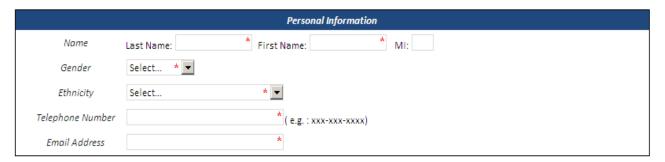# Clinical Research Training Program/Medical Research Scholars Program Alumni Survey
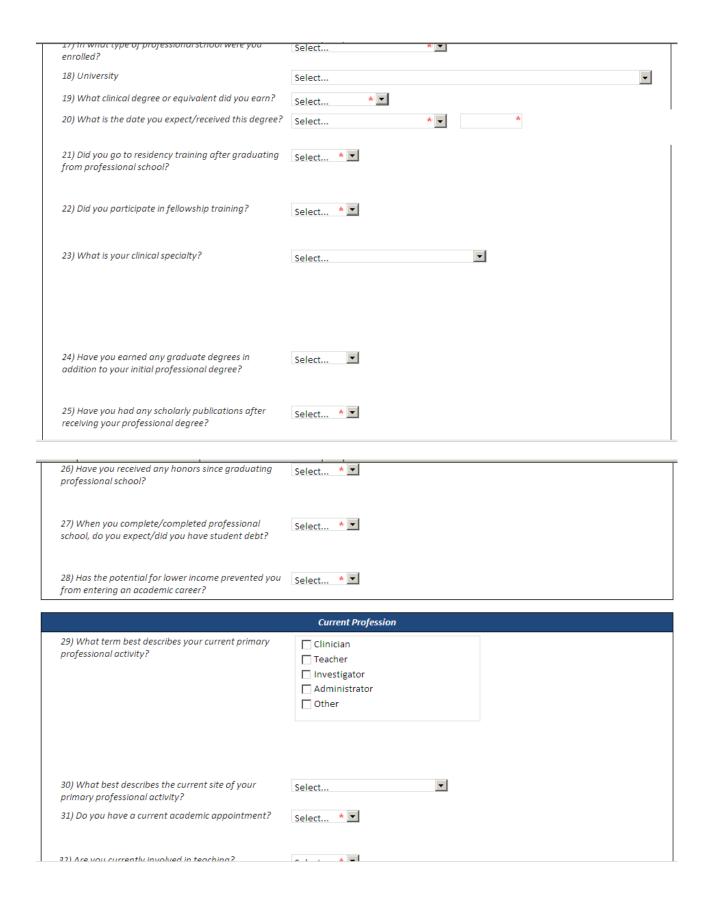
Please take time to complete the survey below. Through this survey, the NIH Clinical Center's Office of Clinical Research Training and Medical Education will (a) identify opportunities that will enhance the research training we provide to medical, dental, and veterinary students, which may be shared 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
Name — Last Name: [   ] * First Name: [   ] * MI: [   ]
Gender — Select... * ▼
Ethnicity — Select... * ▼
Telephone Number — [   ] * (e.g. : xxx-xxx-xxxx)
Email Address — [   ] *

CRTP/MRSP Program Information

CRTP/MRSP Program Information

1) Program   Select... * ▼

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?   Select... * ▼

4) CRTP/MRSP Mentor   Last Name: [____] *   First Name: [____] *

5) CRTP/MRSP Tutor   Last Name: [____] *   First Name: [____] *

6) At which Institute did you conduct your research?   Select... * ▼

7) Primary CRTP/MRSP project title   [_____] *

8) Secondary CRTP/MRSP project title   [_____]

9) Key words describing your CRTP/MRSP research project

- ☐ Basic Discovery
- ☐ Clinical Trials
- ☐ Disease Control
- ☐ Epidemiology
- ☐ Etiology / Pathogenesis

*

10) Did you make presentations at national meetings while in the program?   Select... * ▼

