

## Awardee Training and Services Report

NORC at the University of Chicago (NORC) is conducting an evaluation of HRSA's recent investments to support resiliency and reduce burnout in the healthcare workforce. As part of this evaluation, NORC is conducting a survey of your program participants. We will be asking them about their participation in your program trainings, activities, services, other initiatives (e.g., resources), so **we want to refer to these things in a way that will be recognizable to your target population. NORC's ability to measure the impact of your program depends on the clarity of the information that you provide.** HRSA is invested in learning about the usefulness of your organization's trainings/activities/services/other initiatives to help inform future funding opportunities.

**Instructions:** To streamline this process, we have inserted a list of the trainings and other activities, services or other initiatives that you have already reported to HRSA in Table 1. For each of the rows, please insert a title that the participants will recognize in the "Participant Facing Title" column. If the title of the training/activity/service/other initiative is the same as the title recognizable by participants, then that column can be left blank. We also want to understand the goals of your trainings, activities, services, or other initiatives. We have provided a list with proposed goals below. You may simply provide the number for each of the relevant goals in the box. If the listed trainings and activities have more than one goal, please list all numbers that apply each separated by a comma and listed in the order of importance. There is also a space to provide us with additional context in the "Notes to NORC" column (e.g., if that activity never happened and should not be included). Many of the prefilled program names were previously reported by you in the Annual Performance Report for HRSA. You may be implementing trainings, activities, services, or other initiatives that you have not yet reported to HRSA. Please add rows to the table as needed. Please note that all trainings, activities, services, or other initiatives should be reported in the next Annual Performance Report in addition to reporting them on this form.

### List of possible goals of the trainings, resources, services, or other initiatives

1. Provided useful strategies to help participants manage things like feeling burned out, dealing with work-related stress, manage work/life balance, etc.
2. Provided helpful resources for managing stress, mental health, or burnout.
3. Helped participants connect to mental health services or resources.
4. Improved organization's culture of wellness (e.g., promoting employee/trainee health, aligning policies with stated organizational mission, reducing stigma at work about mental health).
5. Made participants feel more supported by their organization.
6. Helped participants feel more in control over their work (e.g., managing schedule, determining how the work gets done)
7. Improved workloads (e.g., addressed insufficient staffing).
8. Improved workflows (e.g., reduced excessive prior authorizations or redundant chart requirements).
9. Increased participants' sense of safety at work (e.g., by addressing and preventing workplace violence).
10. Improved teamwork and communication within the organization.
11. Addressed discrimination (e.g., racism) or other inequities at work (e.g., unfair pay).
12. Other, {please specify}.

Please complete this form by XXXXX to provide NORC with names and details of your program's trainings, activities, services, or other initiative.

Table 1 has been populated with training, activities, services, or other initiatives that were reported in the Annual Performance Report or identified from your program documents by the Workplace Change Collaborative. If there are other activities that you have implemented that are not listed here, please add them in the empty rows. Please use the third column to indicate whether it is a training, activity, service, or other initiative (please specify) by denoting "Training" or "Activity" for each item added to Table 1. For each row, please include the activity name, participant-facing title, goals of the training/activity/service/other, and notes to NORC (if needed). For each training/activity/service/other, please include the name, participant-facing title, type of activity, goals of the activity, and notes to NORC (if needed).

**OMB Control Number: 0915-XXXX**  
**Expiration Date: MM/DD/20XX**

**Public Burden Statement:** The purpose of this information collection is to evaluate federal programs designed to support the

**Table 1. Trainings and Other Grant Activities**

Training/Activity/Service/ Other Initiative Name	Participant-Facing Title <i>(What name can we use on the survey that participants will recognize?)</i>	Training/Activity/Service/Other Initiative <i>(please specify)</i>	Number of times the Training/Activity/Service/Other Initiative was offered this program year.	Average Time Participants Spend on Training/Activity/Service/Other Initiative per offering
Example: Training on safety in the workforce	The UW Workplace Safety Training	Training	The training was offered twice during this program year.	The training took 2 hours to complete.
Example: Wellness toolkit	The NORC Wellness Toolkit	Activity	Available since Feb 2022.	The toolkit took an average of 30 mins to review.
Please add any additional training/activity/service/other initiative not already listed in new rows.				

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Provider Resiliency Evaluation



<b>Type of Training/Activity/Service/Other Initiative</b> <i>(e.g., app, toolkit, wellness room, new policy, webinar, etc)</i>	<b>Goals of the Training/Activity/Service/Other Initiative</b> <i>(Numbered options listed on Instructions tab)</i>	<b>Notes to NORC</b> <i>(Feel free to provide additional context to NORC such as target population, number of sessions offered, etc)</i>
	#8	
toolkit	#1, #2, #3, #4	Offered to the entire organization

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