


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

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

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

Clinical Electives Program 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](#)

Are you using a different name than the one you used during training (stated at the top of this survey)? (Question 1 of 17)

- 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 17)

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 17)

Preferred e-mail address

Alternate e-mail address (Question 4 of 17)

Alternate e-mail address

If you participated in a clinical elective(s), please select the appropriate clinical elective(s). Please check all that apply. If you completed a research tutorial, please mark "I participated in a research tutorial, not a clinical elective." (Question 5 of 17 - Mandatory)

Selection	Option
<input type="checkbox"/>	Alcoholism
<input type="checkbox"/>	Cardiology
<input type="checkbox"/>	Clinical Pharmacology and Therapeutics for Senior Medical Students
<input type="checkbox"/>	Critical Care Medicine

<input type="checkbox"/>	Endocrinology and Metabolism
<input type="checkbox"/>	Gynecology Consult Service
<input type="checkbox"/>	Hematology
<input type="checkbox"/>	Health Services
<input type="checkbox"/>	Hepatology
<input type="checkbox"/>	Infectious Diseases
<input type="checkbox"/>	Interdisciplinary Women's Health
<input type="checkbox"/>	Internal Medicine Consult Service
<input type="checkbox"/>	Medical Informatics
<input type="checkbox"/>	Medical Oncology
<input type="checkbox"/>	Neurology/Neuroscience Research
<input type="checkbox"/>	Neurosurgery
<input type="checkbox"/>	Nuclear Medicine
<input type="checkbox"/>	Otolaryngology—Head and Neck Surgery
<input type="checkbox"/>	Pain and Palliative Care
<input type="checkbox"/>	Pathology
<input type="checkbox"/>	Pediatric Consult Service
<input type="checkbox"/>	Pediatric Endocrinology
<input type="checkbox"/>	Pediatric Oncology
<input type="checkbox"/>	Pediatric Psychopharmacology
<input type="checkbox"/>	Radiation Oncology
<input type="checkbox"/>	Rehabilitation Medicine
<input type="checkbox"/>	Rheumatology
<input type="checkbox"/>	Sickle Cell Anemia
<input type="checkbox"/>	Surgical Oncology
<input type="checkbox"/>	Transfusion Medicine
<input type="checkbox"/>	Urologic Oncology
<input type="checkbox"/>	I participated in a research tutorial, not a clinical elective.

If you participated in a research tutorial, please let us know the name of your research preceptor and Institute or Center. (Question 6 of 17)

What professional degrees do you hold? Please check all that apply.

(Question 7 of 17 - 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 8 of 17 - Mandatory)

What is your current training status?	Institution	Specialty (if applicable)
Residency		
Fellowship		

What is your current professional status? *(Question 9 of 17 - Mandatory)*

- Trainee PGY-1
- 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 10 of 17 - Mandatory)

- Yes
- No

(Question 11 of 17 - Mandatory)

What degree of impact did your	No	Little	Some	Much	Considerable
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clinical elective or research tutorial at NIH have on your:	Impact	Impact	Impact	Impact	Impact
Obtaining a residency or fellowship position through the Match	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarifying academic goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarifying professional goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing successfully in an academic or research setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competing successfully for desired professional or academic opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Networking with key individuals in field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to pursue residency/fellowship training at the NIH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 12 of 17 - Mandatory)

	No Impact	Little Impact	Some Impact	Much Impact	Considerable Impact
Because of your clinical elective or research tutorial, how likely are you to pursue your interest in clinical research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 13 of 17 - Mandatory)

	Unlikely	Somewhat Likely	Likely
How likely are you to recommend NIH's Clinical Electives Program to prospective clinical research-oriented applicants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What were the best parts of your clinical elective or research tutorial at the NIH?

(Question 14 of 17)

What was missing from or could have improved your clinical elective or research tutorial? *(Question 15 of 17)*

If you could start your clinical elective or research tutorial again from the beginning, would you choose the NIH? (Question 16 of 17 - Mandatory)

- Yes
- No

Please provide any additional comments about the NIH Clinical Electives Program.
(Question 17 of 17)

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.

[Save For Later](#)

[Submit](#)