11) Did you have any peer-reviewed publications with   Select... * ▼

12) Did you have any published chapters or reviews with your CRTP/MRSP mentor?   Select... * ▼

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

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

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

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?   Select... * ▼

18) University   Select... ▼

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

18) University   Select... ▼

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

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

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

22) Did you participate in fellowship training?   Select... *▼

23) What is your clinical specialty?   Select... ▼

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

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

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

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

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

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?   Select... ▼

31) Do you have a current academic appointment?   Select... *▼

32) Are you currently involved in teaching?   Select... *▼

32) Are you currently involved in teaching? Select... * ▼

33) Are you currently engaged in research? Select... * ▼

34) Are you currently the Principal Investigator of at least one funded grant? Select... * ▼

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

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

37) Do you currently see patients? Select... * ▼

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

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

NIH Clinical Center
NATIONAL INSTITUTES OF HEALTH

Introduction to the
Principles and Practice of Clinical Research

Fall 2015

October 2015 – March 2016

IPPCR Final Evaluation

PURPOSE OF SURVEY:
Through this survey, the NIH Office of Clinical Research Training and Medical Education (OCRTME) seeks to (a) identify opportunities that will enhance the clinical research training we provide and (b) stay better connected with you and other participants.

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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.

PRIVACY ACT NOTIFICATION STATEMENT:
This is not a government website or application. The agency's Privacy Policy does not apply. The agency's Privacy Policy is located at http://www.nih.gov/about/privacy.htm
This website is operated by a third party to engage with the public on behalf of the National Institutes of Health (NIH) Office of Clinical Research Training & Medical Education. Collection of this information is authorized under 42 U.S.C. 282(b) (13), 284(b)(1)(C), 241, 242l, 282(b)(10), 284(b)(1)(K), 42 CFR Part 63, and 42 CFR Part 61, Subpart A. The primary use of this information is for evaluation of clinical and research training at the National Institutes of Health. The personally identifiable information collected via the SurveyMonkey website is used and maintained by NIH. Information is not shared with external parties. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Information provided is voluntary; however, in order for us to complete the evaluation process, you must complete the required fields.

Information about clinical and research training is available on the NIH website at http://www.cc.nih.gov/training/ Questions pertaining to information collected from this website may be sent to mailto:cc-od-ocrtme@mail.nih.gov

IPPCR Final Evaluation

A. Rating of Lecture

1. As a result of my participation in this course, I am:

   a. **Familiar with the basic epidemiological methods involved in clinical research;**   `Choose One`

   b. **Able to discuss the principles involved in the ethics of clinical research, the legal issues involved in clinical research, and the regulations involved in human subjects research, including the role of IRBs in clinical research;**   `Choose One`

   c. **Familiar with the principles and issues in monitoring patient orientated research; and**   `Choose One`

   d. **Able to discuss the infrastructure required in performing clinical research and have an understanding of the steps involved in developing and funding research studies.**   `Choose One`

2. **The overall quality of the instructional process was an asset to the program.**   `Choose One`

3. **To what extent did participation in this activity enhance your professional effectiveness?**   `Choose One`

4. **Did you perceive any commercial bias?**

   `Choose One`

   If yes, please explain:

   Use the following criteria to judge:

   a. The content presented was balanced, evidence–based, demonstrated scientific rigor, and was without commercial bias;
   b. I was informed about the existence and resolution of relevant financial relationships/conflict of interest of planners and presenters prior to the presentation;
   c. Speakers who discussed off label, investigational, or alternative uses of products, devices or techniques disclosed this in their presentation;
   d. Educational materials were free of advertising, trade names or product–group messages.

