

2022 NIH Extramural Staff Training Survey

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Public reporting burden for this collection of information is estimated to average 10 minutes to complete the survey, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data 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 current 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 NIH Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

2022 NIH Extramural Staff Training Survey

1. Which business area(s) do you work in?

- | | |
|---|---|
| <input type="checkbox"/> Program | <input type="checkbox"/> Contracts/Acquisitions |
| <input type="checkbox"/> Review | <input type="checkbox"/> Policy/Planning |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Legal/Regulatory |
| <input type="checkbox"/> Extramural Activities | <input type="checkbox"/> Medical Officer |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Committee Management |
| <input type="checkbox"/> Other (please specify) | |

2. What is/are your NIH Role(s)?

- Scientific Program Director

Branch Chief

Grant Official

- Review Official**
- Program Official**
- Grants Management Specialist**
- Health Program Specialist**
- Program Analyst/Specialist**
- Health Science Policy Analyst/Officer**
- Medical Officer**
- Contract Officer/Specialist**
- Information Technologist**
- Support staff**
- Other (please specify)**

3. What is your NIH Job Series?

- | | |
|--|----------------------------------|
| <input type="radio"/> 0301 | <input type="radio"/> 0603 |
| <input type="radio"/> 0303 | <input type="radio"/> 610 |
| <input type="radio"/> 0343 | <input type="radio"/> 1102 |
| <input type="radio"/> 0401 | <input type="radio"/> 1109 |
| <input type="radio"/> 403 | <input type="radio"/> Title 42 |
| <input type="radio"/> 0601 | <input type="radio"/> |
| <input type="radio"/> 0602 | <input type="radio"/> Contractor |
| <input type="radio"/> Other (please specify) | <input type="radio"/> Not sure |

4. Are you certified as a FAC-COR (Federal Acquisition Certification for Contracting Officer's Representatives)?

- Yes
- No

5. Which IC/Office do you work for?

- | | | |
|--|-----------------------------|-----------------------------|
| <input type="radio"/> OD | <input type="radio"/> NICHD | <input type="radio"/> NINR |
| <input type="radio"/> NCI | <input type="radio"/> NIDCD | <input type="radio"/> NLM |
| <input type="radio"/> NEI | <input type="radio"/> NIDDK | <input type="radio"/> CC |
| <input type="radio"/> NHLBI | <input type="radio"/> NIDA | <input type="radio"/> CIT |
| <input type="radio"/> NHGRI | <input type="radio"/> NIEHS | <input type="radio"/> CSR |
| <input type="radio"/> NIA | <input type="radio"/> NIGMS | <input type="radio"/> FIC |
| <input type="radio"/> NIAAA | <input type="radio"/> NIMH | <input type="radio"/> NCATS |
| <input type="radio"/> NIAID | <input type="radio"/> NIMHD | <input type="radio"/> NCCIH |
| <input type="radio"/> NIAMS | <input type="radio"/> NINDS | |
| <input type="radio"/> NIBIB | <input type="radio"/> NIDDK | |
| <input type="radio"/> Other (please specify) | <input type="radio"/> NIDA | |

6. Please indicate your employment history.

	Less than 1 year years	1 to 2 years	2 to 5 years	5 to 10	More than 10 years	N/A
Years of federal employment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total years at NIH:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Years in the Extramural Program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Years in your current position:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the calendar year 2021, did you take any training at NIH for professional development, or related to your position roles and responsibilities? (Please do not include required/mandatory training such as Ethics, Sexual Harassment, or Computer Security.)

- Yes
- No
- I do not recall

8. Please select all the NIH ICs/Offices whose training you took in the calendar year 2021.

- | | |
|--|--|
| <input type="checkbox"/> NIH Training Center (NIHTC) | <input type="checkbox"/> OER-Office of Laboratory Animal Welfare (OLAW) |
| <input type="checkbox"/> National Library of Medicine | <input type="checkbox"/> Office of Portfolio Analysis (OPA) |
| <input type="checkbox"/> (NLM) | <input type="checkbox"/> OER-Office of Policy for Extramural Research Administration (OPERA) |
| <input type="checkbox"/> Center for Information Technology (CIT) | <input type="checkbox"/> Federal Acquisition Institute Training Application System (FAITAS) |
| <input type="checkbox"/> OER-electronic Research Administration (eRA) training | <input type="checkbox"/> Program Review Extramural Staff Training Office (PRESTO) |
| <input type="checkbox"/> Scientific Review Training Classes | <input type="checkbox"/> I do not recall the other training |
| <input type="checkbox"/> Grants Management University (GMU) | <input type="checkbox"/> providers. I do not recall. |
| <input type="checkbox"/> Scientific Program and Review Interest Group | |
| <input type="checkbox"/> (SPRIG) OER-Extramural Staff Training Office (ESTO) | |
| <input type="checkbox"/> Other (please specify) | |

