


Activity:	Resident Electives Program Survey	
Site:	National Institutes of Health	
Period:		
Time Period:		
Request Date:		
Evaluation Type:	Resident Electives Program Participant Survey	
Evaluator:		
Participation Dates:		

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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](#)

## Resident Electives Program Participant 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](#)

**Are you using a different name than the one you used during training (stated at the top of this survey)?** (Question 1 of 16 )

- Yes
- No

**If you are using a different name than the one you used during training, please state the name you are currently using.** (Question 2 of 16 )

If you are using a different name than the one you used during training, please state the name you are currently using.

**Preferred e-mail address** (Question 3 of 16 )

Preferred e-mail address

**Alternate e-mail address** (Question 4 of 16 )

Alternate e-mail address

**Please select the clinical elective(s) in which you participated. Please check all that apply.** (Question 5 of 16 - Mandatory )

Selection	Option
<input type="checkbox"/>	Allergy and Immunology
<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	Critical Care Medicine
<input type="checkbox"/>	Endocrinology and Metabolism
<input type="checkbox"/>	Endocrine Oncology (Surgical)

<input type="checkbox"/>	Hematology
<input type="checkbox"/>	Hematopathology
<input type="checkbox"/>	Infectious Diseases
<input type="checkbox"/>	Medical Oncology
<input type="checkbox"/>	Neurology
<input type="checkbox"/>	Pain and Palliative Care Medicine
<input type="checkbox"/>	Pathology
<input type="checkbox"/>	Pediatric Oncology
<input type="checkbox"/>	Reproductive Endocrinology and Infertility
<input type="checkbox"/>	Rheumatology
<input type="checkbox"/>	Transfusion Medicine

**What professional degrees do you hold? Please check all that apply.**  
*(Question 6 of 16 - Mandatory )*

Selection	Option
<input type="checkbox"/>	MD
<input type="checkbox"/>	MD/PhD
<input type="checkbox"/>	DO
<input type="checkbox"/>	DDS
<input type="checkbox"/>	Other

*(Question 7 of 16 - Mandatory )*

What is your current training status?	Institution	Specialty (if applicable)
Residency	<input type="text"/>	<input type="text"/>
Fellowship	<input type="text"/>	<input type="text"/>

**What is your current professional status?** *(Question 8 of 16 - Mandatory )*

- PGY-2
- PGY-3
- PGY-4
- PGY-5 or above
- NIH Fellow/Staff Clinician/Investigator

- Other Government Agency
- Pharmaceutical Industry
- Other research
- Private Practice
- Other

**Are you currently performing clinical and/or translational research?** (Question 9 of 16 - Mandatory )

- Yes
- No

(Question 10 of 16 - Mandatory )

<b>What degree of impact did your elective rotation at NIH have on your:</b>	<b>No Impact</b>	<b>Little Impact</b>	<b>Some Impact</b>	<b>Much Impact</b>	<b>Considerable Impact</b>
Obtaining a fellowship position	●	●	●	●	●
Clarifying academic goals	●	●	●	●	●
Clarifying professional goals	●	●	●	●	●
Performing successfully in an academic or research setting	●	●	●	●	●
Competing successfully for desired professional or academic opportunities	●	●	●	●	●
Networking with key individuals in field	●	●	●	●	●

(Question 11 of 16 - Mandatory )

	<b>No Impact</b>	<b>Little Impact</b>	<b>Some Impact</b>	<b>Much Impact</b>	<b>Considerable Impact</b>
<b>What effect did your elective rotation have on your interest to pursue clinical research?</b>	●	●	●	●	●

(Question 12 of 16 - Mandatory )

	<b>Unlikely</b>	<b>Somewhat Likely</b>	<b>Likely</b>
<b>How likely are you to recommend NIH's Resident Electives Program to other colleagues?</b>	●	●	●

**What were the best parts of your rotation at the NIH?** (Question 13 of 16 )

**What was missing from or could have improved your rotation?** (Question 14 of 16 )

**If you could start your rotation again from the beginning, would you choose the NIH?**  
(Question 15 of 16 - Mandatory )

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

**Please provide any additional comments about the NIH Resident Electives Program.**  
(Question 16 of 16)

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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