

**Request for Approval under the “Generic Clearance for the Collection of  
Qualitative Feedback on Agency Service Delivery”  
(OMB Control Number: 0917-0036)**

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**TITLE OF INFORMATION COLLECTION:** OMB Form No. 0917-0036, Pharmacy  
Residency Informatics Longitudinal Rotation

**PURPOSE:** The purpose of this survey is to obtain feedback from the IHS Pharmacy Residents regarding the longitudinal informatics rotation that is held during the course of their residency year.

**DESCRIPTION OF RESPONDENTS:** This survey targets the pharmacy residents at IHS (federal and tribal) facilities that participate in the longitudinal informatics rotation as part of their American Society of Health-System Pharmacists (ASHP) accredited residency requirements. The information obtained from this survey will allow the facilitators and preceptors to enhance the material being presented and make any necessary modifications to the calendar of events and course structure.

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software    | <input type="checkbox"/> Small Discussion Group       |
| <input type="checkbox"/> Focus Group                                     | <input type="checkbox"/> Other: _____                 |

**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: Carla Stearle

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (min/survey)	Burden (hours/year)
Pharmacy residents at federal and tribal facilities	17	5x2 (survey taken at start and end of course)	2.8
<b>Totals</b>	<b>17</b>	<b>10</b>	<b>2.8</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$60/year.

It is estimated that there will be approximately 17 IHS Pharmacy Residents each year. The resident will complete the survey at the start of the rotation and at the end of the rotation. One person would spend about 5 minutes on each survey reviewing the responses and collecting the information. 34 responses x 5 minutes=170 minutes/year or 2.8 hours/year. A GS 9 rate of about \$20/hour x 2.8 hours is \$56/year

**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?  
[ ] Yes [X ] 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?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - [X] Web-based or other forms of Social Media (**Facebook**)
  - [ ] Telephone
  - [ ] In-person
  - [ ] Mail
  - [ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes [X ] No (Most of the time no since patients appear to prefer self-interview.)

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

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PATIENT SATISFACTION SURVEY (for the Wind River Service Unit)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

To provide quality improvement measure specific to the “Improving Patient Care” initiative and the AAAHC medical home standards.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

Respondents are the adult patients who utilizes health center services at the Wind River Service Unit..

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**