# **Attachment D –Training Needs Assessment, Word Version**

**Medical Countermeasure (MCM) Training Needs Assessment**

This version contains all of the questions as they will be input into Qualtrics.

**Introduction**

Thank you for participating in the Medical Countermeasure (MCM) Training Needs Assessment. We are assessing the medical countermeasure (MCM) training needs of MCM officials in state, territorial, local, and tribal jurisdictions nationwide. The data will be used to inform the development and delivery of CDC-sponsored MCM trainings and create a comprehensive five-year MCM training plan based on the stated needs of respondents.

As an MCM official, you are best positioned to identify the MCM training needs of your jurisdiction. The assessment will take approximately 31 minutes (out of a range of 7 minutes to 59 minutes). All responses will be kept secure and will be shared in aggregate form and your participation is voluntary. If you have any questions or issues while taking it, please email preparedness@naccho.org.

We appreciate your time and contributions to advancing MCM preparedness.

**Eligibility:**

**\*Qualtrics Set-up: directions in blue**

**1. Does your health department participate in Medical Countermeasure (MCM) planning and operations? (Question Format: Multiple Choice)**

* Yes
* No

***Branching logic:*** *shown only if response above = ‘no.’* Thank you for your time. Unfortunately, you are not eligible to participate at this time.

**2. Are you the primary person responsible for MCM planning and operations in your health department? (Question Format: Multiple Choice)**

* Yes
* No

***Branching logic:*** *shown only if response to #2 = ‘no.’* Thank you for your time. This online assessment is to be completed by the lead MCM official, or person responsible for overseeing all MCM-related activities within your health department, or their designee. Please forward the online assessment link to the person within your health department whose position fits this description.

**Demographics:**

**3. The CDC Public Health Emergency Preparedness (PHEP) cooperative agreement provides funding to 50 states, 4 cities, and 8 U.S. territories. Do you work directly for one of these recipients? (For a detailed list of recipients, please click** [**here**](https://www.cdc.gov/phpr/partnerships/map.htm)**.)**

**(Question Format: Multiple Choice)**

* Yes
* No

**4. Please select your current job title from the list below.**

 **(Question Format: Multiple Choice & Other)**

* + Medical Countermeasure Coordinator
	+ Public Health Preparedness Coordinator
	+ Preparedness Coordinator
	+ Medical Countermeasure Specialist
	+ Medical Countermeasure Planner
	+ All-Hazards Planner
	+ Health Officer
	+ Administrator
	+ Director
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. How many years of experience do you have with MCM planning and coordination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Question Format: Text box)**

*Validation: Must be a number entry between 0 and 99*

**6. What is the size of your jurisdiction?**

**(Question Format: Multiple Choice)**

* + Less than 50,000 people
	+ 50,000 – 500,000 people
	+ More than 500,000 people

**7a. In the table below, please enter an estimated number of individual staff and volunteer(s) from each category listed on the left that would be involved in each role listed across the top. (Must be a number entry.) *If you are unable to estimate for a staff or volunteer type please leave the box blank.***

|  |  |
| --- | --- |
|  | **Role During Response (Setup: Open-response)** |
| **Staff and Volunteer Type** | Distribution Workers | Distribution Coordinators & Planners | Dispensing Workers | Dispensing Coordinators & Planners |
| Your department staff |  |  |  |  |
| Other health department staff |  |  |  |  |
| Other local government officials/staff |  |  |  |  |
| Community volunteers |  |  |  |  |
| Corporate partnership staff |  |  |  |  |
| Other |  |  |  |  |

**7b. On a scale from 1-5, how would you rate the accuracy of your estimates, with 5 being “very accurate” and 1 being “not at all accurate”?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1****Not at all accurate**  | **2** | **3** | **4** | **5****Very accurate**  | **N/A** |

**Training Experience**

**For the purpose of this assessment, training refers to any and all courses, conferences, and online and in-person learning experiences related to MCM preparedness and response.**

