (IND-PAR)

All training participants should complete or update an IND-PAR at least once every 12 months.

IND-PAR Item 1: Participant unique ID

Participants should provide their email address as their unique ID.

Trainers should emphasize to participants that they must reuse the same unique ID every time they attend an activity sponsored by the RWHAP AETC Program, even when attending activities by different local partner sites, to enable tracking of training continuity. Documenting the number of individuals attending multiple activities throughout the RWHAP AETC Program demonstrates to Congress that the program is successfully engaging professionals on a continuing basis and providing up-to-date information on topics pertinent to those treating people with HIV. If they are a current Interprofessional Education (IPE) student, they should use their personal email address when filling out RWHAP AETC forms.

IND-PAR Item 2: CMS Certification Number (CCN)

If applicable, participants should provide their individual CMS Certification Number (CCN).

IND-PAR Item 3: National Provider Identifier (NPI)

If applicable, participants should provide their individual National Provider Identifier (NPI).

IND-PAR Item 4: Today's date

This item is the date the IND-PAR was completed by the participant. If a participant attends a multi-date activity, use the last date that the participant attends the training.

Today's date:

M	M	D	D	Y	Y	Y	Y

IND-PAR Item 5: Future training opportunities and information

Participants are asked to indicate if they are interested in receiving future training opportunities and information on the RWHAP AETC program?

- Yes
- Not at this time

IND-PAR Item 6: Primary profession/discipline/training program

Participants should **select one** response to this question. If participants do not see their profession listed, they should choose one of the "Specify" options and write in their profession.

- Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
- Administrative professional (e.g., front desk staff, grant writer, non-clinical management, etc.), **(specify: _____)**
- Case manager
- Clergy or faith-based professional
- Community health worker (includes peer educator or navigator)
- Dentist
- Dietitian or nutritionist
- Nurse professional (non-prescriber)
- Pharmacist
- Physician **(specialty: _____)**
- Physician assistant/associate
- Psychologist
- Social worker
- Substance use disorder professional
- Other allied health professional (e.g., medical assistant, physical therapist, etc.), **(specify: _____)**
- Other clinical professional (e.g., podiatrist, chiropractor, etc.), **(specify: _____)**
- Other dental professional
- Other public health professional, **(specify: _____)**

- Other, **(specify: _____)**
- Not currently working

IND-PAR Item 7: Primary functional role

Participants should **select one** response to this question. This question is asking the participants what they actually do at work. Again, participants have the option of selecting "Other (specify)" and writing in an answer.

- Administrator/ practice administrator/organizational leadership (e.g., chief executive officer, nurse administrator, etc.)
- Agency board member
- Care provider/clinician – cannot/does not prescribe HIV treatment
- Care provider/clinician – can/does prescribe HIV treatment
- City, local, or state government employee
- Client educator
- Clinical/medical assistant
- Counselor (mental health)
- Federal government employee
- Fellow
- Health care organization non-clinical staff (e.g., front desk, etc.)
- HIV tester or counselor (HIV testing)
- Intern/resident
- Mental health professional
- Patient navigator
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- Other, **(specify: _____)**
- Not currently working

IND-PAR Item 8: Scholarship or loan repayment recipient

Participants are asked to **select all** from the available options if they currently or have ever received a scholarship or loan repayment of any of the following HRSA-funded programs.

- National Health Service Corp scholarship
- National Health Service Corps loan repayment
- Nurse Corps scholarship
- Nurse Corps loan repayment
- I have not received any of the above scholarships or loan repayment programs

IND-PAR Item 9: Ethnic background

Participants are asked to indicate if they are of Hispanic or Latino origin.

- Yes
- No
- Choose not to disclose

IND-PAR Item 10: Racial background

Participants should **select all** racial backgrounds with which they identify.

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Choose not to disclose
- Other, **(specify: _____)**

IND-PAR Item 11: Sex

Participants are asked to **select one** option to indicate their sex.

Pursuant to the President's January 20, 2025, Executive Order entitled *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (EO 13988), all Executive Branch agencies are required to remove requests for "gender" from all forms and substitute it with "sex." EO 13988 defines "sex" as "an individual's immutable biological classification as either male or female." Pursuant to HHS implementation of EO 13988, response categories for this data element are now as follows:

- Male - a person belonging, at conception, to the sex that produces the small reproductive cell.
- Female - a person belonging, at conception, to the sex that produces the large reproductive cell
- Unknown - Indicates that the client's sex category is unknown or not reported as male or female.

IND-PAR Item 12: Primary employment setting

Participants should **select one** characteristic that best applies to the clinical setting in which the participant spends the majority of their working time. **If participants choose "Primary employment setting does not involve the direct provision of care or services" or "I am not working," they should NOT complete the rest of this form.**

- Academic medical/ health center
- Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- Dental health facility
- Emergency department
- Health Center (Federally Qualified Health Center or FQHC)

- Non-FQHC (e.g., HRSA Health Center Program Look-Alike or LAL)
- Health maintenance organization (HMO)/managed care organization
- HIV or infectious diseases clinic
- Hospital
- Indian health services/tribal clinic
- Long-term care facility
- Maternal/child health clinic
- Mental health clinic
- Military or veterans' health facility
- Other community-based organization
- Other federal health facility
- Pharmacy
- Private practice
- Sexually transmitted infection (STI) clinic
- State or local health department
- Student health clinic
- Substance use treatment center
- University/Institution of higher education
- Other primary care setting
- Primary employment setting does not involve direct provision of care or services (**Stop here.** *You are done with this form*.)
- I am not working (**Stop here.** *You are done with this form*.)

IND-PAR Item 13: Employment ZIP codes

Participants should report the five-digit ZIP codes where they are employed. This will help HRSA identify participants who work in medically underserved communities and who work in Ending the HIV Epidemic in the U.S. (EHE) initiative jurisdictions. Participants may report up to three ZIP codes. If participants work in more than three ZIP codes, the participant should identify the three (3) ZIP codes in which they do the most work.

IND-PAR Item 14: RWHAP funded employment setting

Participants should indicate if their primary employment setting receives RWHAP funding.

- Yes
- No
- I don't know

IND-PAR Item 15: Employment setting provides HIV prevention, care, and/or treatment

Participants should indicate whether HIV prevention, care, and/or treatment is provided at their primary employment setting.

- Yes
- No (**Stop here.** *You are done with this form.*)

IND-PAR Item 16: Direct services to any patients/clients

This yes/no question asks if participants — not the employer — provide direct services to patients/clients. If the response is "Yes," participants should continue with Item 16. **If participants answer "No," they should NOT complete the rest of this form.**

- Yes
- No (**Stop here.** *You are done with this form.*)

Please note the definition of direct interaction with patients/clients in the glossary.

IND-PAR Item 17: HIV prevention services

Participants should **select all** the following services they provide to any patients/clients.

- HIV prevention counseling
- HIV testing
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- I do not provide any of the above HIV prevention services

IND-PAR Item 18: Patients/clients who are from racial/ethnic minorities groups[1]

Participants should **select one** estimate of the percentage of their patients/clients (with or without HIV) who are from racial/ethnic minority groups. These estimates should be based on the past 12 months of the participant's services to patients/clients.

- None
- 1-24%
- 25-49%
- 50-74%

[1] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

- ≥75%
- Don't know/unsure

IND-PAR Item 19: Services to patients/clients with HIV

Participants should indicate whether they provide services directly to patients/clients with HIV. If the response is "Yes," participants should continue to complete the remaining questions on this form. **If trainees do not provide direct services to people with HIV or know the status of their patients/clients, they should choose "No." They should not complete the remaining questions.**

- Yes
- No (**Stop here.** *You are done with this form.*)

IND-PAR Item 20: Services provided to patients/clients with HIV

Participants should **select all** the following services they provide to patients/clients with HIV.

- Antiretroviral therapy (ART)
- Clinical services other than ART (e.g., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)
- Non-clinical support services (e.g. transportation, legal, etc.) **(If you only selected this option, skip to question 24)**

IND-PAR Item 21: Level of practice

Participants should **select one** of the options that best describes the way they provide services to clients with HIV.

- **Basic** HIV care and treatment

"Basic" is defined as:

1. Able to counsel clients about transmission and adherence
2. Willing to start ART for most straightforward patients/clients
3. Aware of recommended first line therapies per HHS guidelines
4. Aware of initial laboratory work-up of a newly diagnosed patient/client

- **Intermediate** HIV care and treatment

"Intermediate" is defined as:

5. Comfortable prescribing first-line regimens to most clients, including those with comorbidities
6. Able to interpret genotype results which showing resistance mutations
7. Aware of common drug-drug interactions affecting ART

- **Advanced** HIV care and treatment

"Advanced" is defined as:

8. Comfortable designing initial regimens for all patients/clients
9. Able to interpret resistance assay results and determine next steps using evidence-based study results
10. Knows the nuances of drug-drug interactions affecting ART
11. Able to teach others about basic ART management

- **Expert** HIV care and treatment, including training others and/or clinical consultation

"Expert" is defined as:

12. Comfortable designing ART regimens based on resistance testing results, drug-drug interactions, and patient/client characteristics for people with HIV from newly diagnosed clients to long-term survivors.
13. Aware of most of the major research findings about ART and care for people with HIV
14. Able to read and explain results of clinical research trials
15. Able to teach others about HIV care and management of all levels of experience
16. Comfortable acting as an educational clinical consultant

IND-PAR Item 22: Number of years providing direct services to patients/clients with HIV

Participants should indicate the number of years they have provided HIV services to patients/clients. Months should be rounded to the nearest whole year (e.g., four years and five months should be reported as four years). If less than one year, write "01."