5. How useful did you find the following:

5. How useful did you find the following:

    a. **The organization of the lecture?** `Choose One ⌄`

    b. **The material covered in the lecture?** `Choose One ⌄`

    c. **The discussion(s)?** `Choose One ⌄`

    d. **Audiovisual aids?** `Choose One ⌄`

    e. **The course website?** `Choose One ⌄`

B. Rating of Videoconference

1. **Please rate the overall quality of the audio transmission** `Choose One ⌄`

2. **Please rate the overall quality of the video transmission** `Choose One ⌄`

C. General Impression

1. **Technical level of course** `Choose One ⌄`

2. **Pace of course** `Choose One ⌄`

3. **Length of course** `Choose One ⌄`

D. Open Ended Questions

1. **What were the major strengths of the course?**

D. Open Ended Questions

1. **What were the major strengths of the course?**

2. **What were the weaknesses?**

3. **Are there new topics you would like to have covered in this activity or in a related activity?**

4. **What was your overall impression of the faculty in terms of teaching ability, depth of topic coverage, and general knowledge of the subjects each one covered? (Be specific)**

5. **Do you have additional comments to enhance the utility or impact of the course?**

5. **Do you have additional comments to enhance the utility or impact of the course?**

Submit

Questions & Help:

- To request remote site status, go to the Request Remote Site Form.
- If you have further questions or need additional information regarding the Introduction to the Principles and Practice of Clinical Research (IPPCR) Course, please call (301) 496-9425 or email the course coordinator, Daniel McAnally at daniel.mcanally@nih.gov.

This is an website operated on behalf of the NIH CC Office of Clinical Research Training and Medical Education (OCRTME). The primary use of information collected at this website is to complete your registration as a student in the Introduction to the Principles and Practice of Clinical Research course offered by NIH. Information collected includes name, email address, mailing address, phone number and affiliation. Information is not shared with external parties. The provision of information is voluntary. Persons concerned about providing personal information at this website may contact the course coordinator, Daniel McAnally, at daniel.mcanally@nih.gov or call (301) 496-9425 for assistance to register.

NIH Clinical Center Privacy and Disclaimer Policy

d'Vinci Interactive Privacy Policy

Version 1.1.2

1. Principles of Clinical Pharmacology Course Evaluation OMB #0925-0602 Expires 3/31/2016

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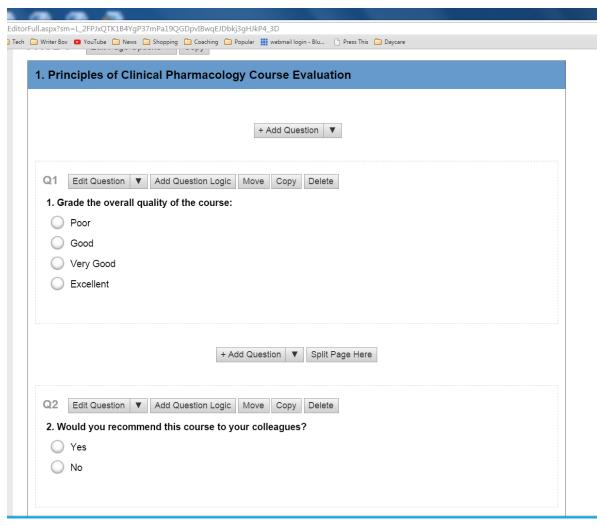
PRIVACY ACT NOTIFICATION STATEMENT:
This is not a government website or application. The agency's Privacy Policy does not apply. The agency's Privacy Policy is located at http://www.nih.gov/about/privacy.htm
This website is operated by a third party to engage with the public on behalf of the National Institutes of Health (NIH) Office of Clinical Research Training & Medical Education. Collection of this information is authorized under 42 U.S.C. 282(b) (13), 284(b)(1)(C), 241, 242I, 282(b)(10), 284(b)(1)(K), 42 CFR Part 63, and 42 CFR Part 61, Subpart A. The primary use of this information is for evaluation of clinical and research training at the National Institutes of Health. The personally identifiable information collected via the SurveyMonkey website is used and maintained by NIH. Information is not shared with external parties. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Information provided is voluntary; however, in order for us to complete the evaluation process, you must complete the required fields.

