


<b>Activity:</b>	MRSP/CRTP Alumni Survey	
<b>Site:</b>	National Institutes of Health	
<b>Period:</b>		
<b>Time Period:</b>		
<b>Request Date:</b>		
<b>Evaluation Type:</b>	MRSP Alumni Survey	
<b>Evaluator:</b>		
<b>Participation Dates:</b>		
		<b>Subject:</b>
		<b>Participation Dates:</b>

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Do you want to use auto-scrolling on this evaluation?  Yes  No

Click this link to mark this evaluation as not applicable: [Suspend](#)

**MRSP/CRTP Alumni Survey  
(OMB # 0925-0602 expires 8/31/2012)**

Please take a few minutes to complete the survey below, which will ask about your current professional experiences and other accomplishments. It will also invite you to retrospectively evaluate your training program and serve, if you are agreeable, to be a resource or advisor to current and future trainees in your program.

Through this survey, the NIH Office of Clinical Research Training and Medical Education (OCRTME) is collaborating with your program to (a) identify opportunities that will enhance the clinical research training we provide and (b) 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 OCRTME staff. When reported external to the 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.

**\*\*If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.**

*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.*

To review the NIH/E\*Value Privacy Act Notification Statement, please click [here](#)

## Section 1 of 5: General Information

**Are you using a different name than the one you used during training (stated at the top of this survey)?** (Question 1 of 44 )

No Previous Answers Recorded

Yes  No

**If you are using a different name than the one you used during your MRSP/CRTTP training, please state the name you are currently using.** (Question 2 of 44 )

No Previous Answers Recorded

**Preferred e-mail address:** (Question 3 of 44 - Mandatory )

No Previous Answers Recorded

**Alternate e-mail address:** (Question 4 of 44 - Mandatory )

No Previous Answers Recorded

**What medical or dental school did you attend?** (Question 5 of 44 - Mandatory )

No Previous Answers Recorded

**Please list your residency training program, location and dates of training.**

*(Question 6 of 44 - Mandatory )*

**No Previous Answers Recorded**

**If you completed fellowship training, please let us know the program's name, location, specialty/subspecialty, and dates of training** *(Question 7 of 44 )*

**No Previous Answers Recorded**

**Did you complete an NIH ACGME-accredited training program?** *(Question 8 of 44 - Mandatory )*

**No Previous Answers Recorded**

Yes

No



**If you completed an NIH ACGME-accredited training program, in which program below did you train?**

*(Question 9 of 44 )*

**Show Previous Answers +/-**

If you completed an NIH ACGME-accredited training program, in which program - Program - Institution - 1 1.	<b>No Previous Answers Recorded</b>
If you completed an NIH ACGME-accredited training program, in which program - Year - 1 1.	<b>No Previous Answers Recorded</b>
If you completed an NIH ACGME-accredited training program, in which program - Program - Institution - 2 2.	<b>No Previous Answers Recorded</b>

If you completed an NIH ACGME-accredited training program, in which program - Year - 2 2.	<b>No Previous Answers Recorded</b>

	Program - Institution	Year
1.	{Select} 	
2.	{Select} 	

**If you trained at the NIH, but not in an ACGME-accredited training program, which of the other clinical and translational programs did you participate in?**

*(Question 10 of 44 )*

**Show Previous Answers +/-**

If you trained at the NIH, but not in an ACGME-accredited training program, which of the other clinical and translational programs did you attend - Program - Institution - 1 1.	<b>No Previous Answers Recorded</b>
If you trained at the NIH, but not in an ACGME-accredited training program, which of the other clinical and translational programs did you attend - Year - 1 1.	<b>No Previous Answers Recorded</b> querying getPrePopAnswers for 1789375

<p>If you trained at the NIH, but not in an ACGME-accredited training program, which of the other clinical and translational programs did you attend - Program - Institution - 2 2.</p>	<p><b>No Previous Answers Recorded</b></p>
<p>If you trained at the NIH, but not in an ACGME-accredited training program, which of the other clinical and translational programs did you attend - Year - 2 2.</p>	<p><b>No Previous Answers Recorded</b></p>