**8. How well does your health department’s MCM training prepare staff for MCM job responsibilities?**

**(Question Format: Multiple Choice- horizontal)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **0**Training does not exist | **1**Prepares staff very poorly | **2** | **3** | **4** | **5**Prepares staff very well |

**9. For each training listed below, indicate whether you have taken the training, and if yes, rate how valuable the training was to your MCM job position.**

**(Question Format: Side by Side & Other)**

|  |  |  |
| --- | --- | --- |
|  | Have you attended this type of training?**(Setup: Drop-down list: Yes, No)** | On a scale of 1-5, indicate how valuable this training was to your MCM job position. (1=not at all valuable; 5=extremely valuable, N/A) **(Setup: Drop-down list)** |
| 1. CDC MCM training
 |  |  |
| 1. Federal preparedness and emergency response training (e.g. NIMS, HSEEP)
 |  |  |
| 1. State level MCM training
 |  |  |
| 1. State level preparedness and emergency response training
 |  |  |
| 1. Local level MCM training
 |  |  |
| 1. Local level preparedness and emergency response training
 |  |  |
| 1. Conferences (e.g. NACCHO preparedness summit)
 |  |  |
| 1. Other:
 |  |  |

**Training Barriers**

**For the purpose of this assessment, training refers to any and all courses, conferences, online and in-person learning experiences related to MCM preparedness and responses. Please answer the following questions about your training barriers.**

**10. Are there any MCM-related trainings that you wanted to take or conduct but were unable to?**

**(Question Format: Multiple Choice)**

* + Yes
	+ No

**Skip Logic:** If yes, show questions 11-12; if no, skip to question 13

**11. What barriers have you encountered to receiving training? *Select all that apply.***

**(Question Format: Multiple Choice- Checkboxes and Other)**

* + Lack of funding
	+ Inability to take time away from regular job duties
	+ Lack of support from supervisor/leadership
	+ Trainings not offered
	+ Emergency responses
	+ Personal commitments
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ I have not encountered any barriers to receiving training

**12. What barriers have you encountered to conducting training? *Select all that apply.***

**(Question Format: Multiple Choice- Checkboxes and Other)**

* + Lack of funding
	+ Lack of subject matter expertise
	+ Lack of support from supervisor/ leadership
	+ Inability to take time away from regular job duties
	+ Insufficient training/teaching skills
	+ Lack of other resources
	+ Engaged in emergency responses
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ I have not encountered any barriers to conducting training
	+ Conducting training is not my job responsibility

***12b. Clarifying Question Branching logic:*** *only shown if response to #12 = ‘Lack of other resources.’*

**If you selected “lack of other resources,” please explain why.**

**13. Over the past year, approximately how many total work days did you spend attending any type of training, not just MCM training?** *For the purpose of this question, one day refers to 8 hours.*

**(Question Format: Multiple Choice)**

* + < ½ day
	+ ½ day
	+ 1-2 days
	+ 3-5 days
	+ 6-10 days
	+ >10 days

**14. Over the past year, approximately how many total work days did you spend attending MCM training?** *For the purpose of this question, one day refers to 8 hours.*

**(Question Format: Multiple Choice)**

* + < ½ day
	+ ½ day
	+ 1-2 days
	+ 3-5 days
	+ 6-10 days
	+ >10 days

**Planning and Exercise Experience**

**15. How would you rank your level of contribution to MCM distribution and dispensing plans?**

**(Question Format: Multiple Choice- horizontal)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No contribution to development of plans0 | Very minor contribution to development of plans1 | 2 | 3 | 4 | Led development of plans5 |

**16. Over the past year, how many MCM exercises have *you* participated in?**

**(Question Format: Matrix Table Text Entry)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1-3** | **4-6** | **7-9** | **10+** |
| Full-scale exercises |  |  |  |  |  |
| Functional exercises |  |  |  |  |  |
| Drills |  |  |  |  |  |
| Games |  |  |  |  |  |
| Tabletops |  |  |  |  |  |
| Workshops |  |  |  |  |  |
| Seminars |  |  |  |  |  |

**17. Indicate at which site(s) you have worked during an emergency response:** *Select all that apply.*

**(Question Format: Multiple Choice- Checkboxes)**

* + Receive, Stage, and Store (RSS) site
	+ Regional Distribution Site (RDS) or Local Distribution Site (LDS)
	+ Dispensing site (such as a POD)
	+ None of the above

**Training Needs**

The following sections will assess your training needs on common responsibilities of MCM officials.