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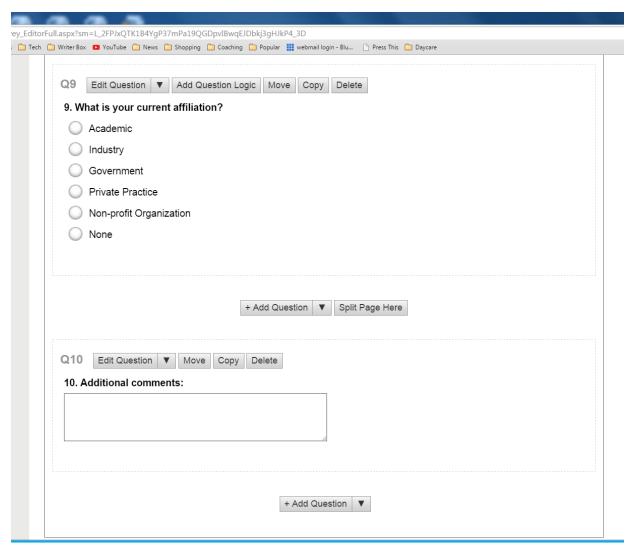
+ Add Question ▼

1. Principles of Clinical Pharmacology Course Evaluation

+ Add Question ▼

Q1 Edit Question ▼ Add Question Logic Move Copy Delete

1. Grade the overall quality of the course:

◯ Poor

◯ Good

◯ Very Good

◯ Excellent

+ Add Question ▼ Split Page Here

Q2 Edit Question ▼ Add Question Logic Move Copy Delete

2. Would you recommend this course to your colleagues?

◯ Yes

◯ No

Expand & customize your **Hootsuite** dashboard, install the **SurveyMonkey** app.

3. Is clinical pharmacology relevant to your current work?

◯ Yes

◯ No

[+ Add Question] [▼] [Split Page Here]

Q4 [Edit Question] [▼] [Add Question Logic] [Move] [Copy] [Delete]

4. When do you plan to use the knowledge gained taking this course?

◯ Present work

◯ Future work

◯ Both

[+ Add Question] [▼] [Split Page Here]

Q5 [Edit Question] [▼] [Add Question Logic] [Move] [Copy] [Delete]

5. Are you currently in training in clinical pharmacology?

◯ Yes

◯ No

Expand & customize your **Hootsuite** dashboard, install the **SurveyMonkey** app.

Q6 Edit Question ▼ Add Question Logic Move Copy Delete

6. Are you currently in training as a clinical investigator?

◯ Yes

◯ No

+ Add Question ▼ Split Page Here

Q7 Edit Question ▼ Add Question Logic Move Copy Delete

7. Do you plan to be involved in clinical pharmacology research in the future?

◯ Yes

◯ No

+ Add Question ▼ Split Page Here

Q8 Edit Question ▼ Add Question Logic Move Copy Delete

8. Where did you attend the course?

◯ NIH/Lipsett

◯ Remote site

Expand & customize your **Hootsuite** dashboard, install the **SurveyMonkey** app.

Q9 [Edit Question ▼] [Add Question Logic] [Move] [Copy] [Delete]

9. What is your current affiliation?

○ Academic

○ Industry

○ Government

○ Private Practice

○ Non-profit Organization

○ None

[+ Add Question ▼] [Split Page Here]

Q10 [Edit Question ▼] [Move] [Copy] [Delete]

10. Additional comments:

[   ]

[+ Add Question ▼]

Expand & customize your **Hootsuite** dashboard, install the **SurveyMonkey** app.

National Institutes of Health
Graduate Medical Education

Subject:	
Evaluator:	
Site:	
Period:	
Dates of Activity:	
Activity:	Clinical Electives Program Alumni 1 Year Later - LCME
Form:	Clinical Electives Program Alumni Survey

Clinical Electives Program Alumni Survey (OMB # 0925-0602; expires 3/30/2016)

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.

