# Appendix E-2: HPOG-Impact Implementation Interview Guide for Instructors

**HPOG Impact Evaluation**

**Interview Guide for Instructors**

***Introductory statement to respondents:***  We are members of the HPOG Research Team. We are visiting all of the HPOG grantees included in an impact study to document in greater detail program design and implementation. Today we’d like to ask about your practice as an instructor in [name of HPOG program]. The major purpose of this interview is to gather more nuanced and detailed information about your practice as an instructor of courses that have been designed or adapted specifically for HPOG for participants in [name of local HPOG program]. ***In preparation for our discussion today we have reviewed the information that we have available about orientations, workshops, seminars, basic academic skills classes, pre-training and training courses designed specifically for the HPOG program and provided to HPOG participants only. The information has come from prior site visits, grant applications, your program’s annual reports to HHS (if applicable), and the recent Staff and Grantee surveys that you may have seen.  We have taken this step to tailor the information we will be discussing to the program in which you are involved.  This will allow us to reduce the amount of information you will need to provide today.***

The interview will take about 45 minutes to complete. Before we begin, I would like to assure you that all of your responses will be kept private and used only for this research study. Your name will not appear in any written reports we produce. Also, the interview is voluntary and you may choose not to answer any specific question.

According to the Paperwork Reduction Act (PRA), 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 collection is 0970-0394 and it expires xx/xx/xxxx. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).Do you have any questions before we begin?

1. **Staff Position and Role**

*We’d like to begin by asking you about your role, responsibilities, and experiences at [name of local HPOG program]. Although we are interested primarily in your role as an instructor for [name of local HPOG program] participants, we would also like to know if you have other program duties.*

1. What is your staff title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long have you been working in this position of [title from Q1] at [name of local HPOG program]?

\_\_\_\_\_ years \_\_\_\_\_ months

1. What is your educational background (e.g., degree(s), content area) and prior work experience?
2. In addition to your role as an instructor, what are your responsibilities as part of [name of local HPOG program] in the following areas?
   * + Curriculum design
     + Marketing and recruitment

* Intake and enrollment
* Academic advising (e.g., assistance with course selection, tutoring, etc.)
* Non-academic advising (e.g., assistance with personal/financial supports and guidance)
* Career advising (e.g., assistance with career and employment choices)
* Employment assistance (e.g., job readiness, job search, job placement)
* Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  1. Please briefly describe your typical day-to-day activities.

1. **Program Components**

*We are interested in instructional components that have been designed or adapted specifically for HPOG for participants in [name of local HPOG program. For example, this might include program orientations or boot camps, healthcare career awareness workshops or seminars, or basic education classes specifically aimed at preparing HPOG participants for healthcare trainings. On the basis of the information we’ve already collected about [name of local HPOG program], we understand that this includes the following: [\*]*

1. Which of the listed program components are you involved with?
2. For each basic skills education component you are involved in, please discuss:
   * 1. What is the goal / purpose of the component in the overall *[name of local HPOG program]* program structure?
     2. Have there been any changes made to the component or the structure of delivering the component since program implementation? If yes, why?
     3. How are participants chosen for basic skills education? Is it mandatory for those chosen?
     4. Are participants that first require one or more remedial service(s) upon enrollment considered full HPOG participants? If not, how do they become HPOG participants?
     5. Was the component created exclusively for [name of local HPOG program], adapted from an existing program for [name of local HPOG program], or used in other programs besides [name of local HPOG program]?
     6. Are the services available adopted from pre-existing instructional models and/or curricula (e.g., I-BEST)? Or are these new approaches to address basic skills education needs?
     7. For each training or activity listed what do participants receive upon completion? Do they earn a credential or some other form of recognition??
     8. How are the trainings or activities listed or integrated into a coherent career or academic service plan?
     9. Do HPOG students participate individually or as a group?

3. I am going to list several approaches to instruction. Please describe if and how the component you teach incorporates these approaches.

Is it part of an **articulated** career pathway? Is the basic skills training associated with clearly defined credentials that are sequenced to present a clear career pathway within a healthcare occupation or industry? If yes, how?

* 1. Is the trainingcurriculum **contextualized** in a healthcare framework so that it creates explicit connections between basic skills and occupational skills? If yes, how?
  2. Is the training **accelerated?** Is the time required to complete the course less than typical similar courses? Can participants simultaneously enroll in the course and vocational training?
  3. Is the course delivered in a **flexible** way with regard to location, schedule, pace, strategy?
  4. Is **active learning,** the instructional approach thatemphasizes learning through project-based instruction, practiced? If yes, in what ways?

4. For each healthcare skills training course designed specifically for participants in *[name of local HPOG program]*, please discuss:

a. For which occupations does the training prepare participants?

b. Why did *[name of local HPOG program]* develop this course instead of using other resources to provide the training?

c. Who are the targeted training participants (entry-level workers, incumbents, others)?

1. What are the academic requirements for the training?
2. When is training offered (hours/week; total hours)?
3. Does the training include placement at the workplace? If yes, in what way?
4. Does the course offer a certificate, diploma, license, or other formal or informal indication of success?
5. Do HPOG enrollees participate as a group or individually in the course?
6. Is the training structured within a career pathways framework? If so, in what ways? For example:
   1. Is it part of an **articulated** career pathway? Are the trainings associated with clearly defined and industry-recognized credentials and sequenced to present a clear career pathway within a healthcare occupation or industry? If yes, how?
   2. Is the training **contextualized** in a healthcare framework so that it creates explicit connections between course skills and occupational skills? If yes, how?
   3. Is the training **accelerated** compared with typical similar courses? Is the time required to complete the course less than typical similar courses?
   4. Is the course delivered in a **flexible** way with regard to location, schedule, pace, strategy?
   5. Is **active learning,** the instructional approach thatemphasizes learning through project-based instruction,practiced? If yes, in what ways?

5. Have changes been made to the training courses offered by *[name of local HPOG program]* since program inception? Since random assignment began? If yes, what, when, and why?

1. **HPOG Experience**
2. Do you believe you receive the support and training you need to successfully carry out your responsibilities?
   1. What kinds of supports are available to you?
   2. What kinds of professional development opportunities are available to you?
3. Do you believe *[name of local HPOG program]* is managed in a way that staff work well together to provide the necessary services to program participants?
4. What are the things that work well in your program and why?
5. What are the things that could use improvement and why?
6. **HPOG Program Successes, Challenges, and Lessons Learned**

Now, we’d like to hear from you about *[name of local HPOG program]*’s successes, challenges, and lessons learned.

1. How do you monitor participant retention and completion of the program components you teach?
2. What are participants’ biggest barriers to overall program completion?
3. What measures do you take to improve participant retention and completion?
4. How do you assess the effectiveness of these measures?
5. Overall, what do you believe are the program’s biggest strengths/weaknesses?
6. What do you think are the factors contributing to challenges/successes?
7. In your opinion, is there anything more that could/should be done to address program challenges?

*Now, I’d like to close our discussion by asking you 1) if there are ways in which [name of HPOG program] can improve anything about their overall design, trainings, or services and 2) if you have any general advice for those designing programs like [name of HPOG program].*

*Thank you for your time and your thoughtful responses. Please feel free to contact us if you have additional information you’d like to communicate.*

**NOTE to Interviewer: Provide respondent sheet with contact information**