

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/2024)**

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**TITLE OF INFORMATION COLLECTION:** FHIR Capacity Building for IDeA-CTR: Post-Webinar and Post-Workshop Surveys (ODSS/OD)

**PURPOSE:**

To improve the quality of future FHIR capacity-building trainings for institutions affiliated with National Institute of Health’s (NIH’s) Institutional Development Awards for Clinical and Translational Research (IDeA-CTR).

Program will only be collecting name and email for the registration of the 2023 FHIR for Research Capacity Building for IDeA-CTRs Webinar and the 2023 FHIR for Research Capacity Building for IDeA-CTRs Workshop.

The Post-Webinar Survey collects information on the following:

- Role at affiliated institution
- Reason for participating in webinar
- Barriers to implementing FHIR for research at their institution
- Value of the webinar and how it pertains to their current or future work
- Interest in participating in future workshops on related topics

The Post-Workshop survey collects information on the following:

- Role at affiliated institution
- Reason for participating in webinar
- Barriers to implementing FHIR for research at their institution
- Value of the workshop and how it pertains to their current or future work

The webinar/workshops are planned for April and May 2023

**DESCRIPTION OF RESPONDENTS:**

Respondents are employees or other affiliates of institutions affiliated with one of the National Institute of Health’s (NIH’s) Institutional Development Awards for Clinical and Translational Research (IDeA-CTR) sites that voluntarily register for and attend the webinar, workshop, or both.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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: _____                            |

**FREQUENCY OF REPORTING:** (Check one)

- |  |                                      |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Once | <input type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Monthly         | <input type="checkbox"/> On Occasion |
| <input type="checkbox"/> Annually        | <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: \_Hsinyi Tsang, NIH Office of Data Science Strategy ODSS

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [] No

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals/households	130	2	10/60	43
<b>Totals</b>		<b>260</b>		<b>43</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	43	28.01	\$1,204.43
<b>Totals</b>			<b>\$1,204.43</b>

\*The General Public wage rate was obtained from [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,351.64

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Officer	GS-15/6	\$181,648	.1%		\$181.64
<b>Contractor Cost</b>					
					\$1,170
Travel					
Other Cost					
<b>Total</b>					\$1,351.64

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/html/DCB.aspx>

**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**

- 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       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?

First, we will invite individuals to participate in the webinar and workshop using an NIH contact list of email addresses for PIs and other points of contact at institutions affiliated with the NIH's IDeA-CTR sites. Then after the webinar, individuals who registered for and attended the webinar will be sent a secure link to the web-based follow-up survey. Similarly, after the workshop, individuals who registered for and attended the workshop will be sent a secure link to web-based follow-up survey.

**Administration of the Instrument**

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

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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