	Program - Institution	Year
1.	<input type="text" value="{Select}"/>	<input type="text"/>
2.	<input type="text" value="{Select}"/>	<input type="text"/>

**If the clinical and translational training program you attended is not listed above, please let us know its name:** (Question 11 of 44 )

**No Previous Answers Recorded**

**Which Institute/Center sponsored the clinical or translational program that was not listed.** (Question 12 of 44 )

**No Previous Answers Recorded**

### What professional degrees do you hold?

(Question 13 of 44 )

#### Show Previous Answers +/-

MD. Area(s) of specialty: MD. Area(s) of specialty:	No Previous Answers Recorded
PhD. Area(s) of specialty: PhD. Area(s) of specialty:	No Previous Answers Recorded
JD. Area(s) of specialty: JD. Area(s) of specialty:	No Previous Answers Recorded
Master's. Area(s) of specialty: Master's. Area(s) of specialty:	No Previous Answers Recorded
Other: Other:	No Previous Answers Recorded

MD. Area(s) of specialty:	<input type="text"/>
PhD. Area(s) of specialty:	<input type="text"/>
JD. Area(s) of specialty:	<input type="text"/>
Master's. Area(s) of specialty:	<input type="text"/>
Other:	<input type="text"/>

Please list your ABMS (Board) certification(s): (Question 14 of 44 )

No Previous Answers Recorded

### Section 2 of 5: Work Experience

Name of your current employer/institution (Question 15 of 44 )

No Previous Answers Recorded

**Employer/institution type** (Question 16 of 44)

No Previous Answers Recorded

- Academic
- NIH
- Government regulatory agency
- Pharmaceutical
- Other research
- Private practice
- Other

**Employer/Institution: Notes** (Question 17 of 44)

If you selected 'Other,' please explain.

No Previous Answers Recorded

**What is your current status/title?** (Question 18 of 44)

No Previous Answers Recorded

- Dean
- Chair
- Non-academic
- Associate Professor
- Professor
- Instructor
- Assistant Professor
- Fellow
- Resident
- Intern
- Medical/Dental Student
- Other

**Academic Status/Title: Notes** (Question 19 of 44)

If you selected 'Other,' please explain.

**No Previous Answers Recorded**

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**Is your current academic appointment a tenure track position?** (Question 20 of 44 )

**No Previous Answers Recorded**

<input checked="" type="radio"/>	Yes	
<input checked="" type="radio"/>	No	
<input checked="" type="radio"/>	Not applicable (do not have an academic appointment)	

**If your current academic appointment is a tenure track position, do you currently have tenure?** (Question 21 of 44 )

**No Previous Answers Recorded**

- Yes
- No, not yet eligible
- Not applicable (do not have an academic appointment)

**Are you currently performing clinical and/or translational research?** (Question 22 of 44 )

**No Previous Answers Recorded**

<input checked="" type="radio"/>	Yes	
<input checked="" type="radio"/>	No	

(Question 23 of 44 - Mandatory )

**Show Previous Answers +/-**

K01 Mentored Research Scientist Development K01 Mentored Research Scientist Development	<b>No Previous Answers Recorded</b>
K08 Mentored Clinical Scientist Development K08 Mentored Clinical Scientist Development	<b>No Previous Answers Recorded</b>
K12 Mentored Clinical Scientist Development K12 Mentored Clinical Scientist Development	<b>No Previous Answers Recorded</b>



