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| Activity: | Summer Intern Alumni Survey |  |
| Site: | National Institutes of Health | |
| Period: | One Year later | |
| Time Period: | | |
| Request Date: | | |
| Evaluation Type: | Summer Internship Program Alumni Survey | |
| Evaluator: | | |
| Participation Dates: | | |
| | | Subject: |
| | | 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](#)

**Summer Internship 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 your summer internship? (Question 1 of 19 - Mandatory)

Yes No

If you are using a different name than the one you used during your internship, please state the name you are currently using. (Question 2 of 19)

Preferred e-mail address: (Question 3 of 19 - Mandatory)

Alternate e-mail address: (Question 4 of 19 - Mandatory)

What year did you participate in the Summer Internship Program?

(Question 5 of 19 - Mandatory)

- a. 2007
- b. 2008
- c. 2009
- d. 2010
- e. 2011
- f. 2012

Which team were you a member of? (choose one) (Question 6 of 19 - Mandatory)

- Bioethics
- Communications, Patient Recruitment & Public Liaison
- Critical Care Medicine
- Department of Anesthesia and Surgical Services
- Department of Clinical Research Informatics
- Department of Laboratory Medicine

- Diagnostic Radiology Department
- Hospital Epidemiology
- Laboratory of Diagnostic Radiology Research
- Nuclear Medicine
- Nursing & Patient Care
- Nutrition
- Pain & Palliative Care
- Pharmacy
- Positron Emission Tomography
- Rehabilitation Medicine Department
- Social Work Department
- Transfusion Medicine

What is the name of your current employer/institution? (Question 7 of 19 - Mandatory)

Employer/institution type: (choose one) (Question 8 of 19 - Mandatory)

- Academic (as student)
- Academic (in a professional capacity)
- NIH
- Government regulatory agency
- Pharmaceutical
- Other research
- Other

If you selected “other,” please explain (Question 9 of 19)

What are your current career plans? (Question 10 of 19 - Mandatory)

What degree of impact did your summer internship have on your ability to:

Clarify academic goals (Question 11 of 19 - Mandatory)

| | | | | |
|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="radio"/> No Impact | <input type="radio"/> Little Impact | <input type="radio"/> Some Impact | <input type="radio"/> Much Impact | <input type="radio"/> Considerable Impact |
|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|

Clarify professional goals (Question 12 of 19 - Mandatory)

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|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="radio"/> No Impact | <input type="radio"/> Little Impact | <input type="radio"/> Some Impact | <input type="radio"/> Much Impact | <input type="radio"/> Considerable Impact |
|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|

Compete successfully for desired professional or academic opportunities
(Question 13 of 19 - Mandatory)

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|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="radio"/> No Impact | <input type="radio"/> Little Impact | <input type="radio"/> Some Impact | <input type="radio"/> Much Impact | <input type="radio"/> Considerable Impact |
|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|

Network (Question 14 of 19 - Mandatory)

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|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="radio"/> No Impact | <input type="radio"/> Little Impact | <input type="radio"/> Some Impact | <input type="radio"/> Much Impact | <input type="radio"/> Considerable Impact |
|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|

Because of your summer internship, how likely are you to pursue your interest in clinical research or healthcare operations? (Question 15 of 19 - Mandatory)

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|---------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="radio"/> No Impact | <input type="radio"/> Little Impact | <input type="radio"/> Some Impact | <input type="radio"/> Much Impact | <input type="radio"/> Considerable Impact |
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What were the best parts of your summer internship at the NIH? (Question 16 of 19 - Mandatory)

What was missing from or could have improved your summer internship?
(Question 17 of 19 - Mandatory)

If you could start your summer internship again from the beginning, would you choose the NIH? (Question 18 of 19 - Mandatory)

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Would you be willing to serve as a resource for current or future NIH summer interns who seek to learn from your experiences? (Question 19 of 19 - Mandatory)

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

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.

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