

Memorandum

To: Sherette Fun
OS Report Clearance Officer
Office of the Chief Information Officer
OS Report Clearance Officer
Dept. of Health and Human Services

From: Cheryl Thompson, MSPH
Public Health Advisor/Regional Women's Health Liaison
Contracting Officer's Representative
Office on Women's Health U.S. Department of Health and Human Services

Date: February 8, 2016

RE: Item Modification for Survey Question 2 in the Background Section
OMB Control Number: 0990-422
Expiration Date: 5/31/2018

CC: Deborah R. Brome. PhD
Project Manager, Education and Training of Healthcare Providers as a
Coordinated Public Health Response to Violence Against Women
GEARS, Inc. (Contractor)

I am writing to request a modification of one survey item-**Question 2** found in the **Background Section** of our approved OMB instruments. This question asks respondents to identify their primary field of practice. This question is found in three surveys (or instruments), the pre-assessment, post-assessment and follow-assessment.

The question currently reads as follows:

2. What is your primary field of practice? <input type="checkbox"/> Emergency Medicine/ Urgent Care <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Obstetrics-Gynecology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Surgery <input type="checkbox"/> Other: _____

We are requesting permission to modify this question by listing **six** additional fields of practice. There are several professional associations participating in this data collection for which their field of practice is not currently listed. This additional information allows for more specificity in reporting our findings and therefore a more complete analysis of eLearning outcomes according to fields of practice. This type of information would add to our knowledge on how to improve the education of healthcare providers across these practice areas.

The modified question would read as follows:

2. What is your primary field of practice?	
<input type="checkbox"/> Emergency Medicine/ Urgent Care	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Surgery
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> <u>Behavioral Health</u>
<input type="checkbox"/> Obstetrics-Gynecology	<input type="checkbox"/> <u>Nurse Practitioner</u>
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> <u>Nurse Midwifery</u>
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> <u>Physician's Assistant</u>
<input type="checkbox"/> <u>Adolescent Health</u>	<input type="checkbox"/> <u>Social Work</u>
	<input type="checkbox"/> Other: _____

The underlined specialty areas are those that we would like to add.

We are scheduled to launch the pilot and evaluation study on March 1, 2016. We would greatly appreciate your assistance with an expeditious review and approval process required for this change. Please let me know if you require additional information and thank you for your assistance with this matter.