

**CHILDREN'S HOSPITALS GRADUATE MEDICAL
EDUCATION PAYMENT PROGRAM**

ANNUAL REPORT FORM HRSA 100-3

Public Burden Statement

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 project is 0915-0313. Public reporting burden for the applicant for this collection of information is estimated to average 39.4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.

Children's Hospitals Graduate Medical Education Payment Program Populations

Residency Program Name:	
Medicare Provider Number:	
Date of Report:	12/31/12

Types of Training

For each of the following types of training, use the drop down boxes to indicate whether the training is required, elective, or not currently used in your program **and, if currently used**, whether the training applies to those who are underserved due to financial, sociocultural, geographic or medical reasons or combinations of these reasons. **If not currently used, select none of the above or N/A for underserved population. Please complete both columns. There should be no columns left blank. See detailed guidance for complete instructions.**

Type of Training	Required/Elective/Not Currently Used	Underserved Population
Didactic Approaches		
Formal courses		
Lectures		
Workshops		
Standardized patients		
Case-based experiential learning (e.g., morning report, noon case presentation, morbidity & mortality)		
Grand Rounds		
Medical simulations		
Clinical Experiences		
Bedside Training		
Patient Rounds		
Identify/mobilize medical home		
Coordination of health care and community resources		
Coordination of mental health care services		
Interdisciplinary patient care conferences		
Assist families with transition of children into child care and educational settings		

Type of Training	Required/Elective/Not Currently Used	Underserved Population
Pediatric Palliative Care/ Pediatric Hospice		
Transition to adult care		
Community-based Experiences		
Community health center		
Public health department		
Drug rehabilitation program		
Homeless shelter		
Day care settings, including Head Start		
Home visits to patients		
Mobile health van		
School health		
Juvenile detention facilities		
Migrant Health Center		
Indian Health Center Sites		
National Health Service Corps sites		
Area Health Education Center (AHEC) sites		
Rural health centers		
Cultural immersion experiences		
Other, specify		
Research		
Other Training		
Advocacy Training		
Language Training		
Cultural Efficacy Training		

Children's Hospitals Graduate Medical Education Payment Pro HRSA 100-3-B: Training Related to Underserved Populations: Training Content and Types of Training

Residency Program Name:	#N/A
Medicare Provider Number:	00-0000
Date of Report:	12/31/12

For each of the following topic areas, please use the check boxes to indicate the types of training used to address the topic in the training program in the most recent academic year (2011-2012). Check all that apply. For example, if your program offers a lecture on homelessness as well as a community rotation in a homeless shelter, check both didactic and clinical experiences. There must be at least one check in each row. **See detailed guidance for complete instructions.**

	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Underserved for Financial Reasons				
Poverty, including causes, consequences, & implications for child health				
Uninsured and Underinsured				
Medicaid and SCHIP and related programs such as EPSDT				
Public sources of care (e.g., community health centers, public health departments)				
Other social services, such as WIC				
Homelessness				
Migrant worker families and children				
Community-based medicine				
Advocacy Training				
Substance Abuse				

	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Domestic violence/child abuse				
Underserved for Socio-cultural Reasons				
Foreign language instruction				
Issues related to use of interpreter services (both professional and ad hoc)				
Cultural beliefs and attitudes				
Availability of community based programs such as cultural centers				
Immigration/Deportation issues				
Underserved for Geographic Reasons				
Telemedicine				
Transportation and travel barriers				
Availability of allied health providers (PT/OT/Speech Pathology, etc.)				
Public sources of care in rural areas				
Underserved for Medical Reasons				
Medical Home				
Care coordination with other health care providers				
Interfacing with community organizations (such as schools and day cares)				
Palliative care for terminally ill children / Pediatric hospice				
Individualized education plans (IEPs)				

	Didactic	Clinical Experiences/ Patient Care	Research	Not Currently in the Curriculum
Americans with Disabilities Act				
Dental Care				
Oral health screening				
Counseling for oral hygiene, diet (e.g., baby bottle use), and fluoride use				
Fluoride guidelines				
Referral for dental care				
Access to dental health services				
Availability of public sources of dental services				

Children's Hospitals Graduate Medical Education Payment Program Training Training Experiences and Resulting Benefits

Residency Program Name:	#N/A
Medicare provider number:	00-0000
Date of Report:	12/31/12

Please indicate whether each topic listed in this worksheet was part of the program's training/curriculum in the most recent academic year (2011-2012) and, if so, whether the topic was newly offered since the previous year (2010-2011) or expanded or improved since the previous academic year. Also, please briefly describe resulting benefits from any change(s) in the space provided following each broad subheading. If you wish to provide greater detail about the benefits resulting from changes in the curricula, you may do so by adding a sheet to the Excel workbook or attaching a separate document.

