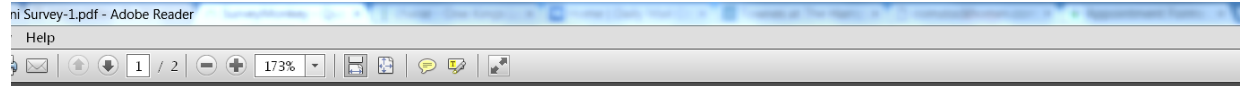


Previous NIH-Duke Master's Program Alumni Survey



CRTP / TPCR Alumni Survey



Alumni Survey 2011

**Clinical Research Training Program
Duke University School of Medicine**

and

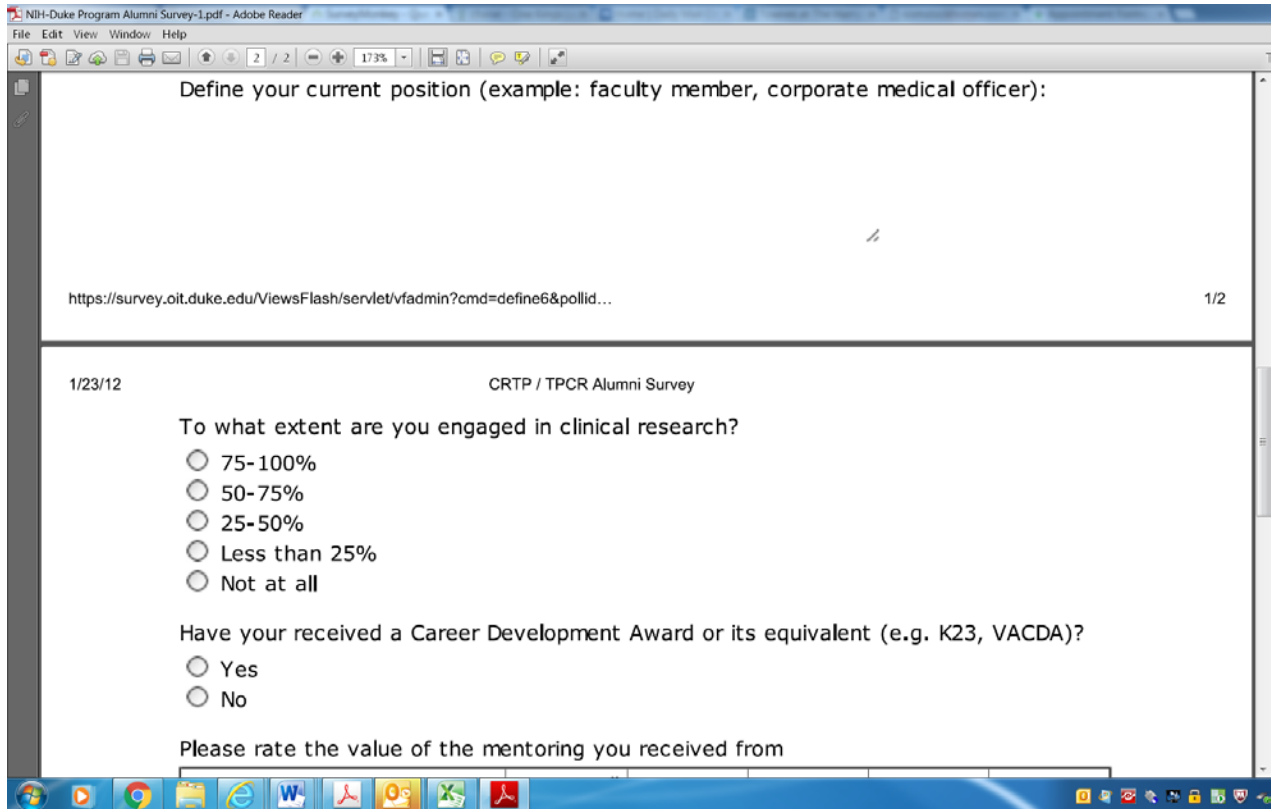
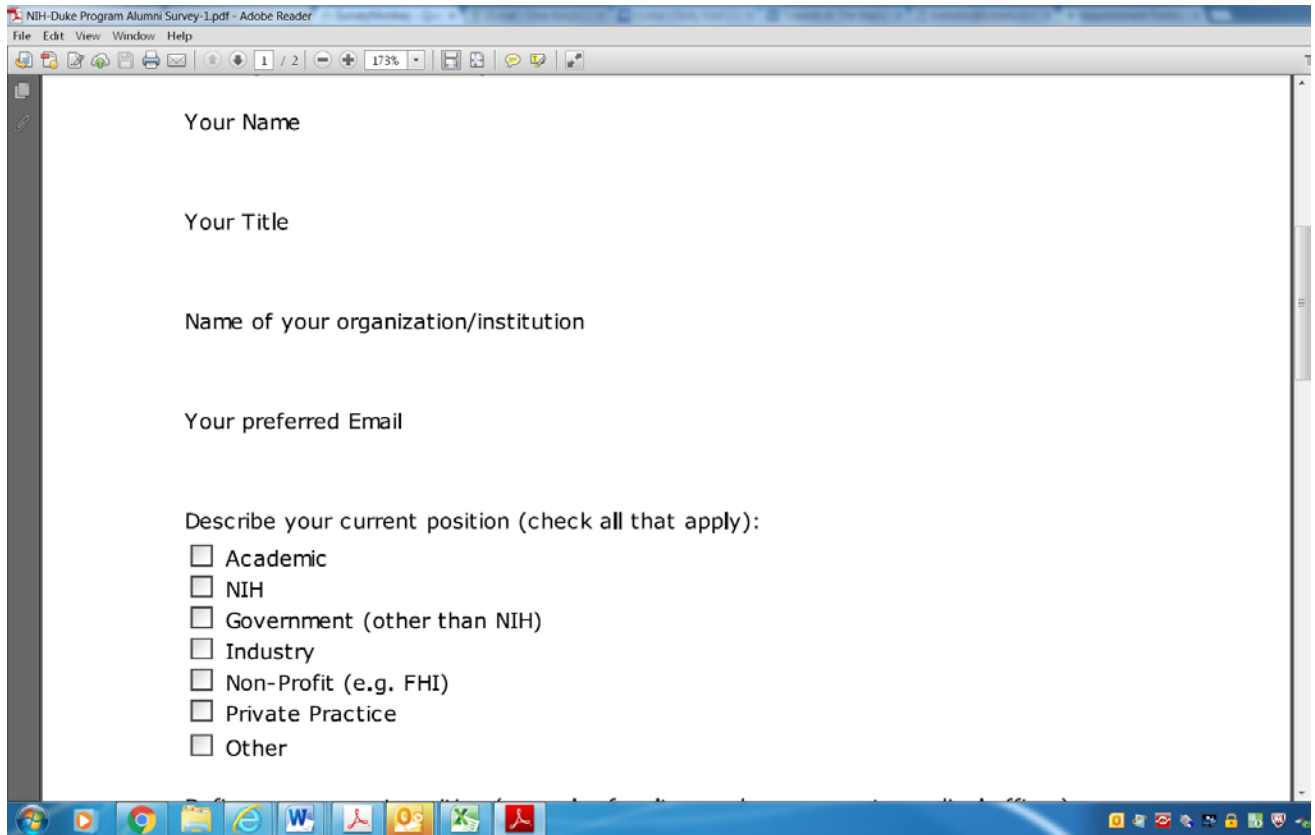
**NIH/Duke Training Program in Clinical Research
NIH Clinical Center and Duke University School of Medicine**