IND-PAR Item 23: Number of patients/clients with HIV to whom they provided direct service

Participants should estimate the number of people with HIV to whom they provide direct service in the past 12 months. If participants are not sure about the exact number, please round the estimate to the nearest whole number.

IND-PAR Item 24: Patients/clients with HIV who are receiving antiretroviral therapy (ART)

Participants should estimate the percentage of their patients/clients who are receiving ART. These estimates should be based on the past 12 months of the participants' services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%
- Don't know/unsure

IND-PAR Item 25: Patients/clients with HIV who are from racial/ethnic minority groups[2]

Participants should estimate the percentage of their patients/clients with HIV who are from racial/ethnic minority groups. These estimates should be based on the past 12 months of the participants' services to people with HIV.

- None
- 1-24%
- 25-49%

[2] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

- 50-74%
- ≥75%
- Don't know/unsure

IND-PAR Item 26: Indicate if >/=50% of patients/clients with HIV were of the following categories

Participants should **select all that apply** of the following categories that 50% OR GREATER of their patient/client population comprise.

- Uses substances
- Has mental health disorder(s)
- Has hepatitis B/HBV
- Has hepatitis C/HCV
- Has sexually transmitted infection(s)
- None of the above

Training Activity Record (TAR)

Each regional AETC, local partner, or trainer completes a TAR form at the end of a training activity that took place during the reporting period. This form should be completed by the program office or trainer that sponsored the training activity that took place during the reporting period (July 1 – June 30).

If a training activity has multiple tracks for different cohorts of participants, complete a TAR for each track.

TAR Item 1: Program ID Number

The Program ID is a variable created by the individual RWHAP AETC to identify the activity. It should be unique within the budget year. Each RWHAP AETC may create its own method for creating the Program ID. The Program ID should be eight digits and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple activities occurring on the same date.

TAR Item 2: AETC number

This item indicates the RWHAP AETC number. The assigned AETC numbers are available in the AETC Data Collection Codebook. HRSA HAB uses this number to identify unique activities by RWHAP AETC region.

TAR Item 3: Local partner number

This item indicates the number of the partner if an activity was held with a Local Partner Site. The Local Partner Site numbers are available in the AETC Data Collection Codebook on pages 1-4. If a partner site is missing, contact your project officer.

TAR Item 4: Training activity date

This item is the start date and end date of the activity.

Start date:

M	M	D	D	Y	Y	Y	Y

End date:

M	M	D	D	Y	Y	Y	Y

The date reported in TAR Item 4 must align with the corresponding date reported in PPA Item 11. The date format must completely align between the two datafiles. (i.e., MMDDYYYY).

Archived webinars that were originally held as a live activity should be considered part of the live TAR. Archived webinars that were not originally held as live activities should have one TAR created. The activity date should be the last date of the budget period.

TAR Item 5: Multi session activity

Indicate if this training is part of a multi-session activity.

- Yes
- No **(skip to question 8)**

- One TAR should be completed for each session
- One TAR per session in a series
- One TAR per case discussion/clinical consultation, each Communities of Practice (CoP) session (ex: if CoP meets monthly, there would be one TAR per month for each CoP session)
- One TAR per session in a conference
- One TAR per month per clinic for technical assistance offered
- One TAR per preceptee per preceptorship, a preceptorship is not considered a multi-session activity for the TAR

Multi Session Activity Definitions:

Session	Training activity that focuses on a specific topic or skill. A session could refer to a single, standalone training that typically lasts for a short time period, i.e., under two hours. Each session is typically a self-contained unit. A session could also refer to a component that is part of a broader training series or program in which that training activity is a part of a series. A TAR should be completed at the end of each individual session, and a PPA should be completed by all participants at the end of each individual session.
Series	A training series consists of sessions that are linked with other sessions based on theme, speaker, and or specialized discipline such as a learning series on PrEP for women. Trainings in a series will have been designed as such, i.e., an agenda published in advance will list the learning session dates, speakers, topics, etc. Sessions in a series can build upon each other and participants may be expected to attend a majority of the sessions in the series. A series consists of related sessions held over an extended period of time that can occur over multiple days, weeks, or months. A TAR should be completed after the completion of each individual session within the series, and a PPA should be completed by all participants at the end of each individual session.
Multi-day activity	A multi-day activity typically is a concentrated activity that takes place over consecutive days (e.g., a conference or seminar) and includes a mix of sessions with multiple modalities. The focus of a multi-day activity includes sessions that are usually organized around a specific occasion. Participants may attend different sessions based on their interests. A TAR should be completed after the completion of each individual session within the multi-day activity, and a PPA should be completed by all participants at the final session they attended in the multi-day activity.
Preceptee	For all clinical preceptorships, AETCs or LPs should complete one TAR per preceptee. Once the clinical preceptorship is completed, a TAR should be filled out to summarize topics covered. A PPA should be completed by the preceptee at the conclusion of the preceptorship.
Cohort of preceptees	A cohort of preceptees are an organized group of preceptees who undergo their clinical training together, share a similar timeline for their preceptorship experience and follow a curriculum or schedule as a cohesive unit. One TAR should be completed for each preceptee in a cohort experience. A PPA should be completed by each preceptee at the conclusion of the preceptorship.

TAR Item 6: Sessions occurred

Indicate how many sessions occurred/will occur throughout this training series.

TAR Item 7: Session number

Indicate the session number of the training activity.

TAR Item 8: State

Indicate the U.S. State or Territory where the activity occurred. For online activities, use the state where the activity was hosted.

TAR Item 9: ZIP code

Indicate the ZIP code where the activity occurred. For online activities, use the ZIP code where the activity was hosted.

TAR Item 10: Minority AIDS Initiative (MAI) funds[3]

Indicates if this is a Minority AIDS Initiative (MAI) funded activity per the guidance in the most recent Regional AETC HRSA Notice of Funding Opportunity (NOFO).

- Yes **(skip to question 14)**
- No

TAR Item 11: Source of funds

This item asks which of the following sources of funds were used to support the activity (**select all that apply**). If "Other" is selected, you must specify the source of funds used.

- RWHAP AETC Base Grant Funding
- Ending the HIV Epidemic (EHE) Funding **(skip to question 17)**
- HRSA BPHC Primary Care HIV Prevention (PCHP) Funding **(skip to question 17)**
- Other Funding, **(specify: _____) (skip to question 17)**

TAR Item 12: Training activity type

Indicate the training activity type for this activity (**select one**)

- Foundations of HIV (FH) **(skip to question 17)**
- Capability and Expertise Expansion (CEE)
- Practice Transformation (PT) **(skip to question 15)**
- Interprofessional Education (IPE) **(skip to question 16)**

TAR Item 13: Training corresponded to which of the National HIV Guidelines

Indicate which of the National HIV Guidelines the content of this training corresponded with. (**select all that apply**).

- HIV Antiretroviral Therapy, Adult and Adolescent (Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV)
- Pediatric (Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection)

[3] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

- Perinatal (Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States)
- Opportunistic Infections (Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-infected Adults and Adolescents; Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with and Exposed to HIV)
- Occupational Post-exposure Prophylaxis (Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis)
- PrEP (Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States)
- Other Funding, **(specify: _____)**
- None of the above

TAR Item 14: MAI category[4]

For MAI activities only, indicate the MAI category for this activity (**select one**).

- Interprofessional education at Minority Serving Institutions (MSI) of higher education
- Practice Transformation (PT) at minority-serving health care facilities
- Didactic and clinical training opportunities developed specifically to encourage minority-serving providers to incorporate HIV prevention, care and treatment into their practices
- HIV curriculum integration of clinical and didactic training at MSIs. If a recipient selects this as one of their MAI activities, the services must not overlap the work currently being done in the regions through the National HIV Curriculum e-Learning Platform and Building the HIV Workforce and Strengthening Engagement in Communities of Color NOFOs
- Partner with health professional organizations focused on or consisting of underrepresented populations to incorporate topics in HIV into programs focused on training and educating minority-serving health professionals and/or students

TAR Item 15: Clinic ID# (for Practice Transformation (PT) project only)

Indicate the PT project clinic ID#. **Up to 30 IDs can be reported.** IDs are generated by the recipient.

[4] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

TAR Item 16: Health professional program ID# (for Interprofessional Education [IPE] project only)

Indicate the lead health professional program ID#. **Up to five IDs can be reported.** IDs are generated by the recipient.

See the Glossary for the definition of lead health professional program.

TAR Item 17: Training content

Indicate the topics that best describe the content covered by the training (**select all that apply**).

- Antiretroviral Therapy (ART; including Rapid ART initiation and long acting injectables)
- ART adherence
- Engagement/re-engagement and retention in HIV care
- HIV prevention
- HIV testing and diagnosis
- Linkage/referral to HIV care
- Management of co-morbid conditions
- Other, **(specify: _____)**

TAR Items 18-23: Activity topics

Indicate which topics were discussed for 15 minutes or longer during the activity. Check all the options that apply.

TAR Item 18: HIV prevention

Indicate which, if any, of the HIV prevention topics were addressed during the activity. Trainers may **select all that apply**. In the case where "Other" is selected, please specify the HIV prevention topic discussed.

