

Preview Form



National Institutes of Health Graduate Medical Education

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Alumni Survey - 1 Year Later
Form:	Alumni Self Evaluation 1 Year Later

Graduate Medical Education Alumni Survey
(OMB # 0925-0602; expires 3/31/2016)

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)

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	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																																								
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(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?

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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)

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(Question 9 of 38)

What professional degrees do you hold?

MD. Area(s) of specialty:	_____
PhD. Area(s) of specialty:	_____
JD. Area(s) of specialty:	_____
Master's. Area(s) of specialty:	_____
Other:	_____

Please list your ABMS (Board) certification(s): *(Question 10 of 38 - Mandatory)*

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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)

Selection	Option
	Academic
	NIH
	Government regulatory agency
	Pharmaceutical
	Other research
	Private practice
	Other

Employer/Institution: Notes (Question 13 of 38)

If you selected 'Other,' please explain.

What is your current academic status/title? (Question 14 of 38)

Selection	Option
	Dean
	Chair
	Non-academic
	Associate Professor
	Professor
	Instructor
	Assistant Professor
	Other

Academic Status/Title: Notes (Question 15 of 38)

If you selected 'Other,' please explain.

Is your current academic appointment a tenure track position? (Question 16 of 38)

Selection	Option
	Yes
	No
	Not applicable (do not have an academic appointment)

If your current academic appointment is a tenure track position, do you currently have tenure?
(Question 17 of 38)

Selection	Option
	Yes
	No, not yet eligible
	No

Are you currently performing clinical and/or translational research? (Question 18 of 38)

Selection	Option
	Yes
	No

(Question 19 of 38)

What are your current funding sources?	What is the dollar amount of your grant(s)?						
ALL FIELDS REQUIRE RESPONSE	None	Less than \$50K	\$51K to \$100K	\$101K to \$250K	\$251K to \$500K	\$501K to \$1M	Greater than \$1M
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 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)

--

(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)

What proportion of your time is devoted to the following:	
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)

Selection	Option
	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)

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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
0	1	2	3	4	5

(Question 28 of 38 - Mandatory)

What degree of impact did your training program have on your ability to:	No Impact	Little Impact	Some Impact	Much Impact	Considerable Impact
Successfully complete your Board Exam(s)	1.0	2.0	3.0	4.0	5.0
Perform typical procedures for specialty	1.0	2.0	3.0	4.0	5.0
Perform successfully in an academic or research setting	1.0	2.0	3.0	4.0	5.0
Perform successfully in a non-academic or non-research setting	1.0	2.0	3.0	4.0	5.0
Teach (medical students, residents, fellows, and/or patients)	1.0	2.0	3.0	4.0	5.0
Compete successfully for grants	1.0	2.0	3.0	4.0	5.0
Compete successfully for desired professional opportunities	1.0	2.0	3.0	4.0	5.0
Work well with other members of a healthcare team	1.0	2.0	3.0	4.0	5.0
Manage and lead others	1.0	2.0	3.0	4.0	5.0
Stay current in specialty	1.0	2.0	3.0	4.0	5.0
Network with other key individuals in field	1.0	2.0	3.0	4.0	5.0
Achieve work-life balance	1.0	2.0	3.0	4.0	5.0
Become a life-long learner	1.0	2.0	3.0	4.0	5.0
Be knowledgeable of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, when applying this knowledge to patient care (Medical Knowledge)	1.0	2.0	3.0	4.0	5.0
Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health (Patient Care)	1.0	2.0	3.0	4.0	5.0
Effectively exchange information and collaborate with patients, their families, and health professionals (Interpersonal & Communication Skills)	1.0	2.0	3.0	4.0	5.0
Carry out professional responsibilities and demonstrate an adherence to ethical principles (Professionalism & Ethics)	1.0	2.0	3.0	4.0	5.0
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)	1.0	2.0	3.0	4.0	5.0
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)	1.0	2.0	3.0	4.0	5.0

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)*

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	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)*

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Unlikely
<input type="checkbox"/>	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)

Unlikely	Somewhat Likely	Likely
1	2	3

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)

Selection	Option
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No



NIH-Duke Master's Program in Clinical Research

Please take time to complete the survey below. Through this survey, the NIH Clinical Center's Office of Clinical Research Training and Medical Education will (a) identify opportunities that will enhance the research training we provide to medical, dental, and veterinary students, which may be shared with the community through publications, and (b) stay better connected with you and the other graduates of our clinical training programs. Please [click here](#) to view the privacy and burden disclosure statements

OMB #0925-0602; expires 3/31/2016

Personal Information

<i>Name</i>	Last Name: <input type="text"/> *	First Name: <input type="text"/> *	MI: <input type="text"/>
<i>Gender</i>	Select...*		
<i>Ethnicity</i>	Select...*		
<i>Telephone Number</i>	<input type="text"/> * (e.g. : xxx-xxx-xxxx)		
<i>Email Address</i>	<input type="text"/> *		

CRTP/MRSP Program Information

- 1) Program *
- 2) What year did you start your participation? * (e.g. : YYYY)
- 3) How many years of professional school had you completed prior to participating in the program? *
- 4) **Mentor** Last Name: * First Name: *
- 5) **Tutor** Last Name: * First Name: *
- 6) At which Institute did you conduct your research? *
- 7) **Project Title** *
- 8) **Secondary Project Title**
- 9) Key words describing your project Basic Discovery *
 Clinical Trials
 Disease Control
 Epidemiology
 Etiology / Pathogenesis
- 10) Did you make presentations at national meetings while in the program? *
- 11) Did you have any peer-reviewed publications with *

12) Did you have any published chapters or reviews *

13) What is your global assessment of the program's value to your career? *

14) Have you ever spoken to predoctoral health professional students about applying to the program? *

15) Have you spent any additional time at NIH after completing the program? *

16) Please provide any other comments about your experiences in the CRTP/MRSP ?

Professional Degree Information

17) In what type of professional school were you enrolled? *

18) University

17) In what type of professional school were you enrolled? *

18) University

19) What clinical degree or equivalent did you earn? *

20) What is the date you expect/received this degree? * *

21) Did you go to residency training after graduating from professional school? *

22) Did you participate in fellowship training? *

23) What is your clinical specialty?

24) Have you earned any graduate degrees in addition to your initial professional degree?

25) Have you had any scholarly publications after receiving your professional degree? *

26) Have you received any honors since graduating professional school? *

27) When you complete/completed professional school, do you expect/did you have student debt? *

28) Has the potential for lower income prevented you from entering an academic career? *

Current Profession

29) What term best describes your current primary professional activity?

Clinician

Teacher

Investigator

Administrator

Other

30) What best describes the current site of your primary professional activity?

31) Do you have a current academic appointment? *

32) Are you currently involved in teaching? *

32) Are you currently involved in teaching?

 * ▼

33) Are you currently engaged in research?

 * ▼

34) Are you currently the Principal Investigator of at least one funded grant?

 * ▼

35) Are you currently a co-investigator of at least one funded grant.

 * ▼

36) Do you currently receive research funding from non-peer-reviewed sources (e.g. negotiated contracts, private donors, etc.)?

 * ▼

37) Do you currently see patients?

 * ▼

38) Do you serve in any leadership roles in organizations related to your clinical profession or biomedical science?

 * ▼

37) Do you currently see patients?

 * ▼

38) Do you serve in any leadership roles in organizations related to your clinical profession or biomedical science?

 * ▼

39) Please list any other important milestones in your career

40) Please list any other significant academic interests

41) Please provide any additional comments about your career path

Submit