



Office of the Surgeon General Advisory Group

Event After Action Report

Version 1.2

Date: 03/24/2022

Instructions: Please submit this After Action Report within 10 days after completing an event. Only one After Action Form is needed per approved event. If conducting Prevention through Active Engagement (PACE) community engagement and training events, then complete data fields on page 3. Additional instructions on each data field is found on page 4.

1. Event ID

2. List Officer Participation

Rank	Officer First Name	Officer Last Name	Email	PHS Serial # (SERNO)	Category	Role	Total Hours
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List additional officers on Page 2

3. Total Number of Attendees

4. Total Number of Commissioned Corps Officers that are attendees

5. What worked for the event?

6. What didn't work for the event?

7. Feedback from attendees (if any).

8. Recommendations to make this event more successful in the future.

9. Additional Items or Support Needed

Rank	Officer First Name	Officer Last Name	Email	PHS Serial # (SERNO)	Category	Role	Total Vol. Hours
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10. Prior to Click Submit by email button, save completed AAR form as a file with the following nomenclature: AAR-MMDDYY_Event Title_CityState. For example a vaping event on 9/16/21 in Charleston, SC would be named as AAR-091621_Vaping_CharlestonSC

Submit by Email

Reset Form

Instructions: Please complete the additional data fields for Prevention through Active Engagement (PACE) community engagement and training events. Additional instructions on each data field is found on page 4.

11. Lesson Plan:

12. Surgeon General Education Team (SGET) (if applicable):

Additional items or Support Needed:

13a. Did you feel like presentation met needs of event?

13b. Do you feel like you were adequately prepared by materials? If no, then provide rationale

13c. Did you face challenges with the following:

Language/Translation DEIB Cultural

13d. Additional feedback not placed elsewhere?

13e. Willing to be contacted by Training Committee to solicit feedback?

14. Following attributes are only required to be completed regarding Surgeon General Smoking Initiative -Five Events.

14a. Total number of individuals stating desire to quit

14b. Total number of stating attempt to quit in next 30 days

14c. Total number receiving or requesting resources

14d. Total number requesting Rx for Change Training

Note: Certificates of Appreciations are issued automatically to an active duty USPHS Commissioned Corps Officer that participates in five (5) in person hours of community outreach or increasing PACE visibility during a PACE operational year which begins on June 1 and ends on May 31. Total volunteer time above includes preparation, cleanup, and travel.

Event After Action Report Field Name Descriptions

Number	Information Attribute	Information Attribute Instructions
1	Event ID	Unique identifier associated with Office of Surgeon General approved event that is relayed to requesting officer. If unknown and did not relay an Event Notification Form, then you must submit the Event Notification Form first for Event ID to be generated.
2	Officer Participation	<p>Identify each officer rank, name, category, email, and USPHS Service Number (SERNO) that was involved in event execution</p> <p>Specify each officer's Role:</p> <p>Presenter– Presents or aids in presentation of information to attendees</p> <p>Trainer – Presents or aids in presentation of information to USPHS Commissioned Corps Officers</p> <p>Clinical Provider – Provides clinical services to attendees</p> <p>Logistics – Helped set up and clean up the event</p> <p>Lead/Supervision – Oversees event and ensures event is performed in accordance to event plan.</p> <p>For Total Hours, specify the in-person hours each officer worked for each role</p> <p><i>Note: All officers involved in the event must meet all standards for appearance and behavior.</i></p>
3	Total Number of Attendees	Indicate the number of attendees at the event. This can be tracked either based on event coordinator providing number of students in each class, counting each student, material give-away inventory counts, or best estimate.
4	Total Number of Commissioned Corps Officers that are attendees	<p>Indicate the number of USPHS Officers that engaged in the training event.</p> <p>For a training event, then list out the officers in item 2 and indicate their roles as Trainees to document their training attendance.</p>
5	What Worked for the Event?	After the event, the Team leader will organize an after-action meeting to discuss any key breakthroughs, positive reactions, or outcomes from the event.
6	What Didn't Work for the Event?	After the event, the Team leader will organize an after-action meeting to discuss any issues, negative reactions, short comings from the event?

Number	Information Attribute	Information Attribute Instructions
7	Feedback from attendees (if any)	After the event, the Team leader will organize an after-action meeting to discuss any positive or negative feedback received from the audience/attendees? Please enter the information received here.
8	Recommendations to make this event more successful in the future	After the event, the Team leader will organize an after-action meeting to discuss recommendations to make the event more successful. Please enter those discussion items here.
9	Additional items or support needed. (If this is a PACE Community Engagement or Training Event, then put N/A and answer Item 13).	After the event, the Team leader will organize an after-action meeting to discuss additional items or support needed?
11	Lesson Plan (For PACE Community Engagement or Training Event)	Indicate the PACE lesson that was used for the Community Engagement or Training Event.
12	Surgeon General Education Team (If applicable) (For PACE Community Engagement or Training Event)	Specify if a Surgeon General Education Team organized and lead event coordination
13	Additional items or support needed. (For PACE Community Engagement or Training Event)	<p>Please document additional support or direction needed:</p> <p>13a. Did you feel like the presentation met the needs of your event? (Select Yes or No)</p> <p>13b. Do you feel like you were adequately prepared by the materials provided to deliver this presentation to this specific audience (Select Yes or No) -- if no, detail what would have helped you feel more prepared?</p> <p>13c. Did you face any challenges with or have feedback such as linguistic preparation, diversity equity inclusion and belong (DEIB) cultural values or norms? (check the relevant check boxes if challenges were experienced)</p> <p>13d. Any additional feedback you'd like to give to the Office Surgeon General about this event that you have not placed elsewhere? Indicate any feedback that has not been indicated anywhere else on form.</p> <p>13e. Are you willing to be contacted by assigned Office Surgeon General Advisory Group to solicit your specific feedback? (Select Yes or No)</p>

Number	Information Attribute	Information Attribute Instructions
14	Surgeon General Smocking Initiative Five Event Data fields (For PACE Community Engagement or Training Event)	14a. Total number of individuals stating desire to quit 14b. Total number of stating attempt to quit in next 30 days 14c. Total number receiving or requesting resources 14d. Total number requesting prescription for change training.