- Behavioral prevention
- HIV transmission risk assessment
- Post-exposure prophylaxis (PEP, occupational and non-occupational)
- Pre-exposure prophylaxis (PrEP)
- Prevention of perinatal transmission
- Sexual health history taking

- Treatment as prevention
- Other prevention
- Other, **(specify: _____)**

TAR Item 19: HIV background and management

Indicate which of the HIV background and management topics were addressed during the activity. Trainers may **select all that apply**. In the case where "Other" is selected, please specify the HIV background and management topics discussed.

- Acute HIV
- Adult and adolescent antiretroviral treatment
- Aging and HIV
- Antiretroviral treatment adherence, including viral suppression
- Rapid ART initiation
- Long-acting ART
- Basic science
- Clinical manifestations of HIV
- HIV diagnosis (i.e., HIV testing)
- HIV epidemiology
- HIV monitoring lab tests (i.e., CD4 and viral load)
- HIV resistance testing and interpretation
- Linkage to care
- Pediatric HIV management
- Retention and/or re-engagement in care
- Other, **(specify: _____)**

TAR Item 20: Primary care and comorbidities

Indicate which of the primary care and comorbidities topics were addressed during the activity. Trainers may **select all that apply**. In the case where "Other" is selected, please specify the primary care and comorbidities discussed.

- Age-related screening and care (e.g., cognitive acuity, bone density, etc.)
- Anal cancer screening and care (e.g., Anoscopy and high-resolution anoscopy or HRA)
- Cervical cancer screening and care, including HPV
- End of life care
- Health or wellness maintenance
- Hepatitis B
- Hepatitis C
- Immunization
- Malignancies
- Medication-assisted therapy for substance use conditions (e.g., buprenorphine, methadone, and/or naltrexone in combination with behavioral therapies)
- Mental health disorder
- Non-infectious comorbidities of HIV or viral hepatitis (e.g., cardiovascular, neurologic, renal disease, etc.)

- Nutrition
- Opioid use disorder
- Opportunistic infections
- Oral health
- Primary care screenings and care
- Preconception planning
- Sexually transmitted infections
- Substance use disorders, not including opioid use
- Other, **(specify: _____)**

TAR Item 21: Care of people with HIV

Indicate which of following to care of people with HIV were addressed during the activity. Trainers may **select all that apply**. In the case where "Other" is selected, please specify the issues related to care discussed.

- Health literacy
- Stigma
- Stress management
- Other, **(specify: _____)**

TAR Item 22: Health care organization or systems issues

Indicate which health care organization or systems issues were addressed during the activity. Trainers may **select all that apply**. In the case where "Other" is selected, please specify the health care organization or systems issues discussed.

- Billing for services and payment models/financial (e.g., HCPC, ICD9 codes, reimbursement)
- Care coordination
- Case management
- Community linkage
- Confidentiality/HIPAA
- Funding or resource allocation (e.g., grants, contracts)
- Health care coverage
- Legal issues
- Motivational interviewing
- Organizational infrastructure
- Organizational needs assessment
- Patient-centered care
- Patient-centered medical home
- Practice transformation
- Quality improvement
- Team-based care (e.g., interprofessional training)
- Telehealth
- Use of technology for patient care (e.g., electronic health records, etc.)
- Other, **(specify: _____)**

TAR Item 23: People disproportionately impacted

Indicate which of the people disproportionately impacted by HIV were addressed during the activity. Trainers may **select all that apply**. In the case where a population is not indicated, fill in the "Other" bubble and write in the omitted population.

- Children (ages 0 to 12)
- Adolescents (ages 13 to 17)
- Young adults (ages 18 to 24)
- Older adults (ages 50 and over)
- Women
- People experiencing homelessness or unstable housing
- People with legal system involvement
- People with a mental health disorder or condition
- People who inject drugs
- Pregnancy
- Rural communities
- Veterans
- Other populations, **(specify: _____)**

TAR Item 24: AETC collaboration

This question will determine how often an RWHAP AETC works in collaboration with another AETC to finance, plan, and execute a training activity. Collaboration must include financial or RWHAP AETC personnel time contribution.

If two or more RWHAP AETCs jointly sponsor a training activity, they should decide ahead of time which RWHAP AETC will collect the IND-PARs. That RWHAP AETC must send the IND-PARs to HRSA and indicate on the TAR which RWHAP AETC jointly sponsored the activity according to the choices provided.

The partnering RWHAP AETCs that do not collect the IND-PARs should not send any IND-PARs to HRSA for that jointly sponsored activity. They should still fill out a TAR and make sure that the Program ID matches the Program ID used by the RWHAP AETC that is sending the IND-PARs to HRSA. They should also make sure to fill out Item 22 so it reflects the collaboration with the other RWHAP AETC(s).

Indicate which other AETCs collaborated to organize the activity. **Select all that apply**.

- Mid-Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC

- South Central AETC
- Southeast AETC
- AETC National AETC Support Center (NASC)
- AETC National Clinician Consultation Center (NCCC)
- National HIV Curriculum (NHC) Programs including National PrEP Curriculum (NHPC)
- None/Not Applicable

TAR 24 is asking for collaborations between different regional or national AETCs and NOT for collaborations within the same region.

TAR Item 25: Federally funded training centers

Indicate which other federally funded training centers collaborated to organize the activity. **Select all that apply**. In the case where "Other" is selected, please specify the other federally funded training centers that were collaborated with.

- Addiction Technology Transfer Center (ATTC)
- Area Health Education Center (AHEC)
- Capacity Building Assistance (CBA) Provider
- The Reproductive Health National Training Center (RHNTC)
- Mental Health Technology Transfer Centers (MHTTC)
- Public Health Training Center (PHTC)
- National Network of Prevention Training Centers of CDC (NNPTC)
- Tuberculosis Centers of Excellence (TB COE) for Training, Education, and Medical Consultation
- Other, **(specify: ____)**
- None/Not Applicable

TAR Item 26: Other collaborations

Indicate any other organization that collaborated to organize this activity. **Select all that apply**. In the case where "Other" is selected, please specify the other collaborators for the activity.

- Academic institution
- AIDS services organization
- Federally qualified health center (FQHC) funded by HRSA
- Community health center
- Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- Faith-based organization
- Federal partners
- Health professions school/program
- Hospital or hospital-based clinic
- Local/state health department
- Minority serving institution

- Research networks
- Ryan White HIV/AIDS Program (RWHAP)-funded organization, including sub recipients
- State Primary Care Associations
- Tribal health organization
- Other community-based organization
- Other, **(specify: ____)**
- None/Not Applicable

TAR Item 27: Primary training modality

Indicate any primary training modality discussed during this training activity. **Select one**.

- Case discussion/clinical consultation
- Clinical training/preceptorship
- Communities of practice
- Didactic
- Interactive training/workshops
- Technical assistance/coaching

TAR Item 28: Additional training modalities

Indicate any additional training modalities discussed during this training activity. **Select all that apply**.

- Case discussion/clinical consultation
- Clinical training/preceptorship
- Communities of practice
- Didactic
- Interactive training/workshops
- Technical assistance/coaching
- No additional modalities

Characteristics of Different Training Types

Training and TA Modality	Definition	Examples	In-Person	Distance-Based
Case discussion/ clinical consultation	A **case discussion/clinical consultation** is an interaction between a clinical consultant and a clinical consultee (one to one or multiple consultees). The consultant provides educational recommendations to the provider for him/her to make more appropriate clinical care decisions and impart the most up-to-date knowledge. Clinical consultations are provider-driven and may occur in person or at a distance through technology. Discussion of real-life cases is a key element of clinical consultation.	• Telephone discussion of actual clinical case • Patient specific question and problem solving via an internet application	Yes, but probably less likely	Yes
Clinical training/ preceptorship	The objective of **clinical preceptorships** is to change and/or expand knowledge, attitudes, and clinical skills, and to increase the comfort and confidence of the trainee to make appropriate clinical decisions. The learner is actively involved with clinical care experiences under the direct supervision of an expert with patient interaction and takes place in a clinical setting.	• Clinical observation • Preceptorship • Clinical mentorship • Mini residency • Clinical patient simulation laboratory	Yes	Yes, but not preferred

Communities of practice	A **community of practice** consists of a group of people who share knowledge to develop shared practice. A community of practice may use different modalities or interventions to obtain a shared outcome. Aimed at engaging health care providers and teams in communities of practice (CoP) who share a concern, issue to increase knowledge and expertise by interacting regularly and providing interprofessional education (IPE).	• Discussion of cases supplied by participants in a group setting
		• Discussion and problem solving regarding:
		  • Operational issues
		  • Policy issues
		• Meeting of healthcare professionals to share knowledge and best practice
			Yes	Yes

Didactic	Didactic presentations aim to change and/or expand knowledge and attitudes by relaying information through short training activities which provides a mechanism for recruitment of HPs and teams to other more intensive training programs. The trainer presents information to learners in an oral and/or written presentation. The learner listens to a lecture-type presentation and can ask questions.	• Conferences • Lectures • Grand rounds • Webinars (with learners listening only)	Yes	Yes

Training and TA Modality	Definition	Examples	In-Person	Distance-Based
Interactive training/ workshops	**Interactive presentations** are in-person or online presentations that allow the learner to actively participate. Programs aim at providing training activities for knowledge transfer and facilitating changes in practice, policy, and operations in clinics, programs, and individual HPs. The learner interacts with the instructor and other participants with the objective of changing and/or expanding skills and practice for capacity building.	• Discussion of cases supplied by trainer • Small group interactive sessions • Interactive workshops • Roleplay • Use of an audience response system or polling system • Webinars (with learners actively participating)	Yes	Yes
Technical assistance/ coaching	The objective of technical assistance for Capabilities Expertise Expansion (CEE) and organizational capacity building is to increase knowledge and clinical skills, to increase capacity across the organization, program or agency. The focus of the interaction is on organizational or programmatic issues about service delivery.	• Providing information, knowledge, advice, or consultation about organizational issues rather than clinical concerns • Providing resources, guidance, and assistance to improve service delivery and performance at organizational level and/or individual provider level • Assisting with the development of policies and procedures • Assisting with community linkages and referrals	Yes	Yes

TAR Item 29: Primary training format

Indicate the primary training format for this activity. **Select one**.

