

## Trainee Survey: Introduction

Through a contract with the National Institutes of Health (NIH), Abt Associates is evaluating several research programs of the NIH Roadmap Interdisciplinary Research Working Group. The results of this evaluation will be used to make recommendations regarding the future of these programs. A survey of persons involved in the Interdisciplinary training programs is one component of the evaluation.

You have been identified as a participant in an interdisciplinary training program supported by the NIH. This survey asks you about your experiences with the training program. We expect the survey to take you about 30 minutes.

### Privacy and Participation

Participation in this survey is voluntary and nonparticipation will have no impact on you or your institution, and you may skip any question or stop participation at any time. The information you provide will be kept secure to the extent permitted by law, and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. You will not be identified by name, and information from the study will only be reported in the aggregate. Your responses will be combined with those of approximately 350 other respondents in the final report. There is minimal risk of breach of privacy, and we have put in place procedures in place to minimize this risk.

If you have any questions or concerns about the project, you may call Alina Martinez at 617-349-2312. If you have questions about your rights as a research participant, you may contact Teresa Doksum, the Abt Institutional Review Board Administrator at 617-349-2896. These may be toll calls.

### Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, 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-**XXXX**). Do not return completed forms to this address.

### Consent

Press enter to continue with the survey if you agree to participate in this study.

## Enrollment in Interdisciplinary Training Program

1. Please indicate your current status and your status when you were a trainee in the [grant name] program.

	Curren t status	Trainee status
1. Undergraduate student	<input type="checkbox"/>	<input type="checkbox"/>
2. Masters student	<input type="checkbox"/>	<input type="checkbox"/>
3. Doctoral student	<input type="checkbox"/>	<input type="checkbox"/>
4. Post-doctoral fellow	<input type="checkbox"/>	<input type="checkbox"/>
5. Faculty member	<input type="checkbox"/>	<input type="checkbox"/>
6. Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>

2. When did you enroll in the training program? Month \_\_\_\_\_ Year \_\_\_\_\_
3. When did you or will you complete the training program? Month \_\_\_\_\_ Year \_\_\_\_\_
4. Why did you decide to participate in the training program? (Check all that apply)

- I was interested in interdisciplinary training  
 I needed funding  
 My advisor encouraged me to apply  
 The training was relevant to my research projects  
 It is prestigious to be an NIH trainee  
 I wanted to form connections to faculty and students in other disciplines  
 I wanted to improve my career choices  
 I am not sure/do not recall  
 Other, please specify: \_\_\_\_\_

## Experiences during Interdisciplinary Training Program

**5. What was your overall research objective when you started the training program?**

**6. Did you achieve this research objective?**

Yes.....	<input type="checkbox"/> 1.....
No.....	<input type="checkbox"/> 2.....

**7. Please provide information about the disciplinary background, home department, and institution for the mentor(s) in your interdisciplinary training program.**

	Discipline	Department	Institution
Mentor 1 - Primary			
Mentor 2			
Mentor 3			
Mentor 4			

**8. Please indicate how often, on average, you interact(ed) with these mentors during a typical semester.**

	Every day	2-3 times a week	Once a week	Twice a Month	Once a month	Once a semester
Mentor 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Mentor 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Mentor 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Mentor 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**9. Did the following scientific products result from the research you conducted during the training program?**

	Yes	No
1. Presentation(s) at a national conference	<input type="checkbox"/>	<input type="checkbox"/>
2. Publications(s) in a peer-reviewed journal	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list journal name(s)	<hr/>	
3. Other publications	<input type="checkbox"/>	<input type="checkbox"/>

**10. Please indicate whether you participated in any of the following scholarly activities, either in the two years prior to your traineeship or during your traineeship.**

Scholarly Activity	Prior two years	During training
Interdisciplinary lab rotations	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Interdisciplinary internships	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Interdisciplinary research outside a course setting	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Courses with an interdisciplinary focus	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Courses outside your home department	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Courses involving an interdisciplinary research project	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Training in scientific writing or presentation	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Mentoring by faculty in multiple disciplines	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Training in leadership or team building skills	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Training in the responsible conduct of research	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Development of any multidisciplinary or interdisciplinary course or curricula	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Research workshops or seminars	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Research retreats	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Journal clubs or research brown bags	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Team research projects	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Mentored research projects	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Independent research projects	<input type="checkbox"/> 1	<input type="checkbox"/> 1

