CDC estimates the average public reporting burden for this collection of information as 25 minutes per survey/interview, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920XXXX).

## **OBGYN Qualitative Key Informant Interview to Assess Progress in Training Implementation**

## **Protocol and Interview Template**

Respondents:	Residency Directors, Training Coordinators, Clinic Directors, Practice Managers committed to incorporating FASD-SBI education and training into their curricula.
Data Point(s):	Post- implementation of FASD-SBI Training (online didactic and/or virtual world experiential). We may conduct some of these relatively shortly after training begins; others may be conducted later in regard to initial implementation, dependent on the desires and needs of the program partner engaged and our DSW's determination.
Data Collection Method(s):	MRPIC Evaluator or MRPIC Project Coordinator conducts interview in person or via phone – OR – emails link to Qualtrics questionnaire to respondents for completion of open-ended items.

## **Post-Training Implementation Questions:**

- 1. How did the training go (or how is it going?)
  - a. About how many trainees have completed?
  - b. What feedback have you received about the training from your group of trainees?
  - c. What barriers did you run into, and how did you deal with those?
  - d. What successes have you had? What are your Lessons Learned?
- 2. Will you be continuing with this training for new trainees? (If not clearly stated in #1, please talk about why.) Is there anything we can help with moving forward to sustain this training in your program/practice?
- 3. We're very interested in knowing how your plan for incorporating this training matched up with how it ultimately got done.
  - a. Who were the main players in terms of making this happen, and what role did each of them play? Who championed, shepherded it through, monitored completions?

- b. Was there any sort of accountability? Incentives for training completion?
- c. Who, if anyone, did in-person debriefing following the training?
- d. What clinical or administrative/systems changes have resulted from or along with this training anything that encourages or assists clinical screening and brief intervention?
- 4. What can you suggest for strengthening this training (*content*, *delivery*) or enhancing messaging and recruitment regarding it? How can we do better at disseminating this training?

On behalf of our project team, thanks very much for working with us and sharing your valuable feedback!