- Hybrid **(skip to question 31)**
- In-person **(skip to question 31)**
- Virtual based (live) **(skip to question 31)**
- Virtual based (on-demand) with continuing medical education credits (CME)/ continuing education credits (CE)
- Virtual based (on-demand) without CME/CE (e.g., Podcasts, YouTube videos, etc.)

On demand training seeks to increase knowledge through a training program that users can complete in their own time. The learner goes through self- study materials at his/her/their own pace to achieve stated objectives and competencies.

- Examples: self-study materials; national curricula; online learning modules; videos, including recorded webinars; web-based materials; print products.
- In-Person: No
- Distance-Based: Yes

TAR Item 30: Total hours of downloads/streams/plays/views

Indicate the total number of downloads/streams/plays/views of the virtual-based (on-demand) training in this data collection period (July 1 - June 30).

TAR Item 31: Total hours of activity

Indicate the number of hours spent on this training or technical assistance modality for this activity. The trainer may distribute the training hours to the nearest quarter hour across all training modalities. Hours should be expressed in decimals. Enter hours rounded to the nearest ¼ hour in each cell (.25 = ¼, .50 = ½ hour, .75 = ¾ hour).

				●		

TAR Item 32: Continuing education

Indicate whether continuing education credits were made available to activity participants.

- Yes
- No

Practice Transformation-Site Characteristics/Outcomes Form (PT-SC)

The PT-SC is designed to collect descriptive PT site-level data for all RWHAP Part F AETCs who are funded to provide PT during the reporting period (July 1 – June 30). An entry should be completed for each participating PT site. Please complete this form at the end of the reporting period.

PT-SC Item 1: Today's date

Today's date:

M	M	D	D	Y	Y	Y	Y

PT-SC Item 2: Clinic ID#

Indicate the clinic ID#.

PT-SC Item 3: Institutional National Provider Identifier (NPI)

If applicable, provide the institutional National Provider Identifier (NPI).

PT-SC Item 4: Clinic state/territory

Indicate the state/territory where the clinic is located.

PT-SC Item 5: ZIP code

Indicate the ZIP code where the clinic is located.

PT-SC Item 6: PT enrollment date

Enrollment month and year:

M	M	Y	Y	Y	Y

PT-SC Item 7: Current status of the PT project

Indicate the status of the PT project. **Select one**.

- **Development phase**

During the **development phase**, the PT Coordinator has made contact with clinic site. Discussions may be in progress with clinic leadership or other relevant stakeholders, leading to tentative or firm buy-in among clinic stakeholders, or an memorandum of understanding (MOU) may be in development with AETC and the clinic.

- **Foundation phase**

During the **foundation phase**, the MOU or formal agreement has been ratified with both Central AETC /LP and the clinic; PT goals are being discussed or finalized or needs assessment may or may not yet have been taken.

- **Integration phase**

During the **integration phase**, PT project goals are established; workplan is being finalized after the needs assessment results; clinic staff roles in terms of their role with the project have been defined; and/or site has had at least two TA or training sessions with PT coach/LP PT staff.

- **Sustainment Phase**

During the **sustainment phase**, regular TA sessions or meetings are conducted with clinic staff alongside AETC PT coaches, the clinic remains committed to advancing the goals set during the foundation phase, setbacks may occur in terms of staffing, turnover, but AETC coaches address these challenges in real time and discuss any needed modification to proposed goals.

- **Graduated Phase**

During the **graduated phase**, the PT site has accomplished their proposed performance and outcome goals as stated in their workplan, and data has been submitted at least once to HRSA HAB. In addition, the PT coach involvement in terms of regular TA has decreased due to site's self-sufficiency and workflow plans are in place to adjust for staffing changes, turnover. If the clinic has stopped their participation in the PT project and has NOT accomplished their workplan goals, do not record this PT site as "graduated", record in the "development" phase.

PT-SC Item 8: Type of clinic

Indicate the type of clinic for the purposes of PT. **Select all that apply**.

- Health center funded through the PHS Act 330 authority
- Indian Health Service (IHS) or tribal facility
- Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, or D-funded health care delivery site

PT-SC Item 9: PT Site selection criteria

Indicate which of the following are true for this site during the reporting period. **Select all that apply**.

- Located in an Ending the HIV Epidemic in the U.S. (EHE) county or jurisdiction
- At least 25% of the patient/client population served are people from racial/ethnic minority groups5
- At least 10% of the patient/client population served has a substance use disorder
- None of the above

PT-SC Item 10: UDS performance measure

For health centers only: indicate which UDS performance measure from the previous year's data that this PT site used to determine eligibility to participate in PT as outlined in the most recent HRSA NOFO (in order to indicate if performance was below the recent median result). **Select all that apply**.

- **Linkage to care:** Percentage of clients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the previous year and November 30 of the reporting period and who were seen for follow-up HIV treatment within 30 days of that first-ever diagnosis

[5] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

- **Routine HIV screening:** Percentage of clients 15 through 65 years of age who were tested for HIV (when the client was in the age range)
- Not applicable/clinic does not fit criteria above per PT waiver

PT-SC Item 11: Performance measures reported on the RWHAP Services Report (RSR)

For RWHAP-funded sites only: indicate which RWHAP Services Report (RSR) performance measure that the PT site used to determine eligibility to participate in PT as outlined in the most recent HRSA NOFO (in order to indicate if performance was less than the national average result). **Select all that apply**.

- **Annual retention in care:** Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year
- **HIV viral load suppression:** Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last viral load test during measurement year
- Not applicable/clinic does not fit criteria above per PT waiver

PT-SC Item 12: HIV prevention, care, and treatment activities and procedures

Indicate if this clinic offers the following HIV prevention, care and treatment activities and procedures. **Select all that apply**.

- Routine HIV testing
- Linkage to care practices
- Pre-exposure prophylaxis (PrEP) prescription
- Post-exposure prophylaxis (PEP) prescription
- Antiretroviral therapy (ART) prescription

PT-SC Items 13-22: New protocols, processes, and/or policies

Provide the number of new protocols, processes, and/or policies during this reporting period (July 1 – June 30). **Please provide a whole number between 0-99. If no protocols, processes, and/or policies are currently in development or implemented during this reporting period, please put a "0" (zero).**

Number of new protocols, processes and/or policies….

	…currently in development	…implemented
PrEP prescription	**13)**	**14)**
PEP prescription	**15)**	**16)**
HIV testing	**17)**	**18)**
Linkage to care	**19)**	**20)**
ART prescription	**21)**	**22)**

Protocols, Processes, and/or Policies Definitions:

New protocols	Formal or standardized operating procedures (SOPs) that are established to ensure the clinic processes are consistent and effective. An example may be PrEP prescription protocol that outlines steps providers must follow before beginning PrEP.
New processes	A workflow or sequence of tasks that need to be followed in delivering services. An example may include a universal HIV screening process that includes a series of steps that providers follow to ensure accurate testing.
New policies	Policies are a set of rules or frameworks for actions that ensure compliance with legal, ethical, and regulatory standards.
Currently in development	Protocols, processes, and/or policies that are in active stages of creation, review or modification but are not put into practice. This may include drafting, testing, stakeholder feedback or approval processes before being fully implemented into practice.
Implemented	Protocols, processes, and/or policies that are adopted and are actively being followed at the PT clinic. Protocols, processes, and/or policies are a part of regular operational practice.

PT-SC Items 23-35: Unduplicated patients/clients

The following questions are based on the number of unique patients/clients (i.e., unduplicated) seen by this site **in the previous calendar year (Jan 1 – Dec 31)**.

If this clinic does not provide the service or the question is not applicable, please put a "." (period). If your clinic does provide the service but no patients/clients were served, please report a "0" (zero).

17. **For questions 23-28**, provide a whole number between 0-99999.
18. **For questions 29-33**, provide a whole number between 0-999.
19. **For questions 34-35,** provide a whole number between 0-99

Description of patient/client population served at this site during the reporting period	Number of all unique patients/clients	Number of unique patients/clients with HIV
Patients/clients served in the clinic during the reporting period	23)	24)
Patients/clients served who are from racial/ethnic minority groups[6]	25)	26)
Patients/clients served with substance use disorders	27)	28)
Patients/clients served who were tested for HIV	29)	
Patients/clients served with a new HIV diagnosis (within the last 30 days)		30)
Patients/clients served who were linked to HIV care (within 30 days of the first diagnosis of HIV)		31)
Patients/clients served with a new HIV diagnosis (within the last 30 days) who were prescribed ART		32)
Patients/clients served who were prescribed ART		33)
Patients/clients served who were prescribed PrEP	34)	
Patients/clients served who were prescribed PEP	35)	

[6] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC)

The IPE-HC is designed to collect descriptive IPE Health Profession Program (HPP)-level data for all RWHAP Part F AETC IPE HPPs during the reporting period (July 1 – June 30). An entry should be completed for each participating IPE institution; all separate HPPs should fill out a separate IPE-HC. Please fill out this form at the end of the reporting period.

