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

TITLE OF INFORMATION COLLECTION:

Principles of Pediatric Clinical Pharmacology and Therapeutics Course – Continuing Medical Education Customer Satisfaction Questionnaire (NICHD)

PURPOSE:

NICHD conducts weekly virtual webinars for its T32 Pediatric Pharmacology Training Program. This course repeats annually. Starting with the 2020-21 course, Continuing Medical Education (CME) credits were offered to all participants. The CME certification was awarded through a collaboration with Johns Hopkins University (Hopkins). In order to continue offering CME credits in future years, Hopkins requires that an assessment be sent to all participants who attended one or more lectures in the course and claimed CME credit for those lectures. Hopkins also requires that a second Outcomes survey be sent to physicians who give permission via the current survey, but in past years no permission was received and the Outcomes survey was not sent. If 10 or more participants give permission to receive the Outcomes survey, OMB approval will be sought prior to sending. Customer feedback will be collected through Survey Monkey for the 2022-23 course that ended May 17, 2023.

DESCRIPTION OF RESPONDENTS:

The questionnaire will be sent to all participants of one or more webinars in the Principles of Pediatric Clinical Pharmacology and Therapeutics Lecture Series who claimed CME credit for those lectures. Participants are T32 trainees, researchers, public health officials, and others with an interest in pediatric clinical pharmacology. 79 unique participants claimed CME credit in the course.

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.

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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
4. Privacy Act Systems of Records Title: 09-25-0156 Records of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service FR Citation 83 FR 6591

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	22	1	5/60	2
Totals		22		2

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	2	\$32.11	\$64.22
Totals	2		\$64.22

* Bureau of Labor Statistics/Occupational Employment and Wages, May 2022: Occupational Code 19-1042, Medical Scientists, national estimates for 25th percentile (<https://www.bls.gov/oes/current/oes191042.htm>). This estimate falls within the range allowed for postdoctoral trainees on T32 grants (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-070.html>).

FEDERAL COST: The estimated annual cost to the Federal government is \$1,373.39

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Officer	GS-12, Step 7	\$113,039	1.0		\$1,130.39
Contractor Cost		\$60.75 per hour	4 hours		\$243
Travel					
Other Cost					
Total					\$1,373.39

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB.pdf>

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 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?

The questionnaire will be sent to the 79 participants in the 2022-23 Principles of Pediatric Clinical Pharmacology and Therapeutics Lecture Series who claimed CME credit. Based on the response to previous year's surveys, we anticipate a 28% response rate, with a total of 22 responses.

Of the 79 people who claimed CME credit, approximately 40 are physicians. The final question in the survey asks if physicians would be willing to receive a follow up survey to assess the usefulness of the activity. If 10 or more participants reply affirmatively, OMB approval will be sought to send the second survey.

Administration of the Instrument

1. 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 No

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