

Questions for Eligible Applicants, Applied and Funded

I want to thank you for taking the time to speak with us today. Before we begin, we would like to ask your permission to tape record this conversation. This recording will not be shared and will only used to verify our notes for accuracy; once we have verified our notes the tape will be destroyed. Do we have your permission to tape our conversation?

IF ANSWER IS “YES”:

(Press Record) Thank you, we have begun recording.

IF ANSWER IS “NO”:

(Do not press record) Thank you for being willing to talk with us, we will not be recording this conversation.

We have the following people on the phone _____ and we would like to talk to you about your organization’s knowledge and experience with the Expansion of Physician Assistant Training (EPAT) grant program.

Did you have an opportunity to read the one-pager that described the purpose of the evaluation?

IF ANSWER IS “YES”:

Do you have any questions regarding the one-pager?

IF ANSWER IS “NO”:

Since you didn’t have an opportunity to review the one-pager we would like to provide you with some background information regarding this evaluation.

As you may know, the goal of the EPAT program is to expand the primary care workforce. Through this study HRSA is evaluating the EPAT funding strategy which requires grantees to create new health profession training slots. Specifically, HRSA is interested in learning the strengths and weaknesses of this funding strategy. We want to determine the level of satisfaction of eligible organizations with various aspects of this funding opportunity. Additionally, we are interested in your perceptions of the impact of adding new trainees on organizations.

The telephone survey should take approximately 30 minutes. After we have written up our notes, we will email them back to you so you can verify that we have accurately captured your comments.

All responses will be kept private unless we have your explicit approval to share something you say. This means that your telephone survey responses will only be shared with the evaluation team members and we will ensure

that any information we include in our internal report does not identify you as the respondent. If there is a statement that you make that we would like to use in the final report of our findings, we will ask your permission to use this statement. You don't have to talk about anything you don't want to and you may end the telephone survey at any time. Are there any questions about what I have just explained?

First, congratulations on submitting a successful application. We are very interested in your feedback and would first like to ask you a few questions about your organization's experience regarding the EPAT program application

1. How did your organization find out about the EPAT Funding Opportunity Announcement?

Prompt if not already covered:

*Are there any sources your organization monitors on a regular basis?
Are personnel available to track and inform decision makers regarding funding opportunities?*

2. We know that the time allowed to submit a funding proposal for this program was very short. What factors within your organization enabled you to get a successful proposal submitted in such a short time?

Prompts if not already covered:

*availability of resources—grant writers, business/budget office support
prior experience applying for BHPPr FOAs - know what type of information to include*

3. Did you experience any problems submitting the application through the HRSA Electronic Hand Book (EHB) and grants.gov?

If there were, please describe.

4. Did your organization have any other experiences we have not already discussed that might have influenced your ability to smoothly complete and submit the application?

We would now like to ask you about the financial aspects of this program.

5. Does the dollar amount per resident seem appropriate to you?

If no, please describe why amount is not appropriate.

We would now like to ask you a question about the addition of new students and the impact on your organization.

6. What role if any does accreditation play in the number of students your organization is adding to you program?

IF ANSWER IS “NONE” *Skip to question 9.*

7. Please discuss any reaccreditation requirements resulting from your participation in this program.
8. Do you have any plans to secure additional clinical rotation sites for the students funded by EPAT?

IF ANSWER IS “YES”: *Follow up with “Please explain your plans.”*

IF ANSWER IS “NO”: *Skip to question 10.*

10. Do you have any plans to hire additional faculty to support the addition of new students?
11. Were there any other factors that influenced the number of students your organization decided to add?
12. Do you have any plans to maintain the expanded class size after the grant ends?

IF ANSWER IS “YES”: What revenue source will you use to replace the EPAT funds?

IF ANSWER IS “NO”: *Skip to question 13.*

13. What level of continual grant support would you need to be able to maintain the expanded class size?

Is there any additional feedback you would like share that might not have been addressed by our questions?

Thank you for your comments as they will help inform the continued development of our grant programs moving forward.

We appreciate your time.