ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Agency	SF–424D number of annual respondents	Number of responses per respondent	Total annual responses	Average burden on respondent per response in hours	Total burden hours
NEH	0	1	0	30/60	0
NIST	193	1	193	30/60	97
NRC	0	1	0	30/60	0
NSF	0	1	0	30/60	0
SBA	26	1	26	30/60	13
SSA	0	1	0	30/60	0
STATE	0	1	0	30/60	0
TREASURY	0	1	0	30/60	0
USAID	289	1	289	30/60	145
USDA	727	1	727	30/60	364
USDOJ	0	1	0	30/60	0
VA	391	1	391	30/60	196
Total					2,574

Seleda Perryman,

Office of the Secretary, HHS PRA Reports Clearance Officer.

[FR Doc. 2011–4112 Filed 2–23–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 60-day Notice]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov,* or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60-days.

Proposed Project: Evaluation of the Effectiveness of an Educational Interactive Video on Research Integrity—OMB No. 0990–New–Office of Research Integrity.

Abstract: The Office of Research Integrity (ORI) proposes to conduct a nine-month evaluation study of the effectiveness of an educational interactive video on research integrity.

The study seeks to answer two questions: (a) Objectively, is the Educational Interactive Video for Research Integrity (EIVRI) effective in achieving learning outcomes? (b) Subjectively, do learners and teachers perceive the video simulation as effective in helping them learn and teach research integrity? To answer the first question, a pretest-posttest control group experimental design is used to assess the effectiveness of individual learning of research integrity principles and concepts through the use of the video simulation. The video simulation instruction will be incorporated into an existing syllabus for a research integrity or research ethics course for the treatment group. The control group will use the existing syllabus with no video simulation in class. Participants will be graduate students enrolled in these ethics courses to learn and apply the responsible conduct of research at educational institutions. Participants will fill out a demographics form to discern if they have had prior training experience in research integrity. Those who have prior training experience and those who do not have prior training experience will be randomly assigned to either the treatment group or the control group. The random assignment will be done by picking the last digit of each individual's social security number for the two groups. The video simulation will be approximately four-hour long total. All students will take a pre-test quiz when they fill out the demographics form. Once the treatment is completed, all students will be asked to take a post-test quiz and answer a post-viewing questionnaire to capture their perceptions of the video simulation.

To answer the second question, the study will collect qualitative data from semi-structured interviews as well as focus groups. The semi-structured interviews will be conducted twice with faculty who teach the courses in the first part of the study, in person or on the phone, before and after he/she uses the video simulation. Participants for the focus groups will be selected from the students who participate in the first part of the study. The focus group will last one hour.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Demographics form	Graduate students	200	1	20/60	67
Pre-test questions	Graduate students	200	1	30/60	100
Ethics Instruction	Graduate students	200	1	4	800
Post-test questions	Graduate students	200	1	30/60	100
Post-viewing questionnaire	Graduate students	200	1	5/60	17
Interview before use of video	Faculty	10	1	6/60	1
Interview after use of video	Faculty	10	1	6/60	1
Focus groups	Graduate students	9	1	1	9
Total					1,095

Seleda Perryman,

Office of the Secretary, HHS PRA Clearance Officer.

[FR Doc. 2011–4114 Filed 2–23–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 60-day Notice]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

Proposed Project: Provide Services for the Dissemination of CER to Patients and Providers To Increase Adoption—OMB No. 0990–New–Office Within OS—Assistant Secretary for Planning and Evaluation (ASPE).

Abstract:

This research leverages best practices in behavior change, interaction design, and service innovation to increase the understanding and adoption of Comparative Effectiveness Research (CER) information by physicians and patients. By truly understanding the desires, behaviors and attitudes of patients and care providers across various segments, this project can significantly improve the dissemination, translation, and adoption of evidence-based, outcomes-oriented CER findings.

Comparative Effectiveness Research (CER) aims to provide patients and their doctors with the best available evidence that has been gathered from scientific research to make effective healthcare decisions. CER provides the latest thinking and recommendations on the risks and benefits of treatment and diagnostics as well as the confidence of those recommendations. In addition, it addresses individual patient factors such as quality of life and lifestyle that are included when making decisions about medical options. Widespread adoption of CER would lead to better outcomes for medical treatment and, in some cases, reduced cost.

The purpose of this project is "to strengthen the link between evidence production and strategies for conveying this information in ways that encourage evidence-based behavior change among providers and patients. The central question is how best to get CER information to physicians and patients in a way they understand. This task is considered critical to capitalizing on the Department's CER investment." This will be a one year generic clearance request.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Practice	Form A: Demographics for target population and colon cancer screening rates.	10	2	4	80
Healthcare Providers (Physicians, Nurse Practitioners, Physician Assistants and Nurses).	Form B: Tallies when use dashboard and/or show Web-based tool to patient in office.	40	563	1/60	375
Individual/patients	Form C: Experience Survey on web-based tool.	4750	1	3/60	238