

## Graduate Medical Education Alumni Survey

Burden Disclosure Statement: Public reporting burden for this collection of information is estimated to average 21 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.

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### 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.
  - 16. University
  - 17. Pharmaceutical
  - 18. Other. Please explain.
- iv. What is the dollar amount of your grant(s)? (*Align with funding sources above via the x axis*)
    - 1. None
    - 2. Less than \$50K
    - 3. \$51K to \$100K
    - 4. \$101K to \$250K
    - 5. \$251K to \$500K
    - 6. \$501K to \$1M
    - 7. Greater than \$1M
  - v. What are the most important clinical research challenges facing you in your career this year? (optional)
- e. **When you completed medical or dental school, what was your debt burden?**
- i. None
  - ii. <\$50,000
  - iii. \$50,000 - \$99,000
  - iv. \$100,000 - \$150,000
  - v. >\$150,000
  - vi. I prefer not to answer
- f. Current employer/institution
- g. Employer/institution type
- a. Academic
  - b. NIH
  - c. Government regulatory agency
  - d. Pharmaceutical
  - e. Other research
  - f. Private practice
  - g. Other. Please explain.
- h. What is your professional title?
- i. What organization and/or department do you work for?
- j. What is your primary field of concentration?
- k. Address Line 1
- l. Address Line 2 (optional)
- m. City/Town
- n. State (drop-down menu)
- o. Zip Code
- p. Country
- q. Phone Number (structured format)

- r. What proportion of your time is devoted to the following:
  - i. Direction patient care: \_\_\_\_\_%
  - ii. Research: \_\_\_\_\_%
  - iii. Teaching: \_\_\_\_\_%
  - iv. Administration: \_\_\_\_\_%
- s. Please note any professional honors or awards you have received.

Section 3 of 5: Publications

- a. If you have been published since completing your training program, please share with us the number of peer-reviewed publications which list 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 research-oriented applicants? Very likely/somewhat likely/unlikely. If unlikely, please explain.
    - i. 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.