K22 Career Transition Award K22 Career Transition Award	No Previous Answers Recorded
K23 Mentored Patient Oriented Research K23 Mentored Patient Oriented Research	No Previous Answers Recorded
K24 Midcareer Investigator Award in Patient Oriented Research K24 Midcareer Investigator Award in Patient Oriented Research	No Previous Answers Recorded
K30 Clinical Research Curriculum Award K30 Clinical Research Curriculum Award	No Previous Answers Recorded
K99/R00 Pathway to Independence Award K99/R00 Pathway to Independence Award	No Previous Answers Recorded
R01 Research Project Grant Program R01 Research Project Grant Program	No Previous Answers Recorded
R03 Small Group Program R03 Small Group Program	No Previous Answers Recorded
R21 Exploratory Developmental Research Grant Award R21 Exploratory Developmental Research Grant Award	No Previous Answers Recorded
Intramural NIH Research Intramural NIH Research	No Previous Answers Recorded
Other Federal Funding Other Federal Funding	No Previous Answers Recorded
Private Private	No Previous Answers Recorded
University University	No Previous Answers Recorded
Pharmaceutical Pharmaceutical	No Previous Answers Recorded
Other Other	No Previous Answers Recorded

<b>What are your current funding</b>	<b>What is the dollar amount of your grant(s)?</b>
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<b>sources?</b>							
<b>ALL FIELDS REQUIRE RESPONSE</b>	<b>None</b>	<b>Less than \$50K</b>	<b>\$51K to \$100K</b>	<b>\$101K to \$250K</b>	<b>\$251K to \$500K</b>	<b>\$501K to \$1M</b>	<b>Greater than \$1M</b>
K01 Mentored Research Scientist Development	●	●	●	●	●	●	●
K08 Mentored Clinical Scientist Development	●	●	●	●	●	●	●
K12 Mentored Clinical Scientist Development	●	●	●	●	●	●	●
K22 Career Transition Award	●	●	●	●	●	●	●
K23 Mentored Patient Oriented Research	●	●	●	●	●	●	●
K24 Midcareer Investigator Award in Patient Oriented Research	●	●	●	●	●	●	●
K30 Clinical Research Curriculum Award	●	●	●	●	●	●	●
K99/R00 Pathway to Independence Award	●	●	●	●	●	●	●
R01 Research Project Grant Program	●	●	●	●	●	●	●
R03 Small Group Program	●	●	●	●	●	●	●
R21 Exploratory Developmental Research Grant Award	●	●	●	●	●	●	●
Intramural NIH Research	●	●	●	●	●	●	●
Other Federal Funding	●	●	●	●	●	●	●
Private	●	●	●	●	●	●	●
University	●	●	●	●	●	●	●
Pharmaceutical	●	●	●	●	●	●	●
Other	●	●	●	●	●	●	●

**Funding Sources: Notes** (Question 24 of 44 )

If you selected 'other federal funding,' 'private funding,' or 'other funding,' please explain.

No Previous Answers Recorded

**When you completed medical or dental school what was your debt burden?**

*(Question 25 of 44 )*

No Previous Answers Recorded

- none
- <\$50,000
- \$50,000-\$99,999
- \$100,000-\$150,000
- >\$150,000
- I prefer not to answer

**What are the most important clinical research challenges facing you in your career currently? (Optional)** *(Question 26 of 44 )*

No Previous Answers Recorded

*(Question 27 of 44 )*

**Show Previous Answers +/-**

What is your professional title? What is your professional title?	No Previous Answers Recorded
What are your clinical and/or research interests? What are your clinical and/or research interests?	No Previous Answers Recorded
Address Line 1 Address Line 1	No Previous Answers Recorded
Address Line 2 (optional) Address Line 2 (optional)	No Previous Answers Recorded

City/Town City/Town	<b>No Previous Answers Recorded</b>
State State	<b>No Previous Answers Recorded</b>
Zip Code Zip Code	<b>No Previous Answers Recorded</b>
Country Country	<b>No Previous Answers Recorded</b>
Phone Number Phone Number	<b>No Previous Answers Recorded</b>

What is your professional title?	<input type="text"/>
What are your clinical and/or research interests?	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2 (optional)	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>

*( Question 28 of 44 )*

**Show Previous Answers +/-**

Direct patient care ( ___ %): If you have completed your residency and fellowship training, what proportion of your time is devoted to the following: Direct patient care ( ___ %):	<b>No Previous Answers Recorded</b>
Research ( ___ %): Research ( ___ %):	<b>No Previous Answers Recorded</b>