Questions about these training needs align with CDC’s MCM Coordinator Common Responsibilities and Associated Skills framework. Each common responsibility is described by a definition and a listing of six to nine associated skills.

Please read each definition and associated skill and answer the corresponding questions.

**Emergency Response Communication and Information Management**

Identifying information and communication needs before, during, and after an emergency.

***18.* For each associated skill listed below, please indicate whether you have received training on this skill, if training (or more training) on the skill would improve your job performance, and if the skill is part of your current position.**

**(Question Format: Matrix- Checkboxes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associated Skills** | **I have received training on this skill.** | **Training on this skill would improve my job performance.** | **This skill is part of my position.** |
| Analyzing written resources, including technical materials, rules, regulations, instructions, reports, charts, graphs, or tables, and applying what is learned to develop program plans and public messaging |  |  |  |
| Writing materials that organize, compose, and present technical information in a clear and organized manner for intended audiences |  |  |  |
| Developing and following jurisdictional plans that are based on the National Response Framework (NRF) and National Incident Management System (NIMS) |  |  |  |
| Acting within the scope of a jurisdiction’s legal authority |  |  |  |
| Providing written and oral communication on training, guidance and operational objectives to direct staff and volunteers |  |  |  |
| Responding rapidly to changing circumstances by adapting strategies based on changing demands |  |  |  |
| Identifying systems and procedures for tracking response progress and maintaining situational awareness over the course of a response  |  |  |  |
| Maintaining 24/7 response capacity at all times  |  |  |  |

**19. List *other* skills in which training would improve your job performance in emergency response communication and information management.**

**(Question Format: Text Box)**

**20. Considering all associated skills from above, how confident are you in performing emergency response communication and information management?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Incident Management**

Applying knowledge of the strategies, tactics, technologies, principles, and processes needed to analyze, prioritize, and manage incidents.

**21. For each associated skill listed below, please indicate whether you have received training on this skill, if training (or more training) on the skill would improve your job performance, and if the skill is part of your current position.**

**(Question Format: Matrix- Checkboxes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associated Skills** | **I have received training on this skill.** | **Training on this skill would improve my job performance.** | **This skill is part of my position.** |
| Understanding how federal, state, local and tribal response partners interact during an emergency response |  |  |  |
| Adhering to standardized national processes for organizing functions in an emergency response  |  |  |  |
| Adhering to internal and external emergency response communication plans |  |  |  |
| Reporting potentially relevant incident information through the appropriate chain of command |  |  |  |
| Applying principles of crisis and risk communication to manage information related to an emergency |  |  |  |
| Identifying the systems and resources needed to maintain consistent interagency communications during an emergency |  |  |  |
| Managing multiple emergency communications systems used to communicate with health department staff and Medical Reserve Corps volunteers during emergencies |  |  |  |
| Coordinating regular drills to evaluate efficiency of alerting communications systems |  |  |  |

**22. List other skills in which training would improve your job performance in incident management.**

**(Question Format: Text Box)**

**23. Considering all associated skills from above, how confident are you in incident management?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Leveraging Partnerships**

Establishing and leveraging a network of internal and external partners in order to achieve a common goal.