**11. Please indicate how often you engaged in the following activities within the last 6 months, first within your primary discipline (left columns) and then outside your primary discipline (right columns).**

<b>Within your primary discipline</b>					<b>Outside your primary discipline</b>						
<b>Not at all</b>		<b>Daily</b>			<b>Not at all</b>		<b>Daily</b>				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	a.	Worked on research projects with other individuals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	b.	Co-authored research proposals with other individuals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	c.	Co-authored research articles or books with other individuals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	d.	Published research findings as the sole author	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	e.	Attended research meetings or conferences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	f.	Presented research findings at a conference	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	g.	Mentored graduate student(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**12. Please indicate whether you engaged in the following activities within the last 6 months, first within your primary discipline (left columns) and then outside your primary discipline (right columns).**

<b>Within your primary discipline</b>		<b>Outside your primary discipline</b>	
<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**13. Please rate your agreement or disagreement with each statements.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The costs and inconveniences of interdisciplinary scientific collaboration outweigh the benefits of such work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Interdisciplinary research is very difficult to conduct.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Interdisciplinary research is a better way to explore a biomedical problem than single discipline research.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I tend to be more productive working on my own research projects than working as a member of a collaborative research team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Interdisciplinary research interferes with my ability to maintain and expand knowledge in my primary area.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Interdisciplinary research exposes me to new scientific approaches and paradigms.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Interdisciplinary approach has positively affected the way I conduct research.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I am optimistic that interdisciplinary research will lead to valuable scientific outcomes that would not have occurred without that kind of collaboration.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. The research questions I am interested in generally do not warrant collaboration with other disciplines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Interdisciplinary research often leads to valuable scientific outcomes that would not have occurred through a single discipline approach.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Interdisciplinary training increases the likelihood that trainees will conduct research that will be translated into practice.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. Interdisciplinary training has improved my career opportunities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. Interdisciplinary training provided a network of professional mentors and contacts in multiple fields that will support my career	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**(For Doctoral students only)**

**14. Are you required to have any faculty members on your dissertation committee from areas outside your home department?**

Yes.....1

No.....2

I don't know.....3

**15. What is your current status in your graduate program? (Check all that apply.)**

- |    |  |                            |
|----|--|----------------------------|
| a. | I am still taking required courses.....                  | <input type="checkbox"/> 1 |
| b. | I have completed required course work.....               | <input type="checkbox"/> 1 |
| c. | I have passed qualifying exams/paper .....               | <input type="checkbox"/> 1 |
| d. | I have had my dissertation/thesis proposal accepted..... | <input type="checkbox"/> 1 |
| e. | I have defended my dissertation/thesis.....              | <input type="checkbox"/> 1 |

**If there anything else you would like to tell us about your experiences in your interdisciplinary research traineeship, please use the space below.**

## **DEMOGRAPHIC BACKGROUND**

**Note: Demographic data on race, ethnicity, gender, and disability status are entirely voluntary. (Providing this information, however, is very helpful to this study.)**

**16. In what month and year did you first enroll in the [grant name] program?**

\_\_\_\_ / \_\_\_\_ \_\_\_\_ (MM/YYYY)

**17. What is your ethnicity? (choose only one)**

Hispanic or Latino.....1  
Not Hispanic or Latino.....2

**18. What is your race? (choose one or more)**

American Indian or Alaska Native.....1  
Asian.....1  
Black or African American.....1  
Native Hawaiian or Other Pacific Islander.....1  
White.....1

**19. What is your gender? (choose one)**

Male.....1  
Female.....2

**20. What is your disability status? (choose one or more)**

Hearing Impairment.....1  
Visual Impairment.....1  
Mobility/Orthopedic Impairment.....1  
Other: \_\_\_\_\_.....1  
None.....1

**21. What is your citizenship? (choose one)**

U.S. Citizen/U.S. National.....1  
U.S. Permanent Resident.....2  
Other non-U.S. Citizen.....3

**22. What degrees did you obtain prior to enrolling in the training program?**

**(CHECK ALL THAT APPLY)**

	<b>Yes</b>
a. Masters	<input type="checkbox"/> 1
b. Doctorate	<input type="checkbox"/> 1
c. Professional Degree	<input type="checkbox"/> 1
d. Other Post-Baccalaureate Degree	<input type="checkbox"/> 1
e. Other, <i>please specify</i>	<input type="checkbox"/> 1

**Thank you for completing this survey**