

Attachment 2a – Exit Survey Screenshots

The Exit Survey consists of 2 parts: Part 1 the Alumni Network and Part 2 the Exit Feedback Survey about the Training Experience.

Part 1: Alumni Network Survey

This screenshot shows when a respondent answers the questions and submits.

The “OMB Burden Statement” is to the right of the “Welcome” message.

When the trainee clicks the link, the screenshot to the right is shown.

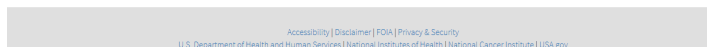
Black box indicates a person’s name that has been blacked out.



OMB Burden Statement
OMB NO.: 0925-0046
Expiration Date: 7/31/2019

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information you provide will be used to maintain an alumni network for the NCI Center for Cancer Training. You are being asked to complete the alumni survey so you can be a part of the alumni network and will receive information from NCI periodically.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, 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 (0925-0046). Do not return the completed form to this address.



Welcome. We are interested in learning about your experience as a trainee. We will use the information we collect to assess and improve our fellowship programs. There are two parts to this survey: Part 1 is a way to join our [alumni network](#); Part 2 will [assess your experience](#) as a trainee and responses are only reported in aggregate. Information completed in Part 2 will be kept private, to the extent provided by law.

OMB No.:0925-0046
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OMB Burden Statement

ALUMNI INFORMATION

Contact and Other Information

Please provide your contact and next position information so that you can be included in the NCI Trainee Alumni Network.

Full Name: [Redacted] Preferred Name: [] Personal Email: []

Are you willing to be contacted for future NCI Alumni events?
 Yes No

If you are going to school/doing additional training, is it for:
 Master Degree
 Doctoral Degree
 Medical Degree
 Clinical Training
 Not Applicable
 Other

If you have taken a new job, at what type of organization will you be working?
 Academia
 Government
 Industry/For-Profit
 Not-for-profit
 Not Applicable
 Other Sector(please specify)

New Position title: (Enter N/A if not applicable)
[]

What duties will your job include? Please mark all that apply.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical	<input type="checkbox"/> Communications
<input type="checkbox"/> Consulting	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Project Management
<input type="checkbox"/> Policy	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other (Please specify):	

Is there anything that you would like to share with your training director about your experience at NCI?
[]
maximum characters:3000

Decline to Answer Submit



Part 1: Alumni Network

This screenshot appears if a respondent declines to answer the questions.

The screenshot shows a survey form from the National Cancer Institute (NIH) titled 'Individual Development Plan (IDP)'. A modal dialog box titled 'Decline to Answer' is overlaid on the form. The dialog box contains the text: 'Are you sure you'd like to skip this section? We would greatly appreciate the information in order to track outcomes for NCI alumni.' Below this text are two buttons: 'Return to Survey' and 'Proceed to Next Section'. The background form is partially obscured but shows the following sections:

- ALUMNI INFORMATION**
- Contact and Other Information**
- Please provide your contact and next position information so that you can be included in the NCI Trainee Alumni Network.
- Full Name: [text input] Preferred Name [text input] Personal Email [text input]
- Are you willing to be contacted for future NCI Alumni events?
 Yes No
- If you are going to school/doing additional training, is it for:
 Master Degree
 Doctoral Degree
 Medical Degree
 Clinical Training
 Not Applicable
 Other
- If you have taken a new job, at what type of organization will you be working?
 Academia
 Government
 Industry/For-Profit
 Not-for-profit
 Not Applicable
 Other Sector(please specify)
- New Position title: *(Enter N/A if not applicable)*
[text input]
- What duties will your job include? Please mark all that apply.
 Administrative Clinical Communications
 Consulting Intellectual Property Project Management
 Policy Research Teaching
 Not Applicable Other (Please specify):
- Is there anything that you would like to share with your training director about your experience at NCI?
[text area]
maximum characters 3000
- Buttons: 'Decline to Answer' and 'Submit'

All respondents receive the pop-up message below.

The image shows a screenshot of the National Cancer Institute (NCI) Electronic Individual Development Plan (eIDP) System. A pop-up message is displayed in the center, titled "Leaving the NCI Electronic Individual Development Plan System (eIDP) System". The message reads: "You are now leaving the NCI Electronic Individual Development Plan System (eIDP). You will be automatically redirected to fill out an anonymous exit survey. If you are not redirected within 20 seconds, please click here to be redirected to <https://idp-dev.cancer.gov/idp/survey/exitSurveyConf>."

The background shows the NCI logo and the text "NATIONAL CANCER INSTITUTE Individual Development Plan(IDP)". Below the logo, there is a welcome message: "Welcome. We are interested in your feedback and improve our fellowship. There are two parts to this survey. Your responses as a trainee and responses are only reported in aggregate."

The main section is titled "ALUMNI INFORMATION" and "Contact and Other Information". It asks the user to provide contact and next position information so that they can be included in the NCI Trainee Alumni Network. The form includes the following fields and questions:

- Full Name:
- Preferred Name:
- Personal Email:
- Are you willing to be contacted for future NCI Alumni events?
 Yes No
- If you are going to school/doing additional training, is it for:
 Master Degree
 Doctoral Degree
 Medical Degree
 Clinical Training
 Not Applicable
 Other
- If you have taken a new job, at what type of organization will you be working?
 Academia
 Government
 Industry/For-Profit
 Not-for-profit
 Not Applicable
 Other Sector(please specify)
- New Position title: *(Enter N/A if not applicable)*
- What duties will your job include? Please mark all that apply.
 Administrative
 Consulting
 Policy
 Not Applicable
 Clinical
 Intellectual Property
 Research
 Other (Please specify):
 Communications
 Project Management
 Teaching
- Is there anything that you would like to share with your training director about your experience at NCI?

At the bottom right, there is a "maximum characters 3000" label and two buttons: "Decline to Answer" and "Submit".