**24. For each associated skill listed below, please indicate whether you have received training on this skill, if training (or more training) on the skill would improve your job performance, and if the skill is part of your current position.**

**(Question Format: Matrix- Checkboxes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associated Skills** | **I have received training on this skill.** | **Training on this skill would improve my job performance.** | **This skill is part of my position.** |
| Building relationships within and outside of the organization (public and private) including people from varied backgrounds, jurisdictions, and disciplines |  |  |  |
| Leveraging expertise and contacts to gain knowledge, solve problems, and plan for, respond to, and recover from public health emergencies |  |  |  |
| Eliciting and maintaining partner collaboration to accomplish objectives |  |  |  |
| Communicating regularly with partners both orally and in writing to: * Ensure partnership engagement
* Review emergency response plans, roles, and functions
 |  |  |  |
| Applying the organizational structure, leadership, and authority to achieve objectives |  |  |  |
| Documenting the role of partners in response plans and determining partners’ capacity and capability to assist |  |  |  |
| Serving as liaison and coordinator with other support agencies/partners for resources needed during a public health emergency response, such as contractors and emergency supplies |  |  |  |

***25.* List *other* skills in which training would improve your job performance in leveraging partnerships.**

**(Question Format: Text Box)**

**26. Considering all associated skills from above, how confident are you in leveraging partnerships?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Program Evaluation and Technical Assistance**

Expanding program capabilities through exercise, evaluation, and improvement planning and tracking. Providing technical assistance and serving as an authoritative source on job-related skills and information.

**27. For each associated skill listed below, please indicate whether you have received training on this skill, if training (or more training) on the skill would improve your job performance, and if the skill is part of your current position.**

**(Question Format: Matrix- Checkboxes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associated Skills** | **I have received training on this skill.** | **Training on this skill would improve my job performance.** | **This skill is part of my position.** |
| Analyzing data and evaluation results to determine the effectiveness of programs |  |  |  |
| Using planning and operational elements of the MCM Operational Readiness Review (ORR) to evaluate and measure progress toward implementation status goals |  |  |  |
| Evaluating exercises and responses to identify capability gaps, conduct improvement planning, and follow up on necessary changes, using a Homeland Security Exercise and Evaluation (HSEEP)-based system |  |  |  |
| Assessing training needs and opportunities, and coordinating the delivery of these trainings to staff, volunteers, and other partners |  |  |  |
| Developing a multi-year training and exercise plan that is reflective of the most recent jurisdictional risk assessment, recent exercise findings, and other specific local, state, and federal requirements and priorities |  |  |  |
| Facilitating learning through formal and informal training methods |  |  |  |

***28.* List *other* skills in which training would improve your job performance in program evaluation and technical assistance.**

**(Question Format: Text Box)**

**29. Considering all associated skills from above, how confident are you in program evaluation and technical assistance?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Program Planning and Operations**

Formulating objectives and identifying priorities for MCM programs to inform the planning process and ensure operational readiness.

**30. For each associated skill listed below, please indicate whether you have received training on this skill, if training (or more training) on the skill would improve your job performance, and if the skill is part of your current position.**

**(Question Format: Matrix- Checkboxes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associated Skills** | **I have received training on this skill.** | **Training on this skill would improve my job performance.** | **This skill is part of my position.** |
| Applying knowledge of program management policies and public health preparedness concepts to develop strategies to implement program initiatives  |  |  |  |
| Developing program plans targeting general or specific audiences with input from internal and external partners |  |  |  |
| Analyzing policy, including legislation, regulations, procedures, and administrative actions, to support decision making and recommendations |  |  |  |
| Ensuring the Receiving, Staging, and Storing (RSS) sites are properly staffed and can rapidly and efficiently receive and distribute MCM to PODs, treatment centers, and other locations during an emergency  |  |  |  |
| Providing guidance for and developing POD operations plans that identify staffing requirements and desired throughput to dispense medication to the affected population during incidents |  |  |  |
| Maintaining an inventory management system and ensuring health department emergency response vehicles, equipment, and supplies are operationally ready for a public health emergency response |  |  |  |
| Developing and maintaining a resource management system for training, rostering, and tracking tactical and non-tactical resources when activated for an incident response |  |  |  |
| Making recommendations on financial, technical, and staffing resources based on Public Health Emergency Preparedness (PHEP) cooperative agreement requirements |  |  |  |
| Analyzing program management policies to support policy development for improving program operations |  |  |  |

***31.* List *other* associated skills in which training would improve your job performance in program planning and operations.**

**(Question Format: Text Box)**

**32. Considering all associated skills from above, how confident are you in program planning and operations?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Grants Management and Administration**

Ensuring MCM-related activities are conducted and reported appropriately.