IPE-HC Item 1: Today's date

Today's date:

M	M	D	D	Y	Y	Y	Y

IPE-HC Item 2: HIV IPE Program ID

HIV IPE Program includes both medical and nursing students at a minimum, and at least two disciplines from the following training programs: pharmacy, behavioral health professional, dentistry, nurse practitioner, physician assistant, and community health workers. IPE programs are designed to foster an interest in HIV care earlier in the education or training of future health care team members, thus contributing to improved outcomes along the HIV care continuum. IPE programs can include various institutions, or HPPs at the same or different institutions.

Indicate the HIV IPE Program ID#.

IPE-HC Item 3: Institution

An Institution is a place of higher education or an academic institution, an example includes University of Illinois.

Indicate the HIV IPE Institution #.

IPE-HC Item 4: Specific Health Professional Program (HPP)

An HPP instructs a specific clinical or health-related discipline and offers HIV IPE training and/or hands-on clinical learning opportunities to its students. An example is School of Medicine at University of Illinois.

Indicate the specific HPP #.

IPE-HC Item 5: IPE HPP state/territory

Indicate the state/territory where the IPE HPP is located.

IPE-HC Item 6: IPE HPP ZIP code

Indicate the ZIP code where the IPE HPP is located.

IPE-HC Item 7: Minority Serving Institution (MSI)

Participants should **select one** response to this question.

- Yes
- No
- Not Sure

IPE-HC Item 8: Current status of the IPE HIV program

Indicate the status of the PT project. **Select one**.

- **Development phase** (skip to question 10)

During the **development phase**, the IPE Coordinator has made contact and connections at a potential HPP, but no agreement has been reached. Negotiations are still underway regarding which program disciplines (in addition to medicine and nursing) will take part. Conversely, Memorandum of Understanding (MOU) may have been signed, faculty and program disciplines have been identified but IPE activities are in planning stages.

- **Integration phase**

During the **integration phase**, the HPP may have only begun activities with certain program disciplines and is confirming start dates with additional disciplines. HPP classes have largely incorporated the four IPE core competencies (2016) as listed in the NOFO: Values/ethics for interprofessional practice; Roles/responsibilities; Interprofessional communication; and Teams and teamwork. MOU may or may not have been signed depending on HPP circumstances.

- **Sustainment Phase**

During the **sustainment phase**, the HPP is collaborating with the required disciplines medicine, nursing, and at least two disciplines from the following training programs: pharmacy, behavioral health professional, dentistry, nurse practitioner, physician assistant, and community health workers. HPP successfully incorporate interactive clinical and classroom-based activities supported by didactic, stand-alone teaching, and IPE program has completed one academic year or equivalent cycle.

- **Graduated phase**

During the **graduated phase**, the HPP has accomplished their proposed performance and outcome goals as stated in their workplan, and data has been submitted at least once to HRSA HAB.

IPE-HC Item 9: Established HPP date

Month and year:

M	M	Y	Y	Y	Y

IPE-HC Item 10: Incorporated core competencies

Competency or competencies are integrated into the HIV IPE program. Competencies are utilized as fundamental components of the HIV IPE programs structure and practice including being integrated into curriculum and teaching.

Indicate all core competencies for Interprofessional Collaborative Practice (2016) that are incorporated by the end of the reporting period. **Select all that apply**.

- **Competency 1:** Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethnics for Interprofessional Practice)
- **Competency 2:** Use knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)
- **Competency 3:** Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)
- **Competency 4:** Apply relationship-building values and the principles of team dynamic to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

IPE-HC Item 11-14: Students or faculty trained by your HIV IPE HPP

The following questions are based on the number of practicum students (IPE trainees only) or faculty trained by your HIV IPE HPP during the reporting period (July 1 – June 30). **If the question is not applicable, put a period "." If the question is applicable but there are zero students/faculty, please put a zero (0).**

20. **For questions 11-12**, provide a whole number between 0-9999.
21. **For questions 13-14**, provide a whole number between 0-999.

Item:	Question:	Whole number:
11	Total number of unique students trained at this HPP	
12	*Number of unique students in the following disciplines/professions at this HPP:*	
a	Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)	
b	Case manager	
c	Community health worker (includes peer educator or navigator)	
d	Dentist	
e	Dietitian or nutritionist	

f	Nurse professional (non-prescriber)
g	Pharmacist
h	Physician
i	Physician assistant/associate
j	Psychologist
k	Social worker
l	Substance use disorder professional
m	Other allied health professional (e.g., medical assistant, physical therapist, etc.)
n	Other clinical professional (e.g., podiatrist, chiropractor, etc.)
o	Other dental professional
p	Other public health professional
q	Other
13	Total number of unique HPP faculty engaged in curriculum development or the implementation of the HIV IPE program
14	*Number of unique HPP faculty in the following disciplines/professions:*
a	Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
b	Case manager
c	Community health worker (includes peer educator or navigator)
d	Dentist
e	Dietitian or nutritionist
f	Nurse professional (non-prescriber)
g	Pharmacist
h	Physician
i	Physician assistant/associate
j	Psychologist
k	Social worker
l	Substance use disorder professional
m	Other allied health professional (e.g., medical assistant, physical therapist, etc.)
n	Other clinical professional (e.g., podiatrist, chiropractor, etc.)
o	Other dental professional
p	Other public health professional
q	Other

Participant Post Activity Survey (PPA) - Immediate

This form should be completed by participants at the conclusion of each activity that took place during the reporting period (July 1 – June 30). The end of this form (questions 8-11) should be completed by the RWHAP Part F AETC or the Local Partner Site.

PPA Item 1: Participant unique ID

Participants should provide their email address as their unique ID.

Trainers should emphasize to participants that they must reuse the same unique ID every time they attend an activity sponsored by the RWHAP AETC Program, even when attending activities by different local partner sites, to enable tracking of training continuity. Documenting the number of individuals attending multiple activities throughout the RWHAP AETC Program demonstrates to Congress that the program is successfully engaging professionals on a continuing basis and providing up-to-date information on topics pertinent to those treating people with HIV.

PPA Item 2: Knowledge about HIV prevention, care, and treatment

Participants should indicate to what extent this activity affected their knowledge about HIV prevention, care, and treatment. **Select one**.

- Not at all
- Slightly
- Moderately
- Substantially
- Extremely

PPA Item 3: Ability to apply new knowledge or skills

Participants should indicate to what extent this activity affected their ability to apply the new knowledge and/or skills obtained during this activity to the provision of HIV prevention, care, and/or treatment. **Select one**.

- Not at all
- Slightly
- Moderately
- Substantially
- Extremely
- Not applicable

PPA Item 4: Satisfaction with activity attended

Participants should indicate how satisfied or dissatisfied they are with the activity they attended. **Select one**.

- Very dissatisfied
- Dissatisfied

- Neutral
- Satisfied
- Very satisfied

PPA Item 5: Provide effective HIV care and prevention services

In comparison to pre-training ability level, participants should indicate how this activity improved their ability to provide effective HIV prevention, care and/or treatment. **Select one**.

- Not at all
- Slightly
- Moderately
- Substantially
- Extremely
- Not applicable

PPA Item 6: Currently involved in HIV prevention, care, or treatment

Participants should indicate if they are currently involved in HIV prevention, care, or treatment or do they intend to be involved in HIV prevention, care, or treatment in your future practice or career. **Select one**.

- Yes (**Stop here.** *You are done with this form*.)
- No
- Unsure

PPA Item 7: Reasons participant is not involved in HIV care

Participants should indicate all reasons they are not involved or do not intend to be involved in HIV care, treatment, or prevention in their current practice or future career. **Select all that apply**. If "Other" is selected, specify the reason.

- Lack-of-interest in HIV prevention, care, and treatment
- Limited support or mentorship in the HIV prevention, care, and treatment field
- Pursuing a career outside of healthcare
- Pursuing different healthcare specialization
- HIV prevention, care, and treatment services are not provided at my workplace
- Not currently working
- Enrolled in a degree program (i.e., student)
- Currently a resident or intern
- Current profession/role does not involve primarily involve HIV care, treatment, or prevention services
- Other, **(specify: _____)**

PPA Items 8-11, are to be completed by the AETC Local Partner only.

PPA Item 8: Program ID Number

The Program ID is a variable created by the individual RWHAP AETC to identify the activity. It should be unique within the budget year. Each RWHAP AETC may create its own method for creating the Program ID. The Program ID should be eight digits and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple activities occurring on the same date.

PPA Item 9: AETC number

This item indicates the RWHAP AETC number. The assigned AETC numbers are available in the AETC Data Collection Codebook. HRSA HAB uses this number to identify unique activities by RWHAP AETC region.

PPA Item 10: Local partner number

This item indicates the number of the partner if an activity was held with a Local Partner Site. The Local Partner Site numbers are available in the AETC Data Collection Codebook on pages 2-4. If a partner site is missing, contact your project officer.

PPA Item 11: Activity dates

This item is the start date and end date of the activity.

