

**Assessment of a Training Program to Improve Continuity of Care for
Children and Families Affected by Fetal Alcohol Spectrum Disorders
(FASD)**

NEW

Supporting Statement Part B

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B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

Respondents for the proposed information collection will be: 1) attending pediatricians who oversee first year pediatric resident training at developmental continuity clinics, and 2) first-year pediatric residents at these clinics. Approximately ten clinics will be recruited for each of three years to participate in the curriculum (total 30 clinics for the project period). It is anticipated that one attending physician per clinic will participate each year (total 30 for the project period) and approximately 25 pediatric residents per clinic will participate annually (total 750 for the project period). All interested clinics and physicians will be able to participate and participation is voluntary.

B.2. Procedures for the Collection of Information

Participant clinics will be self-selected and recruited by emails sent to members of the AAP and a notice in AAP newsletters. While 10 or fewer clinics are anticipated to participate in the project each year, the project will be expanded to accommodate participation of additional clinics (and physicians) if needed, and we will submit a Change Request to OMB to update our estimates for respondents and burden hours. There are no selection criteria for type of clinic (e.g., university-based vs. private practice), geographic location, or population served (e.g., Medicaid recipients). Recruitment notices, emails and application are presented in **Attachments A15b and A15a, respectively**.

Information will be collected by AAP staff through paper-and-pencil surveys for in-person training of attending physicians and by a secure online platform (Qualtrics) for resident trainees as well as the overall program evaluations for attending physicians. Notes from a final project debriefing conference call with attending physicians also will be obtained. All information collection information and procedures are explained to participants prior to the start of trainings. Since resident activities are self-guided, information collection occurs at their convenience. No private information or personally identifiable data is collected. Pre and post training surveys are match by 2-4 digit/letter codes chosen by the respondent (e.g., initials, random digits or words). Reminders to residents to complete surveys are provided by their attending physicians. Neither AAP nor CDC contact the residents or obtain their email address. Participants that do not complete post-test surveys are considered lost-to-follow-up. For the overall program evaluations not completed (by attending or residents) are excluded from the denominator is analyses. Participant and AAP membership ID numbers are obtained from attending physicians to grant CME credit; however, these are not linked to data in any way, thus there is no personally identifiable data. CDC does not receive this information.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

Participants are encouraged to complete all information collection instruments. Up to two email reminders to complete instruments will be sent to attending physicians. Reminders to residents to complete surveys are provided by their attending physicians. Neither AAP nor CDC contact the residents or obtain their email address. Participants that do not complete post-test surveys are considered lost-to-follow-up. For the overall program evaluations not completed (by attending or residents) are excluded from the denominator is analyses. To maximize response rates, continuing medical education credit is only provided to attending physician participants if they complete the relevant training activities and related surveys. A response rate of 90-100% is expected.

B.4. Tests of Procedures or Methods to be Undertaken

A formative project with almost identical instruments was conducted with three clinics (see OMB No. 0920-1154, "American Academy of Pediatrics Resident Training in Developmental Continuity Clinics). Response and enthusiasm for the project was very positive.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Rachel Daskalov, MHA is Sr. Manager, Screening and Public Health Prevention Programs at the American Academy of Pediatrics. She provides program oversight to all aspects of the project and contributes to development of the surveys, data collection and analysis.
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Josh Benke is Program Manager for the fetal alcohol spectrum disorders at the American Academy of Pediatrics. He is responsible for clinic recruitment and data storage as well as contributing to development of surveys and data analysis.
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Shelia Broyles, PhD of the University of California, San Diego, CA is the assessment and evaluation consultant. Dr Broyles contributes to development of survey instruments and conducts all data analyses.
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