**33. For each associated skill listed below, please indicate whether you have received training on this skill, if training (or more training) on the skill would improve your job performance, and if the skill is part of your current position.**

**(Question Format: Matrix- Checkboxes)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associated Skills** | **I have received training on this skill.** | **Training on this skill would improve my job performance.** | **This skill is part of my position.** |
| Coordinating emergency preparedness related grant activities, including grant opportunity identification, preparation, submission, oversight, reporting, and spend-down activities |  |  |  |
| Assessing and interpreting grant guidelines to ensure all proposed grant expenditures meet the requirements for federal, state, and local grants |  |  |  |
| Seeking and writing service provider solicitations (e.g., requests for proposals (RFPs) and requests for information (RFIs)) |  |  |  |
| Advising on selection of vendors/contractors and monitoring contracts to ensure compliance |  |  |  |
| Performing budget preparations, justifications, and submissions |  |  |  |
| Conducting budget projections, reviews, and reconciliations |  |  |  |

**34. List *other* associated skills in which training would improve your job performance in grants management and administration.**

**(Question Format: Text Box)**

 **35. Considering all associated skills from above, how confident are you in grants management and administration?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Disaster Medical and Public Health Knowledge**

Each topic listed below aligns with the Disaster Medicine and Public Health competencies as published in the American Medical Association’s journal of Disaster Medicine and Public Health Preparedness.

36. For each public health or medical topic listed below, please select all that apply to indicate whether you have received training on the topic, if training (or more training) on the topic would improve your job performance, and if knowledge of the topic is important to your position.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **I have received training on this topic.** | **Training on this topic would improve my job performance.**  | **This topic is important to my position.**  |
| Personal and family preparedness for disasters and public health emergencies  |  |  |  |
| Expected role in organizational and community response plans activated during a disaster or public health emergency |  |  |  |
| Thorough situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency |  |  |  |
| Effective communication with others in a disaster or public health emergency |  |  |  |
| Personal safety measures that can be implemented in a disaster or public health emergency |  |  |  |
| Surge capacity assets, consistent with your role in organizational, agency, and/or community response plans |  |  |  |
| Principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice |  |  |  |
| Public health principles and practice for the management of all ages and populations affected by disasters and public health emergencies |  |  |  |
| Ethical principles to protect the health and safety of all ages, populations and communities affected by a disaster or public health emergency |  |  |  |
| Legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency |  |  |  |
| Short and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency |  |  |  |

**37. List *other* public health or medical topics in which training would improve your job performance in disaster medicine and public health preparedness.**

**(Question Format: Text Box)**

 **38. Considering all public health and medical topics from above, how confident are you in disaster medicine and public health preparedness?**

**(Question Format: Multiple Choice- Horizontal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Not at all confident | 2 | 3 | 4 | 5Extremely confident |

**Last page**

Thank you for taking the MCM Training Needs Online Assessment. If you have any questions or comments for CDC’s Division of State and Local Readiness Applied Learning and Development Team, contact them at: dslrtraining@cdc.gov.

Please click "Submit" below to complete the online assessment and submit your response.

Please include any final comments for CDC’s Division of State and Local Readiness Applied Learning and Development Team here:

**(Question Format: Text Box)**

**Group Interview Recruitment**

Dear Participant,

Thank you for your participation in the MCM Training Needs Assessment. Based on your responses to the questions we would like to invite you to join us in discussing some additional questions about MCM training needs.

We are hosting a series of virtual group interviews in [insert date range] in order to learn more detailed information about your jurisdiction’s MCM training needs. We value your voice in this assessment and would appreciate your continued voluntary participation. To keep your responses to the MCM Training Needs Assessment secure, we ask that you click on the link below to complete a brief poll about your interest and availability for participating in a group interview.

<<Insert link to poll here>>