Start date:

M	M	D	D	Y	Y	Y	Y

End date:

M	M	D	D	Y	Y	Y	Y

The date reported in **TAR Item 4** must align with the corresponding date reported in **PPA Item 11**. The date format must completely align between the two datafiles. (i.e., MMDDYYYY).

Interprofessional Education– One-Year Post-Participation Survey (IPE-Long Term) *(One year post; HIV IPE students only)*

This form should be completed by IPE students only, one-year (12 months) post-completion of the IPE program.

IPE-Long Term Item 1: Participant unique ID

Participants should provide their email address as their unique ID.

Trainers should emphasize to participants that they must reuse the same unique ID every time they attend an activity sponsored by the RWHAP AETC Program, even when attending activities by different local partner sites, to enable tracking of training continuity. Documenting the number of individuals attending multiple activities throughout the RWHAP AETC Program demonstrates to Congress that the program is successfully engaging professionals on a continuing basis and providing up-to-date information on topics pertinent to those treating people with HIV.

Please use the email address used when you completed the Individual Participant Record Form (IND-PAR). Using your personal email address is recommended.

IPE-Long Term Item 2: National Provider Identifier (NPI)

If applicable, participants should provide their individual National Provider Identifier (NPI).

IPE-Long Term Item 3: CMS Certification Number (CCN)

If applicable, participants should provide their individual CMS Certification Number (CCN).

IPE-Long Term Item 4: IPE completion date

The student should indicate the month and year they completed the RWHAP AETC IPE program.

Month and Year:

M	M	Y	Y	Y	Y

IPE-Long Term Item 5: Capability to work on an interprofessional health care team

In comparison to before their involvement in a RWHAP AETC IPE program, participants should indicate how this activity improved their capability to work on an interprofessional health care team to care for people with HIV. **Select one**.

- Not at all
- Slightly
- Moderately
- Substantially
- Extremely

IPE-Long Term Item 6: Currently involved in HIV prevention, care, or treatment

Participants should indicate if they are currently involved in HIV prevention, care, or treatment or do they intend to be involved in HIV prevention, care, or treatment in their future practice or career. **Select one**.

- Yes
- No **(skip to question 16)**
- Not applicable-not currently working **(skip to question 16)**

IPE-Long Term Item 7: Employment ZIP codes

Participants should report the five-digit ZIP codes where they are employed or training. This will help HRSA identify participants who work in medically underserved communities or in EHE initiative jurisdictions. Participants may report up to three ZIP codes. If participants work in more than three ZIP codes, the participant should identify the three ZIP codes in which they do the most work.

IPE-Long Term Item 8: Primary profession/discipline/training program

Participants should **select one** response to this question. If participants do not see their profession listed, they should choose one of the "Specify" options and write in their profession.

- Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
- Administrative professional (e.g., front desk staff, grant writer, non-clinical management, etc.), **(specify: _____)**
- Case manager
- Clergy or faith-based professional
- Community health worker (includes peer educator or navigator)
- Dentist
- Dietitian or nutritionist
- Nurse professional (non-prescriber)
- Pharmacist
- Physician **(specialty: _____)**
- Physician assistant/associate
- Psychologist
- Social worker
- Substance use disorder professional
- Other allied health professional (e.g., medical assistant, physical therapist, etc.), **(specify: _____)**
- Other clinical professional (e.g., podiatrist, chiropractor, etc.), **(specify: _____)**
- Other dental professional
- Other public health professional, **(specify: _____)**
- Other, **(specify: _____)**
- Not currently working **(skip to question 16)**

IPE-Long Term Item 9: Primary functional role

Participants should **select one** response to this question. This question is asking the participants what they actually do at work. Again, participants have the option of selecting "Other (specify)" and writing in an answer.

- Administrator/ practice administrator/organizational leadership (e.g., chief executive officer, nurse administrator, etc.)
- Agency board member
- Care provider/clinician – cannot/does not prescribe HIV treatment
- Care provider/clinician – can/does prescribe HIV treatment
- City, local, or state government employee
- Client educator
- Clinical/medical assistant
- Counselor (mental health)
- Federal government employee

- Fellow
- Health care organization non-clinical staff (e.g., front desk, etc.)
- HIV tester or counselor (HIV testing)
- Intern/resident
- Mental health professional
- Patient navigator
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- Other, **(specify: _____)**
- Not currently working

IPE-Long Term Item 10: Direct interaction with patients/clients

This yes/no question asks if participants — not the employer — provide direct services to patients/clients. If the response is "Yes," participants should continue with Item 11.

- Yes
- No (**Stop here.** *You are done with this form*.)

Please note the definition of direct interaction with clients/patients in the glossary.

IPE-Long Term Item 11: HIV prevention services

Participants should **select all** the following services they provide to any patients/clients.

- HIV prevention counseling
- HIV testing
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- I do not provide any of the above HIV prevention services

IPE-Long Term Item 12: Services to patients/clients with HIV

Participants should indicate whether they provide services directly to patients/clients with HIV. If the response is "Yes," participants should continue to complete the remaining questions on this form. **If trainees do not provide direct services to people with HIV or know the status of their patients/clients, they should choose "No." They should not complete the remaining questions.**

- Yes
- No (**Stop here.** *You are done with this form.*)

IPE-Long Term Item 13: Services provided to patients/clients with HIV

Participants should **select all** the following services they provide to any patients/clients with HIV.

- Antiretroviral therapy (ART)
- Clinical services other than ART (e.g., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)
- Non-clinical support services (e.g. transportation, legal, etc.)

IPE-Long Term Item 14: Primary employment setting

Participants should **select one** characteristic that best applies to the clinical setting in which the participant spends the majority of their working time. **If participants choose "Primary employment setting does not involve the provision of care or services to patients/clients" or "I am not working," they should NOT complete the rest of this form.**

- Academic medical/ health center
- Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- Dental health facility
- Emergency department
- Health Center (Federally Qualified Health Center or FQHC)
- Non-FQHC (e.g., HRSA Health Center Program Look-Alike or LAL)
- Health maintenance organization (HMO)/managed care organization
- HIV or infectious diseases clinic
- Hospital
- Indian health services/tribal clinic
- Long-term care facility
- Maternal/child health clinic
- Mental health clinic
- Military or veterans' health facility
- Other community-based organization
- Other federal health facility
- Pharmacy
- Private practice
- Sexually transmitted infection (STI) clinic
- State or local health department
- Student health clinic
- Substance use treatment center
- University/Institution of higher education
- Other primary care setting

IPE-Long Term Item 15: Underserved area

Participants should **select one** response to this question. This question is asking the participants if they are practicing in an underserved area. *The Health Resources and Services Administration (HRSA) designates medically underserved areas/populations as areas or populations having too few primary care providers, high infant mortality, high poverty, or high elderly population.*

- Yes
- No
- Not Sure

IPE-Long Term Item 16: Reasons participant is not involved in HIV care

For those who answered "No" or "Not applicable-not currently working" to question 6, that participant should indicate all reasons they are not involved or do not intent to be involved in HIV care, treatment, or prevention in their current practice or future career. **Select all that apply**. If "Other" is selected, specify the reason.

- Lack-of-interest in HIV prevention, care, and treatment
- Limited support or mentorship in the HIV prevention, care, and treatment field
- Pursuing a career outside of healthcare
- Pursuing different healthcare specialization
- HIV prevention, care, and treatment services are not provided at my workplace
- Not currently working
- Enrolled in a degree program (i.e., student)
- Currently a resident or intern
- Current profession/role does not involve the direct provision of HIV care, treatment, or prevention services
- Other, **(specify: _____)**

List of Participant IDs (PL)

PL Item 1: AETC number

This item indicates the assigned unique RWHAP AETC identifier. The assigned AETC numbers are available in the AETC Data Collection Codebook. HRSA HAB uses this number to identify unique events by RWHAP AETC region.

PL Item 2: Local partner number

This item indicates the number of the partner if an activity was held with a Local Partner Site. The Local Partner Site numbers are available in the AETC Data Collection Codebook on pages 1-4. If a partner site is missing, contact your project officer.

PL Item 3: Activity date

This item is the start and end date of the activity.

The date reported in PL Item 3 must align with the corresponding date reported in TAR Item 4. The date format must completely align between the two datafiles. (i.e., MMDDYYYY).

Start date:

M	M	D	D	Y	Y	Y	Y

End date:

M	M	D	D	Y	Y	Y	Y

PL Item 4: Program ID number

The Program ID is a variable created by the individual RWHAP AETC to identify the activity. It should be unique within the budget year. Each RWHAP AETC may create its own method for creating the Program ID. The Program ID should be eight digits and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple activities occurring on the same date.

PL Item 5: Participant unique ID

Fill in the unique identifier email address collected from the individual PIF forms.

PL Item 6: IPE Student Indicator

Participants are asked to indicate if they are an IPE student. **If a participant is identified as not an IPE student, the recipient does not need to provide information for PL Item 7 or PL Item 8 for that participant.**

- Yes
- No

PL Item 7: IPE student discipline program

Participants should **select one** response to this question. This question is asking the participants what their discipline program is. Participants have the option of selecting "Other (specify)" and writing in an answer.

