


Activity:	GME Alumni Survey - 1 Year Later	
Site:	National Institutes of Health	
Period:		
Time Period:		
Request Date:		
Evaluation Type:	Alumni Self Evaluation	
Evaluator:		
Participation Dates:		Subject: <input type="text"/> Participation Dates: <input type="text"/>

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

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

**Graduate Medical Education 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 work experience 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 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 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 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.

**\*\*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 38 - Mandatory )

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 38 )

**Preferred e-mail address** (Question 3 of 38 - Mandatory )

**Alternate e-mail address** (Question 4 of 38 )

(Question 5 of 38 )

**In which of the ACGME-accredited training programs below did you train, if applicable?**

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

(Question 6 of 38 )

**If you didn't train in an ACGME-accredited training program, which of the other clinical and translational programs did you attend?**

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

If the clinical and translational training program you attended is not listed above, please let us know its name: (Question 7 of 38 )

Which Institute/Center sponsored the clinical or translational program that was not listed. (Question 8 of 38 )

(Question 9 of 38 )

What professional degrees do you hold?	
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 10 of 38 - Mandatory )

## Section 2 of 5: Work Experience

Name of your current employer/institution (Question 11 of 38 - Mandatory )

Employer/institution type (Question 12 of 38 - Mandatory )

<input type="radio"/>	Academic
<input type="radio"/>	NIH
<input type="radio"/>	Government regulatory agency
<input type="radio"/>	Pharmaceutical
<input type="radio"/>	Other research
<input type="radio"/>	Private practice
<input type="radio"/>	Other

Employer/Institution: Notes (Question 13 of 38 )

If you selected 'Other,' please explain.



K22 Career Transition Award	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
K23 Mentored Patient Oriented Research	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
K24 Midcareer Investigator Award in Patient Oriented Research	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
K30 Clinical Research Curriculum Award	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
K99/R00 Pathway to Independence Award	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R01 Research Project Grant Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R03 Small Group Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R21 Exploratory Developmental Research Grant Award	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intramural NIH Research	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Federal Funding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Private	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
University	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Funding Sources: Notes** (Question 20 of 38 )

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

**What are the most important clinical research challenges facing you in your career currently? (Optional)** (Question 21 of 38 )

	<input type="button" value="▲"/> <input type="button" value="■"/> <input type="button" value="▼"/>
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*(Question 22 of 38 - Mandatory )*

What is your professional title?	<input type="text"/>
What organization and/or department do you work for?	<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 23 of 38 )*

<b>What proportion of your time is devoted to the following:</b>	<input type="text"/>
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 24 of 38 )*

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.

### Section 3 of 5: Publications

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. (Question 25 of 38)

- 1-3  
  4-6  
  7-10  
  11-15  
  16-20  
  21-25  
  >25  
  None

If you would like, please list your publications. Feel free to copy and paste from your resume or other document. (Question 26 of 38 - Mandatory)

### Section 4 of 5: Training Experience

What is the overall degree of impact your NIH training program has had on your professional career? (Question 27 of 38)

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 28 of 38 - Mandatory)

<b>What degree of impact did your training program 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>
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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)	●	●	●	●	●
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)	●	●	●	●	●
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)	●	●	●	●	●

**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?**

*(Question 29 of 38)*

Yes  No

**Employment/Additional Training: Notes** *(Question 30 of 38)*

If 'no,' please explain.

**What were the best parts of your GME training at NIH?** *(Question 31 of 38)*

**What was missing from or could be improved about your training program?**

*(Question 32 of 38)*

**If you could start your GME training again from the beginning, would you choose NIH for some or all of this training?** (Question 33 of 38 )

- Yes    Unlikely    Maybe

**GME Program Selection: Notes** (Question 34 of 38 )

If 'Unlikely' please explain.

**How likely are you to recommend NIH for GME training to prospective research-oriented applicants?** (Question 35 of 38 - Mandatory )

- |   |                                       |                              |
|---|---------------------------------------|------------------------------|
| <input checked="" type="radio"/> Unlikely | <input type="radio"/> Somewhat Likely | <input type="radio"/> Likely |
|---|---------------------------------------|------------------------------|

**Likelihood to Recommend NIH GME training: Notes** (Question 36 of 38 )

If 'Unlikely' please explain.

**Please provide any additional comments about GME or research training at NIH.**  
(optional) (Question 37 of 38 )

### Section 5 of 5: Alumni Network

**Would you be willing to serve as a resource for current NIH GME trainees who seek to learn from your professional experiences?** (Question 38 of 38 - Mandatory )

Yes  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.

[Save For Later](#)

⌛ Please wait...