You have received this e-mail because you graduated from the Duke Clinical Research Training Program or the NIH/Duke Training Program in Clinical Research in 2001, 2004, 2006 or 2008. We would like your feedback via this short survey. Your input will help us improve the program.

Thank you in advance for your feedback.

Your Name





NIH-Duke Program Alumni Survey-1.pdf - Adobe Reader

File Edit View Window Help

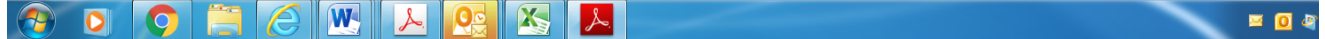
2 / 2 173%

Please rate the value of the mentoring you received from

	Not at all important	2	3	4	Very important
Members of your Examining Committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other CRTP Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What changes do you see coming in your research environment for which CRTP should train its students?

Submit



Updated NIH-Duke Master's Program Alumni Survey.

The updated survey models the current existing CRTP/MRSP Alumni Survey already approved by OMB. New questions are highlighted.

OFFICE OF CLINICAL RESEARCH TRAINING AND MEDICAL EDUCATION



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

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

CRTP/MRSP Privacy and Burden Statements

Privacy Act Notification Statement:

The NIH Privacy Policy is located at <http://www.nih.gov/about/privacy.htm>
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 survey 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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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 research 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

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? 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?

 * ▼

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

Previous Introduction to the Principles and Practice of Clinical Research Alumni Survey

This alumni survey is being discontinued. No questions from this survey will be transferred to the replacement survey which is an end of course evaluation.

Introduction to the Principles and Practice of Clinical Research (IPPCR) Al...

Please take a few minutes to complete the survey below, which invites you to retrospectively evaluate the IPPCR Course. OMB #0925-0602. Expires 8/31/2012.

-question 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.

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.