- Behavioral health
- Community health worker
- Dentistry
- Medicine
- Nurse practitioner (NP or DNP programs)
- Nursing (BSN or MSN programs)
- Pharmacy
- Physician assistant/associate
- Public health
- Other, **(specify: _____)**

PL Item 8: IPE graduation year

Enrollment year:

Y	Y	Y	Y

Glossary

This section provides definitions for terms used on the TAR pertaining to collaborating organizations, federal initiatives, and training modalities. There are also definitions for terms used on the IND-PAR pertaining to direct provision of services to clients, profession/discipline and functional role, and race/ethnicity.

Individual Participant Record Form (IND-PAR)

Direct Provision of Services to Clients includes:

- AIDS pharmaceutical assistance
- Child care services
- Early intervention services (EIS)
- Emergency financial assistance
- Food bank/home-delivered meals
- Health education/risk reduction
- Health insurance premium and cost sharing assistance for low-income individuals
- Home and community-based health services
- Home health care
- Hospice
- Housing
- Linguistic services
- Medical case management, including treatment adherence services
- Medical nutrition therapy
- Medical transportation
- Mental health services
- Non-medical case management services
- Oral health care
- Other professional services
- Outpatient ambulatory health services
- Outreach services
- Psychosocial support services
- Referral for health care and support services
- Rehabilitation services
- Respite care
- Substance use disorder outpatient care
- Substance use disorder services (residential)

Primary Profession/Discipline/Training

Examples are provided for selected professions

Advanced Practice Registered Nurse (APRN): Nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives

Administrative professional: Front desk staff, grant writer, non-clinical management

Clergy or faith-based professional: Pastors, ministers, priests, rabbis, imams, and chaplains

Community health worker: Includes peer educator or navigator

Physician: Any specialty, including psychiatrist

Physician assistant/associate: Any specialty

Social worker: Licensed social worker or licensed independent clinical social worker (e.g., LCSW, LISW, LICSW)

Substance use disorder professional: Counselor, outreach worker, substance misuse disorder specialist

Other allied health professionals: Medical assistant, physical therapist

Other clinical professional: Podiatrist, chiropractor

Other dental professional: Dental hygienist, dental assistant

Functional Role

Examples are provided for selected functional roles.

Administrator/practice administrator/organizational leadership: Includes chief executive officer, nurse administrator, director, coordinator, manager, and supervisor

Agency board member: Includes Chief Executive Officer (CEO), Chief Financial Officer (CFO), and other executive leaders, as well as non-executive directors who have specific expertise and perspective

Client Educator: Peer educator or adherence counselor

Health care organization non-clinical: Front desk

Mental Health Professional: Psychologist, counselor, caseworker, psychiatric aide, human service workers (e.g., children's services, geriatric services), family therapist and marriage counselor

Ethnicity

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino."

Non-Hispanic/Latino/a—A person who does not identify their ethnicity as "Hispanic or Latino.".

Race

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Training Activity Record (TAR)

Multi session activity definitions

Session	Training activity that focuses on a specific topic or skill. A session could refer to a single, standalone training that typically lasts for a short time period, i.e., under two hours. Each session is typically a self-contained unit. A session could also refer to a component that is part of a broader training series or program in which that training activity is a part of a series. A TAR should be completed at the end of each individual session, and a PPA should be completed by all participants at the end of each individual session.
Series	A training series consists of sessions that are linked with other sessions based on theme, speaker, and or specialized discipline such as a learning series on PrEP for women. Trainings in a series will have been designed as such, i.e., an agenda published in advance will list the learning session dates, speakers, topics, etc. Sessions in a series can build upon each other and participants may

	be expected to attend a majority of the sessions in the series. A series consists of related sessions held over an extended period of time that can occur over multiple days, weeks, or months. A TAR should be completed after the completion of each individual session within the series, and a PPA should be completed by all participants at the end of each individual session.
Multi-day activity	A multi-day activity typically is a concentrated activity that takes place over consecutive days (e.g., a conference or seminar) and includes a mix of sessions with multiple modalities. The focus of a multi-day activity includes sessions that are usually organized around a specific occasion. Participants may attend different sessions based on their interests. A TAR should be completed after the completion of each individual session within the multi-day activity, and a PPA should be completed by all participants at the final session they attended in the multi-day activity.
Preceptee	For all clinical preceptorships, AETCs or LPs should complete one TAR per preceptee. Once the clinical preceptorship is completed, a TAR should be filled out to summarize topics covered. A PPA should be completed by the preceptee at the conclusion of the preceptorship.
Cohort of preceptees	A cohort of preceptees are an organized group of preceptees who undergo their clinical training together, share a similar timeline for their preceptorship experience and follow a curriculum or schedule as a cohesive unit. One TAR should be completed for each preceptee in a cohort experience. A PPA should be completed by each preceptee at the conclusion of the preceptorship.

Other AETC collaboration

RWHAP National AIDS Education and Training Center Support Center (NASC), managed by Rutgers, the State University of New Jersey, under a cooperative agreement with HRSA, supports the training needs of the regional RWHAP AETCs through coordination of HIV training materials, rapid dissemination of new treatment advances and changes in treatment guidelines, and critical review of available patient education materials. It is a web-based HIV training resource (http://aidsetc.org/).

National Clinician Consultation Center (NCCC) is an RWHAP AETC clinical resource for health care professionals operated by the University of California San Francisco at San Francisco General Hospital under a grant from HRSA. The center offers health care providers a national resource to obtain timely, expert, and appropriate responses to clinical questions related to treatment of persons with HIV ("WARMLINE": 800-933-3413), health care worker exposure to HIV and other bloodborne pathogens (PEPline: 888-448-4911), treatment of HIV-infected pregnant women and their infants, hepatitis B and C virus HIV coinfections, and behavioral health management for people with HIV.

National HIV Curriculum (NHC) Programs including National PrEP Curriculum (NHPC) is a free, up-to-date educational resource for health care professionals to learn how to initiate and manage HIV preexposure prophylaxis (PrEP). This curriculum is supported by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) and led by the University of Washington Infectious Diseases Education & Assessment (IDEA) Program. The website offers 12.5 free CME, CNE, CE and 8.5 free pharmacology CE for advanced practice nurses

Federally Funded Training Centers (FTTCs) collaboration

Addiction Technology Transfer Centers (ATTC) are dedicated to identifying and advancing opportunities for improving substance use disorder treatment. The centers are funded by the Substance Abuse and Mental Health Services Administration to upgrade the skills of existing practitioners and other health professionals and disseminate the latest science to the substance use disorder treatment community.

Area Health Education Centers (AHEC) are HRSA-funded programs that use university resources to provide educational services to students, faculty, and practitioners in underserved areas and, at the same time, improve the delivery of health care in the service area.

Capacity Building Assistance (CBA) Provider: The CBA Provider Network program is designed to respond to the evolving needs of the HIV prevention workforce.

The Reproductive Health National Training Center (RHNTC) is an information resource for family planning and adolescent health training and technical assistance, funded by the Office of Population Affairs and the Office on Women's Health in the Office of the Assistant Secretary for Health.

National Network of Prevention Training Centers of CDC (NNPTC) is a CDC-funded group of regional centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health. The network provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

Tuberculosis Centers of Excellence (TB COE) for Training, Education, and Medical Consultation provide medical consultation within each center's region funded by the CDC.

Other collaborating organizations

Academic institution is a college/university/health professional program

AIDS services organization is an agency that provides professional and volunteer services to people with HIV.

Federally qualified health centers (FQHC) are safety net providers that primarily provide services typically furnished in an outpatient clinic. FQHCs include community health centers, health care for the homeless health centers, public housing primary care centers, and health center program "lookalikes." They also include outpatient health programs or facilities operated by a tribe or tribal organization or by an urban Indian organization. See more information here.

Community Health Centers include federally and/or state-funded community health centers that provide a range of medical and mental health services to people regardless of their ability to pay.

Correctional institutions or other legal system programs refer to federal, state, and local correctional facilities and jails (e.g., parole, probation, halfway house, etc.).

Faith-based organizations are owned and operated by a religiously affiliated entity, such as a Catholic hospital.

Federal partners may include OASH, SAMHSA, etc.

Health professions school/program is an accredited academic or training program that confers a health care degree or certificate and is the HPP conducting the training activity. This includes the HPP affiliation of the faculty providing the training.

Hospitals include ambulatory/outpatient care departments or clinics, rehabilitation facilities (physical, occupational, speech), hospice programs, substance misuse treatment programs, sexually transmitted disease (STD) clinics, HIV clinics, and inpatient case management service programs.

Local/state health department is a centralized unit of state government with overarching responsibility for protecting, assuring, and improving the health of the state's citizens. A local health department as "an administrative or service unit of local or state government, concerned with health, and carrying some responsibility for the health of a jurisdiction smaller than the state.

Minority-Serving Institutions (MSIs) are institutions of higher education that serve minority populations.

RWHAP-funded organizations are organizations that receive funding as a direct recipient or subrecipient under RWHAP Parts A-F.

State Primary Care Associations (PCAs) are state and regional nonprofit organizations. They work with health centers to best meet the needs of the communities health centers serve. They help health centers adapt to changes in the health care environment.

Tribal health organizations include health care organizations of the Sovereign Tribal Nations as well as Indian Health Services health care facilities that serve American Indians and Alaska Natives.

Federal Initiatives

Minority AIDS Initiative (MAI) - The Ryan White HIV/AIDS Program Part F includes the Minority AIDS Initiative (MAI). The MAI was codified in 2006, and provides additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.

Under Part F, MAI funds are for increasing the training capacity of AIDS Education and Training Centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV.

