## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 ExpDate:03/2018)

**TITLE OF INFORMATION COLLECTION:**

Pathways for Teamwork Customer Satisfaction Interviews

**PURPOSE:**

The purpose of this semi-structured interview form is to provide a vehicle for research administrators and clinical research associates from NCI-funded community cancer care sites to provide feedback that will inform and improve the design and delivery of the online, webinar-based learning program titled: “Pathways for Teamwork: Enhancing Communication, Coordination, and Collaboration in the NCORP Network”. This learning program involves a series of 4 online webinars that are available to all NCORP community site administrators and research coordinators, as well as other interested NCORP participants. Interviews with relevant stakeholders will inform the ongoing delivery of this learning program. Interviewees are existing NCI-funded research associates whose work is supported by funding provided by NCI’s Community Oncology Research Program (NCORP).

**DESCRIPTION OF RESPONDENTS**:

Research administrators and clinical research associates from the NCI’s Community Oncology Research Program (NCORP).

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [x ] Other: Phone-based stakeholder interviews

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Sallie Weaver

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [x ] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X ] No

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Community site research administrator | 12 | 1 | 1 | 12 |
| Community site research coordinator  | 12 | 1 | 1 | 12 |
| **Totals** | **24** | **24** |  | **24** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Community site research administrator | 12 | $46.41\*  | $556.92 |
| Community site research coordinator  | 12 | $33.19\*\* | $398.28 |
| **Totals** | **24** |  | $955.20 |

\*Medical and Health Services Managers (occupation code: 11-911)

<https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>

\*\*Business Operations Specialists (occupation code: 13-1199)

<https://www.bls.gov/oes/current/oes131199.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_$3,697\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Health Science Administrator | GS13/10 |  | 3% |  | $3,697 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  | $3,697 |

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [x ] Yes [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The list of 46 NCORP community research sites comprises the universe of potential participants. This list is retained by NCORP program staff at NCI and is publically available on the NCI NCORP website. A random sample of 12 sites weighted to appropriately represent both minority/underserved community research sites and regular community sites will be drawn. The research administrator and coordinator for each of these 12 sites will be invited to participate in the stakeholder interviews.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ X] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ X ] Yes [ ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**