Teaching ( ___ %): Teaching ( ___ %):	No Previous Answers Recorded
Administration ( ___ %): Administration ( ___ %):	No Previous Answers Recorded
Total %: Total %:	No Previous Answers Recorded

<b>If you have completed your residency and fellowship training, what proportion of your time is devoted to the following:</b> Direct patient care ( ___ %):	<input type="text"/>
Research ( ___ %):	<input type="text"/>
Teaching ( ___ %):	<input type="text"/>
Administration ( ___ %):	<input type="text"/>
Total %:	<input type="text"/>

**Please note any professional honors or awards you have received.** (Question 29 of 44)

Feel free to copy and paste from your resume or other document.

\*\*If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.

No Previous Answers Recorded

	<input type="button" value="▲"/> <input type="button" value="■"/> <input type="button" value="■"/> <input type="button" value="▼"/>
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### Section 3 of 5: Publications

**If you published during or after participating in the MRSP/CRTP, please share with us the total number of peer-reviewed publications.** (Question 30 of 44)

No Previous Answers Recorded

- 1-3
- 4-6

- 7-10
- 11-15
- 16-20
- 21-25
- >25
- None

**Please list your publications, and add an asterisk in front of your publications that are based on research performed during your MRSP/C RTP year. Feel free to copy and paste from your resume or other document. (Question 31 of 44 )**

\*\*If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.

**No Previous Answers Recorded**

### Section 4 of 5: Training Experience

**What is the overall degree of impact MRSP/C RTP has had on your professional career? (Question 32 of 44 )**

**No Previous Answers Recorded**

N/A	No Impact	Little Impact	Some Impact	Much Impact	Considerable Impact
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*(Question 33 of 44 )*

**Show Previous Answers +/-**

Successfully complete your Board Exam(s) Successfully complete your Board Exam(s)	<b>No Previous Answers Recorded</b>
Perform typical procedures for specialty Perform typical procedures for specialty	<b>No Previous Answers Recorded</b>

Perform successfully in an academic or research setting Perform successfully in an academic or research setting	<b>No Previous Answers Recorded</b>
Perform successfully in a non-academic or non-research setting Perform successfully in a non-academic or non-research setting	<b>No Previous Answers Recorded</b>
Teach (medical students, residents, fellows, and/or patients) Teach (medical students, residents, fellows, and/or patients)	<b>No Previous Answers Recorded</b>
Compete successfully for grants Compete successfully for grants	<b>No Previous Answers Recorded</b>
Compete successfully for desired professional opportunities Compete successfully for desired professional opportunities	<b>No Previous Answers Recorded</b>
Work well with other members of a healthcare team Work well with other members of a healthcare team	<b>No Previous Answers Recorded</b>
Manage and lead others Manage and lead others	<b>No Previous Answers Recorded</b>
Stay current in specialty Stay current in specialty	<b>No Previous Answers Recorded</b>
Network with other key individuals in field Network with other key individuals in field	<b>No Previous Answers Recorded</b>
Achieve work-life balance Achieve work-life balance	<b>No Previous Answers Recorded</b>
Become a life-long learner Become a life-long learner	<b>No Previous Answers Recorded</b>
Be knowledgeable of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, when applying this knowledge to patient care (Medical Knowledge) Be knowledgeable of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, when applying this knowledge to patient care (Medical Knowledge)	<b>No Previous Answers Recorded</b>
Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the	<b>No Previous Answers Recorded</b>

<p>promotion of health (Patient Care) Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health (Patient Care)</p>	
<p>Effectively exchange information and collaborate with patients, their families, and health professionals (Interpersonal &amp; Communication Skills) Effectively exchange information and collaborate with patients, their families, and health professionals (Interpersonal &amp; Communication Skills)</p>	<b>No Previous Answers Recorded</b>
<p>Carry out professional responsibilities and demonstrate an adherence to ethical principles (Professionalism &amp; Ethics) Carry out professional responsibilities and demonstrate an adherence to ethical principles (Professionalism &amp; Ethics)</p>	<b>No Previous Answers Recorded</b>
<p>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 (Practice-based Learning and Improvement) 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 (Practice-based Learning and Improvement)</p>	<b>No Previous Answers Recorded</b>
<p>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 (Systems-based Practice) 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 (Systems-based Practice)</p>	<b>No Previous Answers Recorded</b>