Training Modality

Case discussion/clinical consultation is an interaction between a clinical consultant and a clinical consultee (one to one or multiple consultees). The consultant provides educational recommendations to the provider for him/her to make more appropriate clinical care decisions and impart the most up-to-date knowledge. Clinical consultations are provider-driven and may occur in person or at a distance through technology. Discussion of real-life cases is a key element of clinical consultation.

Clinical training/preceptorships change and/or expand knowledge, attitudes, and clinical skills, and increase the comfort and confidence of the trainee to make appropriate clinical decisions. The learner is actively involved with clinical care experiences under the direct supervision of an expert with patient interaction and takes place in a clinical setting.

Communities of Practice consists of a group of people who share knowledge to develop shared practice. A community of practice may use different modalities or interventions to obtain a shared outcome. Aimed at engaging HPs and teams in communities of practice (CoP) who share a concern, issue to increase knowledge and expertise by interacting regularly and providing interprofessional education (IPE).

Didactic presentations aim to change and/or expand knowledge and attitudes by relaying information through short training activities which provides a mechanism for recruitment of HPs and teams to other more intensive training programs. The trainer presents information to learners in an oral and/or written presentation. The learner listens to a lecture-type presentation and can ask questions.

Interactive training/workshops are in-person or online presentations that allow the learner to actively participate. Programs aim at providing training activities for knowledge transfer and facilitating changes in practice, policy, and operations in clinics, programs, and individual HPs. The learner interacts with the instructor and other participants with the objective of changing and/or expanding skills and practice for capacity building.

Technical Assistance/coaching is the provision of resources and guidance to improve HIV service delivery and performance at the organizational and individual provider levels and is generally customized to the particular entity. Technical assistance uses a consultation style approach and engages the requestor in defining and resolving the issue(s) at hand. The focus of the interaction is on organizational or programmatic issues about service delivery. Use this modality to record activity data for these types of organizational support activities for the program components (i.e., Core, MAI, EHE, IPE, PCHP) other than Practice Transformation.

Hybrid is a modality that allows the participants to attend either in-person or on-line. Hybrid events are expected to intentionally engage both in-person and online individuals simultaneously.

In person is a presentation to a live audience that may be part of a workshop or lecture. This can also include clinical workgroups or organizational coaching.

On demand training seeks to increase knowledge through a training program that users can complete in their own time. The learner goes through self-study materials at their own pace to achieve stated objectives and competencies.

Virtual based (live) is an activity occurring by telephone or internet with one or more people actively participating in the activity.

Virtual based (on-demand) is a training program that users can complete on their own time. These programs may include web-based materials, print products, or CD-ROMs/DVDs/videos.

Practice Transformation-Site Characteristics/Outcomes Form (PT-SC)

PT Project Status Definitions

Development phase	During the development phase, the PT Coordinator has contacted the clinic site. Discussions may be in progress with clinic leadership or other relevant stakeholders, leading to tentative or firm buy-in among clinic stakeholders, or an MOU may be in development with AETC and the clinic.
Foundation phase	During the foundation phase, the MOU or formal agreement has been ratified with both Central AETC /LP and the clinic; PT goals are being discussed or finalized or needs assessment may or may not yet have been taken.
Integration phase	During the integration phase PT project goals are established; the workplan is being finalized after the needs assessment results; clinic staff roles in terms of their role with the project have been defined; and/or site has had at least two TA or training sessions with PT coach/LP PT staff.
Sustainment	During the sustainment phase, regular TA sessions or meetings are conducted with clinic

phase	staff alongside AETC PT coaches, the clinic remains committed to advancing the goals set during the foundation phase, setbacks may occur in terms of staffing, turnover, but AETC coaches address these challenges in real time and discuss any needed modification to proposed goals.
Graduated phase	During the graduated phase the PT site has accomplished their proposed performance and outcome goals as stated in their workplan, and data has been submitted at least once to HRSA HAB. In addition, the PT coach involvement in terms of regular TA has decreased due to the site's self-sufficiency and workflow plans are in place to adjust for staffing changes, turnover.

Protocols, processes, and/or policies definitions

Protocols, processes, and/or policies can relate to topics such as PrEP medication prescription, universal HIV screening, notification of HIV test results, partner notification, re-engagement of patients into care, outreach to patients who have a detectable viral load

New protocols	Formal or standardized operating procedures (SOPs) that are established to ensure the clinic processes are consistent and effective. An example may be PrEP prescription protocol that outlines steps providers must follow before beginning PrEP.
New processes	A workflow or sequence of tasks that need to be followed in delivering services. An example may include a universal HIV screening process that includes a series of steps that providers follow to ensure accurate testing.
New policies	Policies are a set of rules or frameworks for actions that ensure compliance with legal, ethical, and regulatory standards.
Currently in development	Protocols, processes, and/or policies that are in active stages of creation, review or modification but are not put into practice. This may include drafting, testing, stakeholder feedback or approval processes before being fully implemented into practice.
Implemented	Protocols, processes, and/or policies that are adopted and are actively being followed at the PT clinic. Protocols, processes, and/or policies are a part of regular operational practice.

Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC)

HIV IPE Program Number

HIV IPE Program includes both medical and nursing students at a minimum, and at least two disciplines from the following training programs: pharmacy, behavioral health professional, dentistry, nurse practitioner, physician assistant, and community health workers. IPE programs are designed to foster an interest in HIV care earlier in the education or training of future health care team members, thus contributing to improved outcomes along the HIV care continuum. IPE programs can include various institutions, or HPPs at the same or different institutions.

Institution Number

Institution is a place of higher education or an academic institution, an example includes University of Illinois.

Specific Health Profession Program (HPP) Number

HPP instructs a specific clinical or health-related discipline and offers HIV IPE training and/or hands-on clinical learning opportunities to its students. An example is the School of Medicine at the University of Illinois.

IPE HIV Status Definitions

Development phase	IPE Coordinator has made contact and connections at a potential HPP, but no agreement has been reached. Negotiations are still underway regarding which program disciplines (in addition to medicine and nursing) will take place. Conversely, Memorandum of Understanding (MOU) may have been signed, faculty and program disciplines have been identified but IPE activities are in planning stages.
Integration phase	HPP may have only begun activities with certain program disciplines and is confirming start dates with additional disciplines. HPP classes have largely incorporated the four IPE core competencies (2016) as listed in the NOFO: Values/ethics for interprofessional practice, Roles/responsibilities, Interprofessional communication and Teams and teamwork. MOU may or may not have been signed depending on HPP circumstances.
Sustainment phase	HPP is collaborating with the required disciplines: medicine, nursing, and at least two disciplines from the following training programs: pharmacy, behavioral health professional, dentistry, nurse practitioner, physician assistant, and community health workers. HPP successfully incorporates interactive clinical and classroom-based activities supported by didactic, stand-alone teaching, and IPE program has completed one academic year or equivalent cycle.
Graduated phase	During the graduated phase, the HPP has accomplished their proposed performance and outcome goals as stated in their workplan, and data has been submitted at least once to HRSA HAB.

Frequently Asked Questions

How do I create unique identifiers for participants (INDPAR_ID)?
Unique identifiers are needed for participants in all training programs and recipients of individual clinical consultations. These IDs allow the RWHAP AETCs to track repeat attendance at activities. Participants are asked to use an email address as the unique identifier (up to 140 characters) on the IND-PAR form. It is recommended that participants provide their personal email address since school/work email addresses change.

What should the RWHAP AETC do if a participant does not provide an IND-PAR identifier?
It is expected that site directors will stress the importance of using an email address as the unique ID. Submissions that do not include email addresses will not be counted in the data.

What is the importance of having RWHAP-funded agencies be coded?
Offering training to providers working at RWHAP-funded agencies is an important RWHAP AETC training priority. Furthermore, information about participants' affiliations is frequently requested by Congress or HRSA. Participants may be unsure if their agencies receive RWHAP funding. Consequently, it was decided that this information would be more reliably coded by office staff based on participant-supplied information about the name of their principal employer.

How do I report activity topics that are not listed on the forms?
HRSA HAB has provided a comprehensive list of activity topics for selection; a selection from this list is strongly preferred. If no appropriate choice is available, use the option for "Other, specify" and write in the answer.

May I revise the forms or manuals HRSA HAB provides?
The distributed forms have been approved by the Office of Management and Budget for use by RWHAP AETCs. If you have suggestions to improve the data collection forms or process, please provide written feedback to your HRSA HAB project officer. Updates to the manual will be disseminated as needed.

How do I assign training modalities to different types of activities?
There will often be situations in which it is possible to assign activities to more than one training modality. It is also assumed many activities use a combination of training modalities and that the primary modality used for the activity is what is coded.

When in doubt, contact your HRSA HAB project officer for further assistance.

Whom do I contact for further assistance?

For assistance with the EHBs, the EHBs Customer Support Center can be reached at 877-464-4772 (8 a.m.–8 p.m. ET, M-F) or you may submit your request at http://www.hrsa.gov/about/contact/ehbhelp.aspx.

For reporting requirements or submission assistance, Data Support can be reached at 888-640-9356 or RyanWhiteDataSupport@wrma.com.

Program-related questions should be directed to your assigned HRSA HAB project officer.

If you need EHBs technical assistance, please contact the EHBs Customer Support Center at 877-464-4772. If you need assistance navigating the RWHAP AETC system, please contact Data Support at 888-640-9356.