

NIH Clinical Center, Office of Clinical Research Training and Medical Education

#### **Graduate Medical Education**

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DATE:

March 18, 2010

TO:

Mikia Currie

Program Analyst

NIH Project Clearance Branch

Through:

Office of Management and Budget (OMB)

Reports Clearance Officer, DHHS

FROM:

Robert M. Lembo, MD

Executive Director, Graduate Medical Education

Office of Clinical Research Training and Medical Education

SUBJECT:

Modification of Graduate Medical Education Alumni Survey

(OMB # 0925-0602)

Thank you for advising us on the process to modify the OMB-approved Graduate Medical Education Alumni Survey (OMB # 0925-0602). In suggesting these changes, we seek to (a) better evaluate the impact our training programs have had on our graduates' professional achievements and (b) reduce the time burden of respondents. Testing the modified survey with current trainees, we have found that it now typically takes only 20 minutes to complete. We reduced the time burden by 10 minutes by: (a) relocating questions to improve survey flow and ease of use, (b) pre-populating existing fields, as appropriate, and most significantly, (c) making optional the request for the respondent's publication data and introducing the capability for respondents to provide this information by copying and pasting it, instead of forcing them to retype it.

The following will remain unaffected by the changes we seek to make: (a) use of an online survey methodology, and (b) number of participants.

Please find below a section-by-section summary of the requested changes:

- Section 1: All demographic information will be pre-populated to reduce the time burden of respondents.
- Section 2: The academic status of respondents will become a multiple-choice question. Three clarifying questions have been added; two of these three questions are "yes/no" and the third is multiple choice.
- Section 3: To reduce the survey's time burden, instead of asking respondents to
  enter their publications manually, they may now simply enter the total number of
  publications they have authored. Additionally, if they wish to share their
  publication data, they may now copy and paste this information from their
  Curriculum Vitae into the text box, instead of having to retype it. For a typical
  graduate, the list of publications can be quite extensive, making the process of
  retyping this information highly burdensome for the respondent.
- Section 4: One free text question was removed. Nineteen new multiple choice and two free text questions have been added. Definitions of the terms being queried have been added to improve the survey's ease of use.
- Section 5: One "yes/no" question has been added.

Thank you so much for considering the modifications we seek to make to this survey through the expedited change request process. Please do not hesitate to contact me if you have any questions or wish additional information.

# Requested Modifications to Graduate Medical Education Alumni Survey (OMB # 0925-0602)

# Date presented for consideration: March 18, 2010

Burden Disclosure Statement: Public reporting burden for this collection of information is estimated to average 20 minutes per 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 currently 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 (0925-0602). Do not return the completed form to this address.

Welcome Message: Please take a few minutes to complete the attached survey, which will ask about your current work experience and other accomplishments. It will also invite you to retrospectively evaluate your training program and be a resource, or mentor, to current and future trainees in your program.

Through this survey, the NIH Graduate Medical Education Program is collaborating with your program to (a) identify opportunities that will enhance the clinical research training we provide our residents and fellows, (b) fulfill new ACGME requirements that ask us to monitor our educational outcomes, and (c) stay better connected with you and the other graduates of our clinical training programs.

Please note that the information you share with us will only be accessible to authorized GME staff. When reported external to the GME office as part of our quality improvement process, all feedback will be anonymous and reported in the aggregate.

Thank you for helping us to improve and stay connected.

#### Section 1 of 5: General Information

- a. First Name (pre-populated)
- b. Last Name (pre-populated)
- c. Current/Preferred E-mail Address (pre-populated)
- d. What year did you complete the program? (pre-populated and incorporating a drop-down menu)
- e. Which GME training program did you attend? (pre-populated and incorporating a drop-down menu)
- f. What professional degrees do you hold?
  - i. MD. Area(s) of specialty:
  - ii. PhD. Area(s) of specialty:
  - iii. JD. Area(s) of specialty:

- iv. Master's. Area(s) of specialty:
- v. Other. Please explain.
- g. Please list your ABMS certification(s):
- h. Please provide your current licensure:

# Section 2 of 5. Work Experience

- a. What is your current academic status/title?
  - i. Dean
  - ii. Chair
  - iii. Professor
  - iv. Associate Professor
  - v. Assistant Professor
  - vi. Other. Please explain:
  - vii. Non-academic.
- b. Is your current academic appointment a tenure track position?
  - a. Yes
  - b. No
  - c. Not applicable (do not have an academic appointment)
- c. If your current academic appointment is a tenure track position, do you currently have tenure? Yes/No, not yet eligible/No
- d. Are you currently performing clinical research? Yes/No/Other:

  Only if "yes" or "other" is selected will questions "i" through "v" be asked:
  - i. Have you applied for NIH research grants? Yes/No
  - ii. Are you receiving NIH research grants? Yes/No
  - iii. What are your current funding sources:
    - 1. None
    - 2. K01 Mentored Research Scientist Development
    - 3. K08 Mentored Clinical Scientist Development
    - 4. K12 Mentored Clinical Scientist Development
    - 5. K22 Career Transition Award
    - 6. K23 Mentored Patient Oriented Research
    - 7. K24 Midcareer Investigator Award in Patient Oriented Research
    - 8. K30 Clinical Research Curriculum Award
    - 9. K99/R00 Pathway to Independence Award
    - 10. R01 Research Project Grant Program
    - 11 R03 Small Group Program
    - 12. R21 Exploratory Developmental Research Grant Award
    - 13. Intramural NIH Research
    - 14. Other Federal Funding. Please explain.
    - 15. Private. Please explain.