9. If you were looking for training on the following topics, which ones would you expect the OER-Extramural Staff Training Office (ESTO) to provide? (Please select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> New Policies | <input type="checkbox"/> QVR System training |
| <input type="checkbox"/> New Procedures | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Ethics Training |
| <input type="checkbox"/> How to Reduce | <input type="checkbox"/> Computer Security |
| <input type="checkbox"/> Risks Negotiations | <input type="checkbox"/> I am not familiar with the training offered by the OER- Extramural Staff Training Office (ESTO). |

10. Please indicate if you have participated in any the following Office of Extramural Research (OER) training in 2021.

- | | |
|--|---|
| <input type="checkbox"/> Integrated Core Curriculum (any or all parts 1-6) | <input type="checkbox"/> Research Integrity |
| <input type="checkbox"/> Basic Reporting Tools for Extramural Staff (iRePORT, QVR, and RePORTER) | <input type="checkbox"/> I do not recall any of the course titles. |
| <input type="checkbox"/> Review Integrity | <input type="checkbox"/> I did not take any Office of Extramural Research (OER) training in 2021. |

11. If you took any Office of Extramural Research (OER) online courses or webinars, did you experience any difficulties or issues? (Please select all that apply.)

508 Compliance Issues

Problems with audio

Font size too big or too small

Problems with video

Other (please describe)

12. If you did not participate in any Office of Extramural Research (OER) training for professional development or related to your position roles and responsibilities, please let us know why not. (Please select all that apply.)

I took course(s) in a previous

My supervisor was not supportive.

year. I did not need training last

The training session I wanted to attend was full.

year.

Training was held at an inconvenient location.

I am not familiar with the training offered by the Office of Extramural Research (OER).

Training was held at an inconvenient date or

time. My organization had no training funds.

I did not see anything

relevant. I took training

outside of NIH.

I took training offered by my IC/Office or from another NIH IC/Office.

Other (please specify)

13. Do you need additional training on any of the following topics to better perform your job?

	No training need	Low training need	Moderate training need	High training need	Not applicable
Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH Electronic Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portfolio Analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating Effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe what other training would help you perform your job better.

14. What follow-up medium(s) would you prefer to use for reinforcing or enhancing skills you have recently learned in a training class? (Please select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Additional online courses | <input type="checkbox"/> On-demand videos |
| <input type="checkbox"/> Email reminder to class participants about additional training opportunities | <input type="checkbox"/> Online discussions with other learners |
| <input type="checkbox"/> Job aids or User Manuals from the course | <input type="checkbox"/> Instructor check-in post course completion |
| <input type="checkbox"/> Other (please specify) | |

15. How would you prefer to receive training? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Instructor-Led (in-person) training | <input type="checkbox"/> Webinar |
| <input type="checkbox"/> eLearning or Web-based | <input type="checkbox"/> Discussion Groups |
| <input type="checkbox"/> Mentored learning | <input type="checkbox"/> On-demand video access |
| <input type="checkbox"/> Desk-side/Coaching | <input type="checkbox"/> Group Projects |
| <input type="checkbox"/> Smartphone App | <input type="checkbox"/> Case Studies |
| <input type="checkbox"/> Simulation/Role plays | <input type="checkbox"/> Combination of in-person and online |

16. What is your preferred length for a training session?

No preference

4-8 hours

1-2 hours

Multi-day sessions

2-4 hours

17. If you did not attend ALL the training you wanted last year, what were the factors that limited you?

(Please select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> I took training in previous years. | <input type="checkbox"/> The training session(s) I wanted were full. |
| <input type="checkbox"/> The training offered was not relevant. | <input type="checkbox"/> Training was held at inconvenient locations. |
| <input type="checkbox"/> The training offered was not specific enough to my IC/Office. | <input type="checkbox"/> Training was held at inconvenient dates or |
| <input type="checkbox"/> I took training outside of NIH. | <input type="checkbox"/> times. Lack of time for training. |
| <input type="checkbox"/> My supervisor/manager did not support some or all of my training requests. | <input type="checkbox"/> Lack of funds for training. |
| <input type="checkbox"/> Other (please specify) | |

18. What improvements can the Office of Extramural Research (OER) make to their training activities or programs that would help you be more effective/productive at your work?