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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 Alumni Survey - One Year

***1. Which term did you take the NIH Principals and Practice of Clinical Research Course?**

- 2010 - 2011
- 2011 - 2012
- 2012 - 2013
- 2013 - 2014
- 2014 - 2015
- 2015 - 2016

***2. What is your preferred e-mail address?**

3. Do you have an alternate e-mail address?

***4. What professional degree do you hold?**

- M.D.
- Ph.D.
- J.D.
- Master's
- Other (please specify)

***5. What is the name of your current employer/institution?**

IPPCR Alumni Survey - One Year

*6. Employer/Institution type

- Academic
- NIH
- Government regulatory agency
- Pharmaceutical
- Other research
- Private Practice
- Other (please specify)

*7. Are you currently performing clinical and/or translational research?

- Yes
- No

*8. What is the overall degree of impact the IPPCR course has on your professional career?

- No Impact
- Little Impact
- Some Impact
- Much Impact
- Considerable Impact

*9. What degree of impact did the IPPCR course have on your ability to:

	No Impact	Little Impact	Some Impact	Much Impact	Considerable Impact
Perform successfully in an academic or research setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform successfully in a non-academic or non-research setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*10. What were the best parts of the IPPCR course?

IPPCR Alumni Survey - One Year

***11. What was missing from or could be improved about the IPPCR course?**

***12. How likely are you to recommend the IPPCR course to prospective research-oriented applicants?**


- Unlikely
- Somewhat Likely
- Likely

If "Unlikely" please explain

***13. Please provide any additional comments about the IPPCR course or research training at the NIH.**

Introduction to the Principles and Practice of Clinical Research Course Evaluation

This course evaluation is replacing the above alumni survey to receive feedback about the course to make improvements for future participants. No questions from the previous alumni survey are included in this course evaluation.

 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		OMB #0925-0602 Expires 3/31/2016	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>			

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;
- 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;
- c. Familiar with the principles and issues in monitoring patient orientated research; and
- 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.

2. The overall quality of the instructional process was an asset to the program.

3. To what extent did participation in this activity enhance your professional effectiveness?

4. Did you perceive any commercial bias?

Use the following criteria to judge:

If yes, please explain:

- 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?
- b. The material covered in the lecture?
- c. The discussion(s)?
- d. Audiovisual aids?
- e. The course website?

B. Rating of Videoconference

- 1. Please rate the overall quality of the audio transmission
- 2. Please rate the overall quality of the video transmission

C. General Impression

- 1. Technical level of course
- 2. Pace of course
- 3. Length of course

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](tel:3014969425) or email the course coordinator, Daniel McAnally at daniel.mcanally@nih.gov.



USA.gov

This is a 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](tel:3014969425) for assistance to register.

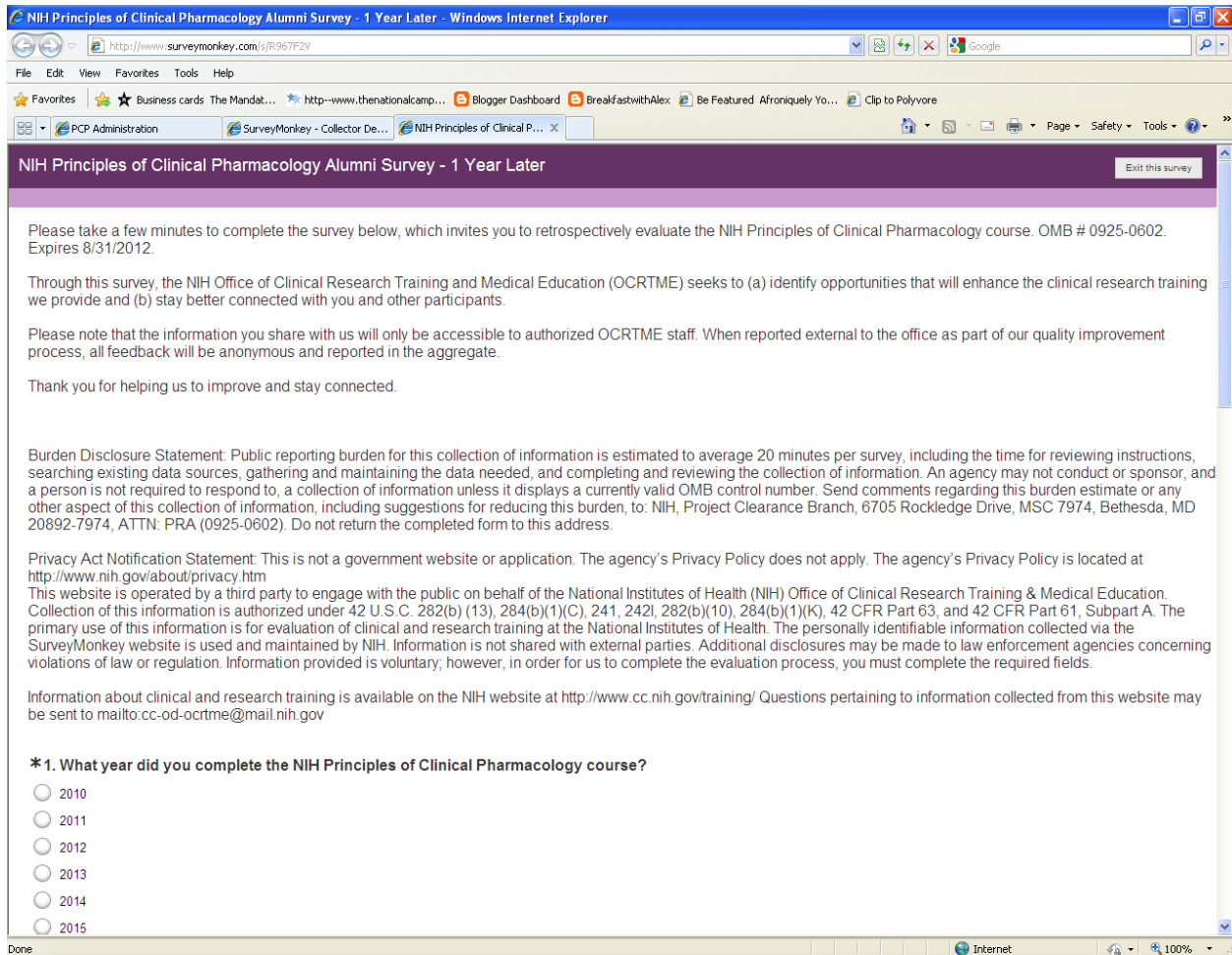
[NIH Clinical Center Privacy and Disclaimer Policy](#)