[Benefits may include, for example, increases in medical knowledge; improvements in clinical competence; increased awareness of psychosocial and behavioral aspects of health and illness; increased awareness of the availability of community resources; increased ability to function as a medical home provider; improvements in patient care and outcomes and promotion of leadership skills.]

If no changes have occurred, you need not complete the rationale and "benefits" sections. See detailed guidance for complete instructions.

		If Yes	If Yes
TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Newly Offered since the Previous Academic Year? (2010-2011)?
		Has this Training Expanded or Improved since previous year (2010-2011)?	

Didactic Training

Basic Science

Genomics/Proteomics			
Neuroscience			
Developmental biology			
Translational Research			
Effects of physical environment (toxins, etc)			
Effects of social environment (crime, etc)			
Tailoring therapy to the individual			



TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Newly Offered since the Previous Academic Year? (2010-2011)?	Has this Training Expanded or Improved since previous year (2010-2011)?
Health Promotion				
Promoting positive health behaviors				
Health promotion/ Illness Prevention				
Screening/referral for maternal depression				
Screening/referral for parental substance abuse				
Screening/referral for domestic violence				
Tobacco prevention and control				
Obesity-directed care				
Anticipatory guidance				
Other Topics in Didactic Training				
Family-centered pediatrics				
Interdisciplinary care				
Medical Home model				
Cultural competency				
Competency-based training				
Physician-patient communication				
Patient advocacy				
Leadership training (conflict resolution, self-awareness, vision-entrepreneurship, etc)				
Interpretation of research				
Care of domestically adopted children				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Newly Offered since the Previous Academic Year? (2010-2011)?	Has this Training Expanded or Improved since previous year (2010-2011)?
Care of internationally adopted children				
Dental Care				
Oral health screening				
Counseling for oral hygiene, diet (e.g., baby bottle use), and fluoride use				
Fluoride guidelines				
Referral for dental care				
Access to dental health services				
Availability of public sources of dental services				
Community Health System Topics				
Substance abuse treatment system				
Domestic violence resources				
Mental/behavioral health care system				
Social service system				
Public education				
Welfare system				
Foster care system				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Newly Offered since the Previous Academic Year? (2010-2011)?	Has this Training Expanded or Improved since previous year (2010-2011)?
Migrant health system				
Indian health service				
Community-level advocacy				
Legislative/ policy advocacy				
Clinical Training				
<i>Community Based Pediatric Rotations/Clinical Experiences</i>				
Local and state health departments				
Community health centers				
Schools				
Day care				
Juvenile detention facilities				
Home care services				
Advocacy (communicating with elected officials, providing legislative testimony, etc.)				
Private practice				
Child protective teams				
Head Start				
Homeless Shelters				
Mobile health van				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Newly Offered since the Previous Academic Year? (2010-2011)?	Has this Training Expanded or Improved since previous year (2010-2011)?
Other Clinical Experiences/Rotations				
Scholarly activities (performing basic, clinical, translational, or health services research)				
Use of transformative learning techniques, e.g., role plays, reflective exercises				
Resident project				
Changes in Training Evaluation				
Observed structured clinical examination (OSCE)				
360 evaluations				
Standardized patients				
Record reviews				
Chart-stimulated recall				
Checklists of observed behaviors				
Global ratings				
Procedure logs				
Case logs				
Patient surveys				
Reflective exercises				

TRAINING TOPIC	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Newly Offered since the Previous Academic Year? (2010-2011)?	Has this Training Expanded or Improved since previous year (2010-2011)?

Children's Hospitals Medical Education Payment Program

HRSA 100-3-D: Training Related to Measurement and Improvement in Quality, Changes in Training and Resulting Benefits of Change

Residency Program Name:	#N/A
Medicare Provider Number:	00-0000
Date of Report:	12/31/12

Please indicate whether each topic listed in this worksheet was part of the program's training/curriculum in the most recent academic year (2011-2012) and, if so, whether the topic was newly offered since the previous year or expanded or improved since the previous academic year (2010-2011). There must be at least one check mark in each row. Also, please briefly describe the reasons for and resulting benefits from any change(s) in the space provided following each broad subheading. If you wish to provide greater detail about the benefits resulting from changes in the curricula, you may do so by adding a sheet to the Excel workbook or attaching a separate document.

