Thank you for filling in this document with the information needed to create a course shell, which allows participants to register for your training, to access information about the training, pick up handouts, and complete evaluations.

Questions? trainingmanager@bu.edu or Karla Todd, Senior Program Manager, toddks@bu.edu

# **Roadmap to Create the Course Shell**

**Choose modality: (delete the ones you are not using, add question if you are not sure­­­­)**

Self-Paced

Webinar (or recorded video)

Live Interactive

Cohort

Resources

**Title of Series (if applicable):**

**Title of Individual training/webinar:**

**Date, Day, Beginning Time, Ending Time, Time Zone:**

(If part of a series, please list all times, if possible after 12noon ET to accommodate West coast)

**Note if applicable:**

*Examples:*

\*This course is available to only to pre-selected participants from the Boston Public Health Commission.

\*The materials herein are only available to accepted Health Equity Interns.

**Image** associated with the course (that represents the idea or the audience)

*(If you do not have access to stock photography, you may submit without a photo and type in suggestions for images.)*

One **compelling question** to intrigue the learner to take the course

(One for each part of series.)

**Headshot** of instructors/subject matter experts (also on the course description page).

**Instructor/SME bios** (for course description page, may be shortened to fit)

**Event Description (usually 2-3 sentences):**

**What You’ll Learn: <Learning objectives (up to four)>**

At the end of the course, you will be able to:

*For tips on writing learning objectives, please visit:*

**https://apha.confex.com/apha/learningobjectives.htm**

**Additional Blurb** (optional but preferred, maybe used in marketing email, social media or brochure):

**Logo of organization contracted with NEPHTC**

(all expert and organizational logos are not used in all marketing, which is reserved for partnering organizations, but may be used in acknowledgements or supplemental materials. Questions: toddks@bu.edu):

|  |
| --- |
| **Course Overview (appears as a box on the course description page)** |
| **Audience** | (name professional categories, e.g. nurse, community health worker, public health professional) |
| **Date/Time:**  |  |
| **Format** | Self-paced, Webinar, classroom, blended, other |
| **Price** | Free |
| **Length** | This is the duration of the course in hours, dayse.g. 2 part series, I hour each |
| **Credential(s) eligible for contact hours** | *Sponsored by New England Public Health Training Center (NEPHTC), a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to (credit hours) total Category I continuing education contact hour.  Maximum advanced-level continuing education contact hour is (credit hours).  Provider ID: 1131137 Event ID: TBA.****If you are not seeking a CHES/MCHES contact hours, if you complete the post-test and evaluation, you will receive a Certificate of Completion. The Certificate will include the length of the course.*****Other CE Considerations:** For CNE/Other CE, partner must specify requirements 1 month in advance and provide language needed on course page for users wishing to obtain CE. Specify if CE is for live Zoom attendance only (recommended) or provide justification for credit available for viewing recording. Will this have CHES credit? (Y) (N) |
| **Competencies** | *Select One:*Data Analytics and Assessment Skills  Policy Development and Program Planning Skills  Communication Skills  Health Equity Skills  Community Partnership Skills Public Health Sciences Skills  Management and Finance Skills  Leadership and Systems Thinking Skills *https://www.phf.org/resourcestools/Documents/Core\_Competencies\_for\_Public\_Health\_Professionals\_2021October.pdf* |
| **Learning Level** | *Select One:*AwarenessPerformance |
| **Prerequisites** | Not just other trainings but certain knowledge or skills, or “None” |
| **Companion trainings** |  |
| **Supplemental materials** | Syllabus, course schedule, guide, power point etc. to be shared on course page |

**EHB Fields in Moodle Database**

This field in the EHB will be useful for reporting to HRSA. Below listed are all the fields you will see in the “EHB Fields” section when you edit the course page. The highlighted ones are the latest version of the HRSA reporting fields (2023), so you need to only fill in those. Though it is inconvenient to keep fields 7, 13, 14, 15, 16, we need to keep them to retain past data.

1. CBT or Partner
2. Date of Training (if Live Training Session)
3. Contact Name
4. Select Whether Course is Approved for Continuing Education Credi
	* ***Yes/No***
5. Enter the Duration of the Course in Clock Hours
* ***E.g.: 1.25***
1. Enter # of Times Course was Offered
* ***HRSA: For instructional activities offered via distance learning on an ongoing basis enter 999***
* ***HRSA: For live trainings enter 1***
1. Select delivery mode used to offer course
2. Select Delivery Mode 2023
	* ***Classroom-based***
	* ***Distance learning (Online Webinar)***
	* ***Hybrid***
	* ***Podcast***
	* ***Other***
3. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (1) 2023
4. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (2) 2023
5. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (3) 2023
6. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (4) 2023
	* ***You can select up to four types of partnership and for the latest version of options most of our partners are Academic Institution, Community Health Center, State or Local Government, Other Community-Based Organization***
7. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (1)
8. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (2)
9. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (3)
10. Select Type(s) of Partnership(s) Established for the Purposes of Delivering this Course (4)
11. Select the Course's Primary Topic Area
12. Select the Primary Competency Addressed by the Course
13. Select the Competency Tier for this Course
	* ***(1 is front line; 2 is manager/performance level; 3 is leader)***
14. Select Whether Employment Location Data are Available for Individuals Trained
* ***(All Moodle courses are yes)***