<b>What degree of impact did MRSP or CRTP have on your ability to:</b>	<b>No Impact</b>	<b>Little Impact</b>	<b>Some Impact</b>	<b>Much Impact</b>	<b>Considerable Impact</b>	<b>N/A</b>
Successfully complete your Board Exam(s)	●	●	●	●	●	●
Perform typical procedures for specialty	●	●	●	●	●	●
Perform successfully in an academic or research setting	●	●	●	●	●	●



Perform successfully in a non-academic or non-research setting	●	●	●	●	●	●
Teach (medical students, residents, fellows, and/or patients)	●	●	●	●	●	●
Compete successfully for grants	●	●	●	●	●	●
Compete successfully for desired professional opportunities	●	●	●	●	●	●
Work well with other members of a healthcare team	●	●	●	●	●	●
Manage and lead others	●	●	●	●	●	●
Stay current in specialty	●	●	●	●	●	●
Network with other key individuals in field	●	●	●	●	●	●
Achieve work-life balance	●	●	●	●	●	●
Become a life-long learner	●	●	●	●	●	●
Be knowledgeable of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, when applying this knowledge to patient care (Medical Knowledge)	●	●	●	●	●	●
Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health (Patient Care)	●	●	●	●	●	●
Effectively exchange information and collaborate with patients, their families, and health professionals (Interpersonal & Communication Skills)	●	●	●	●	●	●

Carry out professional responsibilities and demonstrate an adherence to ethical principles (Professionalism & Ethics)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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 (Practice-based Learning and Improvement)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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 (Systems-based Practice)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Were you able to find and begin employment (or additional training) of your choice within your specialty/subspecialty upon completing your MRSP/C RTP training at NIH? (if applicable)** (Question 34 of 44 )

No Previous Answers Recorded

Yes  No

**Employment/Additional Training: Notes** (Question 35 of 44 )

If 'no,' please explain.

No Previous Answers Recorded

**What were the best parts of your MRSP/C RTP training at NIH?** (Question 36 of 44 )

No Previous Answers Recorded

**What was missing from or could be improved about your MRSP/CRTP training (if applicable)?** (Question 37 of 44 )

No Previous Answers Recorded

**If you could start your year-out enrichment program again from the beginning, would you choose NIH for some or all of this training?** (Question 38 of 44 )

No Previous Answers Recorded

Yes  Maybe  No

**MRSP/CRTP Program Selection: Notes** (Question 39 of 44 )

If 'Unlikely' please explain.

No Previous Answers Recorded

**How likely are you to recommend NIH for a year-out enrichment program to medical/dental students.** (Question 40 of 44 )

No Previous Answers Recorded

Unlikely  Somewhat Likely  Likely

**How likely are you to recommend NIH for clinical or translational research training to prospective research-oriented medical/dental students and physicians?**  
(Question 41 of 44 )

No Previous Answers Recorded

<input checked="" type="radio"/> Unlikely	<input checked="" type="radio"/> Somewhat Likely	<input checked="" type="radio"/> Likely
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**Likelihood to Recommend NIH for medical/dental student programs and GME training: Notes** (Question 42 of 44 )

If 'Unlikely' please explain

No Previous Answers Recorded

**Please provide any additional comments about MRSP, CRTP, GME or clinical-research training at NIH. (optional)** (Question 43 of 44 )

No Previous Answers Recorded

## Section 5 of 5: Alumni Network

**Would you be willing to serve as a resource for current MRSP/CRTP trainees who seek to learn from your professional experiences?** (Question 44 of 44 )

No Previous Answers Recorded

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
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If you are satisfied with the evaluation, click the **Submit** button. Once submitted, you will no longer be able to make changes to this evaluation.

<a href="#">Save For Later</a>	<a href="#">Submit</a>
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