

Attachment 5

Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce Training Program Awardee Interview Guide

Awardee Interview Guide

OMB Control Number: 0915-XXXX

Expiration Date: MM/DD/20XX

TRAINING PROGRAM AWARDEE INTERVIEW GUIDE

Introduction

Welcome and thank you for participating in today's discussion. My name is [NORC Staff] and I am a/n [title] at NORC at the University of Chicago. As you may be aware, NORC is conducting an evaluation of programs that have been funded by HRSA to address burnout and improve resiliency in the healthcare workforce. As part of this evaluation, NORC is interviewing each of the Health and Public Safety Workforce Resiliency Training Program (HPSWRTP) awardees, including you, to learn more about their program.

Before we get started, I am going to read some information about the evaluation and your participation in this interview. It will only take a few minutes and then we will jump in with the interview questions.

This interview is part of an evaluation NORC is conducting on behalf of HRSA. We want to learn more about your experiences implementing your HRSA-funded program, including lessons learned and barriers and facilitators to implementing your program. This is the first time that HRSA's Bureau of Health Workforce has invested in resiliency programs of this kind, so your experience and feedback are incredibly valuable. Your input, along with other awardees, can inform future funding decisions about programs that address burnout and resiliency in the healthcare workforce.

The discussion today should last about one hour. Information from this interview will be included in documents associated with the evaluation for HRSA. While we will not use your name, or any others, in these reports, your organization may be identifiable in these reports. You can choose whether to participate in the interview, and you may stop at any time during the discussion. Please note that there are no right or wrong answers to interview questions.

This interview guide has been reviewed and approved by the Office of Management and Budget. Our OMB Control Number is 0915-XXXX and our expiration date is MM/DD/20XX. We estimate this interview will take approximately one hour to complete. I am also sharing this information in the chat, so you have it.

<**Interviewer**, please insert this text into the meeting chat: Public Burden Statement: The purpose of this information collection is to evaluate federal programs designed to support the mental health and resiliency of the healthcare and public safety workforce. 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

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control number. The OMB Control Number for this information collection is 0915-XXXX and is valid until MM/DD/20XX. Public reporting burden for this collection of information is estimated to average xx hours 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

If you have questions about the project, feel free to contact HRSA's contact for this project Carolyn Robbins (301-443-2291). If you have questions about your rights as a participant, you may call the NORC Institutional Review Board Manager toll-free at 1-866-309-0542.

Do you have any questions about the evaluation or your participation in the interview today?

If Yes– Moderator addresses the questions.

If No– Proceed to informed consent.

Do you consent to participate in this interview?

If Yes– Proceed to questions.

If No– Allow participant(s) to end the conversation.

Great. My colleague [name] will be on the phone to take notes during our conversation. We would also like to record the conversation to create a transcript to inform our report. We will delete the recording at the end of the project.

Do you agree to have this interview recorded?

If Yes from ALL parties – Proceed and begin recording the interview. [START RECORDING]

If No from ANY parties– That is fine. Please be patient as we take notes – we may stop and ask a question to confirm that we have your responses recorded correctly.

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Training Program Awardee Interview Questions

Introductions and Awardee Program Overview

1. Can each of the staff members on the call please introduce yourself and provide some context about your role in [AWARDEE PROGRAM NAME]?
2. Great, thank you. Now, can you please provide a brief overview of your program?
3. Can you share with us at a high level where you are in the implementation of your program?

Implementation Assessment

4. According to your grant requirements, you were required to use evidence-based or evidence-informed models or programs. Which evidence-based models or programs did you use?
 - a. Did you adapt these for your HPSWRTP program? If yes, how and why?
 - b. How effective do you think the models or programs were for your population?
 - c. Were there any models or programs that were more effective than others? If so, which ones?
5. During the implementation phase programs often have to pivot for a variety of reasons. Did your program have to pivot in any way? If so, could you please share with us...
 - a. Why did you have to pivot?
 - b. What changes did you make, and how did those changes affect the program?
6. What barriers or challenges have you encountered while implementing the program?
 - a. How did your team address these barriers and challenges?
 - b. How did your team reduce financial barriers?
7. What are some lessons you learned as you...
 - a. Implemented your evidence-based or evidence-informed trainings or activities?

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- i. What are lessons learned or strategies you used to provide these types of programs for exhausted populations?
 - b. Created or advanced protocols and system-wide approaches?
 - c. Developed innovative sustainability practices/models?
 - d. Promoted health equity throughout your project?
8. In what ways were your program activities, resources, services, or trainings innovative?
9. How did your team effectively promote your program across different populations (e.g., minority, tribal, or rural) and professions (e.g., doctor, nurse, or public safety officer)?
10. What types of resources, infrastructure, policies, or other contextual factors were helpful for implementing your program? In other words, what were your program facilitators?
 - a. To what extent would you have been able to implement this program without HRSA funding?
11. Which of your program activities do you think were the most successful and why?
12. How, if at all, do you plan to sustain the program?
 - a. What barriers or challenges may affect your ability to sustain the program after HRSA funding ends?

Impact Assessment

13. Please think about the time before your HRSA-funded project was implemented, during the implementation, and now. Can you talk about how resources and services for wellness (e.g., resiliency, mental health) have changed, or not, throughout these different points in time?
14. What aspects of this program do you think will have the biggest impact on your health workforce?
 - a. What impacts have you seen thus far?
 - b. Can you please share a few stories about the impact of your program?
 - c. If none, what impacts do you think your programs will have?
15. What changes have you seen during the implementation in:
 - i. reducing burnout?

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- ii. improving resiliency?
 - iii. Improving mental health and wellness?
 - iv. Increasing retention?
16. What activities, or groups of activities, do you think are most likely to:
- v. reduce burnout?
 - vi. improve resiliency?
 - vii. Improve mental health and wellness?
 - viii. increase retention?

COVID-19 Factors

While this project is not focused on COVID-19, the COVID-19 pandemic caused significant increases in burnout in the health workforce and we are interested in learning how COVID-19 may be continuing to impact burnout in your health workforce, and how you see this relating to your program or your program success.

17. Please think about the time before COVID-19, then during the height of COVID-19, and now. Can you talk about how resources and services for wellness (e.g., resiliency, mental health) have changed, or not, throughout these different points in time?
18. From your perspective, is the COVID-19 pandemic still impacting feelings of burnout in your health workforce? Do you think the rates of burnout in your health workforce have returned to what they were before the pandemic?
19. To what extent do you think your health workforce is prepared to respond to COVID-19 demands or future outbreaks, treat patients with COVID-19, and maintain patient and personal safety in the future?
- a. In what ways, if any, did your program help prepare them?
20. Those are all the questions that we have for you today. Is there anything else that we have not discussed that you would like to share about this program?

Thank you for your time and for sharing your insights with us. We greatly appreciate it.

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