	<ul><li>16. University</li><li>17. Pharmaceutical</li><li>18. Other. Please explain.</li></ul>
	<ul> <li>iv. What is the dollar amount of your grant(s)? (Align with funding sources above via the x axis)</li> <li>1. None</li> <li>2. Less than \$50K</li> <li>3. \$51K to \$100K</li> <li>4. \$101K to \$250K</li> <li>5. \$251K to \$500K</li> <li>6. \$501K to \$1M</li> <li>7. Greater than \$1M</li> <li>v. What are the most important clinical research challenges facing you in your career this year? (optional)</li> </ul>
e. f.	Current employer/institution Employer/institution type  a. Academic b. NIH c. Government regulatory agency d. Pharmaceutical e. Other research f. Private practice g. Other. Please explain.
g. h. i. j. k. l. m. n. o.	What is your professional title? What organization and/or department do you work for? What is your primary field of concentration? Address Line 1 Address Line 2 (optional) City/Town State (drop-down menu) Zip Code Country Phone Number (structured format)
q.	What proportion of your time is devoted to the following:  i. Direction patient care:%  ii. Research:%  iii Teaching:%

Section 3 of 5: Publications

iv. Administration:

a. If you have been published since completing your training program, please share with us the number of peer-reviewed publications which list

r. Please note any professional honors or awards you have received.

%

- you as the first or second author. SCALE: None; 1-3; 4-6; 7-10; 11-15; 16-20; 21-25; >25
- b. If you would like, please list your publications. Feel free to copy and paste from your resume or other document. (optional)

# Section 4 of 5: Training Experience

- a. What was the overall degree of impact this program has had on your professional career? (SCALE: 1=no impact, 2=little impact, 3=some impact, 4=much impact, 5=considerable impact)
- b. What degree of impact did your training program have on your ability to: (SCALE (located on x axis): 1=no impact, 2=little impact, 3=some impact, 4=much impact, 5=considerable impact, 6 = not applicable)
  - i. Successfully complete your Board Exam(s)
  - ii. Perform typical procedures for specialty
  - iii. Perform successfully in an academic or research setting
  - iv. Perform successfully in a non-academic or –research setting
  - v. Teach (medical students, residents, fellows, and/or patients)
  - vi. Compete successfully for grants
  - vii. Compete successfully for desired professional opportunities
  - viii. Work well with other members of a healthcare team
  - ix. Manage and lead others
  - x. Stay current in specialty
  - xi. Network with other key individuals in field
  - xii. Achieve work-life balance
  - xiii. Become a life-long learner
- c. How did your NIH training program contribute to your current clinical competence in the following areas: (SCALE: 1=no impact, 2=little impact, 3=some impact, 4=much impact, 5=considerable impact)
  - i. Medical Knowledge To be knowledgeable of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, when applying this knowledge to patient care
  - ii. Patient Care To provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  - iii. Interpersonal & Communication Skills To effectively exchange information and collaborate with patients, their families, and health professionals.
  - iv. Professionalism & Ethics To carry out professional responsibilities and demonstrate an adherence to ethical principles.
  - v. Practice-based Learning and Improvement To investigate and evaluate one's care to patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
  - vi. Systems-based Practice To be aware of and responsive to the larger context and system of healthcare, as well as the ability to call

effectively on other resources in the system to provide optimal healthcare.

- d. Were you able to find and begin employment (or additional training) of your choice within your specialty/subspecialty upon completing your GME training at NIH? Yes/No. If "no," please explain.
- e. What were the best parts of your GME training at NIH?
- f. What was missing from or could be improved about your training program?
- g. If you could start your GME training again from the beginning, would you choose NIH for some or all of this training? Yes/No/Maybe. If No, please explain.
- h. How likely are you to recommend NIH for GME training to prospective researchoriented applicants? Very likely/somewhat likely/unlikely. If unlikely, please explain.
  - i. What could the Office of Clinical Research Training and Medical Education improve on regarding the content of the program?
  - j. Please provide any additional comments about GME or research training at NIH. (optional)

### Section 5 of 5: Alumni Network

Would you be willing to be a resource for current NIH GME trainees who seek to learn from your professional experiences? Yes/No

#### Summative Message

Thank you sharing with us your accomplishments and providing insight into how we might further improve our training programs for the next generation of clinician scientists.