**Special webinar interactions:**

1. **Polling Questions:**

(If you want to ask your audience polling questions during the webinar, enter up to 4 draft questions here (multiple choice). They will be refined when you practice your webinar

1. **Word Cloud**
2. **Videos**
3. **Guests/Role plays**

 **Please rank up to five tags:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Credentials** | **State** | **Topics** | **Audience** | **Program** |
| CHES | CT | COVID | Dental | LPHI |
| CNE | ME | Environmental | Community Health Worker | NEPHTC |
| CME | MA | Health Equity |  | BUSPH |
|  | NH | Management and Financial |  |  |
|  | RI | Opioid |  |  |
|  | VT | Preparedness |  |  |
|  |  | Public Health Concepts and Tools |  |  |
|  |  | Racism |  |  |
|  |  | Data Assessment and Analysis |  |  |

 **The following information is for Ed Tech Developers only:**

**HRSA disclaimer statement:**

Acknowledgement: This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB6HP31685 “Regional Public Health Training Center Program.” This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

*\* Yale School of Public Health, Office of Public Health Practice, a New England Public Health Training Center partner, is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. All CHES credit inquiries are managed by YSPH*

**Evaluation:**

**Self-Paced Evaluation:**

1. **Change in Knowledge (pre post test)**
2. Satisfaction with/Reaction to Training (part of common metrics)
3. Application (part of common metrics)
4. Optional Questions

**Common Metrics Evaluation Assessment Questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5Strongly agree |
| 1. My understanding of the subject matter has improved as a result of having participated in this training.
 |  |  |  |  |  |
| 1. I have identified actions I will take to apply information I learned from this training in my work.
 |  |  |  |  |  |
| 1. The information was presented in ways I could clearly understand.
 |  |  |  |  |  |
| 1. I was satisfied with this training/course overall.
 |  |  |  |  |  |

**Optional**:

The learning objective were met by this training.

Strongly agree, to strongly disagree

I will apply this training to a state or national certification: true false

How could this course be improved?

What other training topics would you be interested in?

**Webinar Evaluation:**

**Opening time: please set to open when course goes live, so course manager can view certificate and questions when checking the course page.**

|  |  |  |
| --- | --- | --- |
|   | **Before the workshop/webinar** | **After completing the workshop/webinar** |
| **LEARNING OBJECTIVES (Goals for the session):**  | 1Not at allprepared | 2Minimally prepared | 3 Moderately prepared | 4Very prepared | 1Not at allprepared | 2Minimally prepared | 3 Moderately prepared | 4Very prepared |
| Learning Objective 1 |  |  |  |  |  |  |  |  |
| Learning Objective 2 |  |  |  |  |  |  |  |  |
| Learning Objective 3 |  |  |  |  |  |  |  |  |
| Learning Objective 4 |  |  |  |  |  |  |  |  |

**For Interactive/Cohort:**

**For Non-Webinar Evaluation, see NEPHTC Evaluation Template including**

1. **Change in Knowledge**
2. **Satisfaction with/Reaction to Training (common metrics)**
3. **Application**
4. **Optional Questions**

**Internal course information (for course manager use only)**

Speaker slides and additional handouts are posted in this course shell under Course Materials within 24 hours of the webinar’s completion. Each session is recorded and made available within two business days. Audio is available through computer or by phone. Due to differences in internet quality at viewers’ locations, we cannot guarantee that computer audio will be smooth and continuous. If the audio cuts out and is distracting, please call in on the provided phone number.

**Moodle Auto reply instructions (for webinars):**

Welcome to (Insert Course Title Here), view the course page: https://www.nephtc.org/course/view.php?id=course number.

In order to receive webinar join information you MUST copy and paste the following URL into your browser window and register: https://bostonu.zoom.us/webinar/register/###zoom link###

Registering via the above link will generate an email to you with a link for your calendars along with automatic reminders of the webinar. An email will be sent to you with instructions for joining at the date/time of the webinar. For best results, please connect to the link, THEN follow instructions for the audio connection.

Best regards,

NEPHTC Education Team

SHIELD users – for more information, view the page https://www.bucme.org/node/1045
LPHI users – for more information, view the page http://sites.bu.edu/masslocalinstitute/

If needed, blue button image can be found in: <https://www.nephtc.org/draftfile.php/128/user/draft/17188569/RegisterNow_button.png>