[d'Vinci Interactive Privacy Policy](#)

Version 1.1.2

Previous Principles of Clinical Pharmacology Alumni Survey

This alumni survey is being discontinued. No questions from this survey will be transferred to the replacement survey which is an end of course evaluation.



NIH Principles of Clinical Pharmacology Alumni Survey - 1 Year Later

Please take a few minutes to complete the survey below, which invites you to retrospectively evaluate the NIH Principles of Clinical Pharmacology course. OMB # 0925-0602. Expires 8/31/2012.

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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*** 1. What year did you complete the NIH Principles of Clinical Pharmacology course?**

- 2010
- 2011
- 2012
- 2013
- 2014
- 2015

NIH Principles of Clinical Pharmacology Alumni Survey - 1 Year Later - Windows Internet Explorer

http://www.surveymonkey.com/s/R967F2Y

File Edit View Favorites Tools Help

PCP Administration SurveyMonkey - Collector De... NIH Principles of Clinical P...

***2. Has your name changed since you participated in the clinical pharmacology course?**

Yes
 No

If yes, please provide your current name.

***3. Please provide an e-mail address.**

4. Please provide an alternate e-mail address.

***5. Are you currently performing clinical pharmacology research?**

Yes
 No

***6. What is your professional title?**

***7. What organization and/or department do you work for?**

***8. What is your primary field of concentration/specialty?**

Done

start | Inboxes - Microsoft ... | Message - Messag... | RE: 2012-2013 PC... | RE: Screen Shots ... | My Drive - Google ... | NIH Principles of C... | Document2 - Micro... | Internet | 100% | 4:29 PM

NIH Principles of Clinical Pharmacology Alumni Survey - 1 Year Later - Windows Internet Explorer

http://www.surveymonkey.com/s/R967F2V

File Edit View Favorites Tools Help

PCP Administration SurveyMonkey - Collector De... NIH Principles of Clinical P...

***8. What is your primary field of concentration/specialty?**

***9. What are your funding sources?**

None
 NIH Grant/ Contract Funding
 FDA Grant/ Contract Funding
 Pharmaceutical Industry Funding
 Private/ Non-Profit Funding
 Other

***10. What degree of impact did the Principles of Clinical Pharmacology course have on your ability to:**

	No impact	Little impact	Some impact	Much impact	Great impact
Clarify professional goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compete successfully for desired professional or academic opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***11. Would you recommend this course to your colleagues?**

Yes
 No

Done

Powered by [SurveyMonkey](#)
 Check out our [sample surveys](#) and create your own now!

Done

start | Inboxes - Microsoft ... | Message - Messag... | RE: 2012-2013 PC... | RE: Screen Shots ... | My Drive - Google ... | NIH Principles of C... | Document2 - Micro... | Internet | 100% | 4:29 PM

Principles of Clinical Pharmacology Course Evaluation

This course evaluation is replacing the above alumni survey to receive feedback about the course to make improvements for future participants. No questions from the previous alumni survey are included in this course evaluation.

1. Principles of Clinical Pharmacology Course Evaluation

OMB #0925-0602 Expires 3/31/2016

PURPOSE OF SURVEY:

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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.