(0925-0602). Do not return the completed form to this address.

To review the NIH/E*Value Privacy Act Notification Statement, please <u>click here</u>

Are you using a different name than the one you used during training (stated at the top of this survey)? *(Question 1 of 19)*

Selection	Option
	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 19)*

Preferred e-mail address *(Question 3 of 19)*

Alternate e-mail address *(Question 4 of 19)*

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 19 - Mandatory)*

Selection	Option
	Addiction Medicine
	Alcoholism
	Cardiology
	Clinical Pharmacology and Therapeutics for Senior Medical Students
	Critical Care Medicine
	Endocrinology and Metabolism
	Gynecology Consult Service
	Health Services
	Hematology
	Hepatology
	I participated in a research tutorial, not a clinical elective.
	Infectious Diseases
	Interdisciplinary Women's Health
	Internal Medicine Consult Service
	Medical Genetics
	Medical Informatics
	Medical Oncology
	Neurology/Neuroscience Research
	Neurosurgery
	Nuclear Medicine
	Otolaryngology—Head and Neck Surgery
	Pain and Palliative Care
	Pathology
	Pediatric Consult Service
	Pediatric Endocrinology

	Pediatric Oncology
	Pediatric Psychopharmacology
	Psychiatry/Psychopharmacology
	Psychiatry/Psychosomatic Medicine
	Radiation Oncology
	Rehabilitation Medicine
	Rheumatology
	Sickle Cell Anemia
	Surgical Oncology
	Surgical Thoracic & GI Oncology
	Transfusion Medicine
	Urologic Oncology

If you participated in a research tutorial, please let us know the name of your research preceptor and Institute or Center. *(Question 6 of 19)*

What professional degrees do you hold? Please check all that apply. *(Question 7 of 19 - Mandatory)*

Selection	Option
	MD
	MD/PhD
	DO
	DDS
	Other

If you selected "Other" for "What professional degrees do you hold," please specify. *(Question 8 of 19)*

(Question 9 of 19 - Mandatory)

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

What is your current professional status? *(Question 10 of 19 - Mandatory)*

Selection	Option
	PGY-1 Trainee
	PGY-2 Trainee
	Other Government Agency
	Pharmaceutical Industry
	Other research
	Other

If you selected "Other" for "What is your current professional status, please specify. *(Question 11 of 19)*

Are you currently performing clinical and/or translational research? *(Question 12 of 19 - Mandatory)*

Selection	Option
	Yes
	No

What degree of impact did your clinical elective or research tutorial at NIH have on your:	No Impact	Little Impact	Some Impact	Much Impact	Considerable Impact
Obtaining a residency or fellowship position through the Match	1.0	2.0	3.0	4.0	5.0
Clarifying academic goals	1.0	2.0	3.0	4.0	5.0
Clarifying professional goals	1.0	2.0	3.0	4.0	5.0
Performing successfully in an academic or research setting	1.0	2.0	3.0	4.0	5.0
Competing successfully for desired professional or academic opportunities	1.0	2.0	3.0	4.0	5.0
Networking with key individuals in field	1.0	2.0	3.0	4.0	5.0
Desire to pursue residency/fellowship training at the NIH	1.0	2.0	3.0	4.0	5.0

	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?	1.0	2.0	3.0	4.0	5.0

	Unlikely	Somewhat Likely	Likely
How likely are you to recommend NIH's Clinical Electives Program to prospective clinical research-oriented applicants?	1.0	2.0	3.0

What were the best parts of your clinical elective or research tutorial at the NIH? *(Question 16 of 19)*

What was missing from or could have improved your clinical elective or research tutorial? *(Question 17 of 19)*

If you could start your clinical elective or research tutorial again from the beginning, would you choose the NIH? *(Question 18 of 19 - Mandatory)*

Selection	Option
	Yes
	No

Please provide any additional comments about the NIH Clinical Electives Program. *(Question 19 of 19)*