[Benefits may include, for example, increases in medical knowledge; improvements in clinical competence; increased awareness of psychosocial and behavioral aspects of health and illness; increased awareness of the availability of community resources; increased ability to function as a medical home provider; improvements in patient care and outcomes and promotion of leadership skills.]

If no changes have occurred, you need not complete the rationale and "benefits" section. See detailed guidance for complete instructions.

TRAINING TOPIC			If Yes	If Yes
	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Training Newly Offered since the Previous Academic Year (2010-2011)?	Has this Training been Expanded or Improved since the Previous Academic Year (2010-2011)?

Health Care Quality				
Quality characteristics				
Evidence-based medicine				
Ambulatory care sensitive conditions				
Volume-outcomes				
Small area variation				
Health care disparities				
Systematic literature reviews/meta-analysis				
Practice guidelines				

Quality Measurement

TRAINING TOPIC			If Yes	If Yes
	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Training Newly Offered since the Previous Academic Year (2010-2011)?	Has this Training been Expanded or Improved since the Previous Academic Year (2010-2011)?
Benchmarking				
Consumer Assessments of Health Plans (CAHPS)				
Health Plan Employer Data and Information Set (HEDIS)				
Agency for Health Care Research and Quality (AHRQ) Pediatric Quality Indicators				
AHRQ Clinical Performance Measures for Ambulatory Care				
Structure/Process/Outcomes Measures				
Performance measurement and indicators				
Severity/risk adjustment				
Sentinel event				
Interdisciplinary care				

TRAINING TOPIC			If Yes	If Yes
	No, Not Part of Training in Most Recent Academic Year (2011-2012)	Yes, Part of Training in Most Recent Academic Year (2011-2012)	Is this Training Newly Offered since the Previous Academic Year (2010-2011)?	Has this Training been Expanded or Improved since the Previous Academic Year (2010-2011)?
Quality Improvement				
Physician reminder systems (e.g., prompts in paper charts or computer-based reminders)				
Facilitated relay of clinical data to providers (e.g., use of faxes to send information between PCP and specialists)				
Audit and feedback approaches (e.g., performance review, report cards, benchmarking)				
Physician education (e.g., conferences, etc.)				
Patient education (e.g., pamphlets, classes, self-care instruction, etc.)				
Promotion of disease self management (e.g., workshops, monitoring devices, etc)				
Patient reminder systems (e.g., telephone or postcard reminder systems)				
Organizational changes (e.g., total quality management, continuous quality improvement, etc.)				
Financial incentives (e.g., pay for performance)				
Use of practice guidelines				

Program

HRSA 100-3-E: Changes in the Numbers of Residents and Faculty Members and Resulting Benefits

Residency Program Name:	#N/A
Medicare Provider Number:	00-0000
Date of Report:	12/31/12

For your training program answer the following questions. **See detailed guidance for complete instructions.**

In which year was this training program first offered?

In the following table, please indicate the total number of trainees **(which is the sum of the number of residents documented in the last column(s) of 100-1-C plus 100-1-D of each specified program)** and faculty involved in your program in the previous academic year (2010-2011) and in the most recent year of funding (2011-2012):

Previous Academic Year (2010-2011)		Most Recent Year (2011-2012)	
Number of Residents	Number of Faculty	Number of Residents	Number of Faculty

How have the changes in the number of residents and/or the number of faculty in your program yielded benefits to your residents, institution, or patients?
 [Benefits may include, for example, increases in medical knowledge; improvements in clinical competence; increased awareness of psychosocial and behavioral aspects of health and illness; increased awareness of the availability of community resources; increased ability to function as a medical home provider; improvements in patient care and outcomes and promotion of leadership skills.] Please respond in the space below.

Children's Hospitals Graduate Medical Education Payment Program HRSA 100-3-F PRAC LOCATIONS OF RESIDENTS COMPLETING Training

Residency Program Name:	#N/A
Medicare Provider Number:	00-0000
Date of Report:	12/31/12

Public Law 109-307 requires that you report for each resident (who was in a hospital-sponsored program or who spent 75% of his/her training time in your hospital in the last academic year) who completed training in the academic year (2011-2012), his or her first place of employment lasting at least 6 months: city, state, zip code, and type of employment for their current position. Do not include names or SSN's-- just resident # 1; resident #2, etc., as indicated in the table. **If no residents completed training in the academic year (2011-2012) indicate by selecting the "No" response in the question immediately following these instructions. See detailed guidance for complete instructions.**

Did one or more resident(s) complete training in the academic year (2011-2012)?

Resident No.	City	State	Zip Code	Type of Employment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Resident No.	City	State	Zip Code	Type of Employment
23				
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