

Summer Curriculum in Cancer Prevention Study

Introduction/OMB

The National Cancer Institute invites you to complete a brief survey about your participation in the Summer Curriculum. Information collected will provide NCI with valuable data and evidence to assess the effectiveness of the Summer Curriculum for future planning and improvement. All information obtained will be kept secure to the extent provided by law and data will be analyzed by NCI staff. This survey consists of 24 questions and can be completed in approximately thirty minutes. You do not need to complete this survey in one sitting. There are no risks or no direct benefits to you for participating in the survey. If you have any questions regarding the evaluation survey, please contact Dr. Makeda Williams (willmak@mail.nih.gov). Thank you in advance for your participation!

OMB No.: 0925-XXXX

Expiration Date: xx/xx/20xx

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. Refusal to participate will not affect your benefits in any way. 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 of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can improve future workshops.

Public reporting burden for this collection of information is estimated to average 30 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-XXXX). Do not return the completed form to this address.

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Summer Curriculum in Cancer Prevention Study

* 1. What is the name of the organization that you represented while participating in NCI Summer Curriculum in Cancer Prevention?

2. Please mark the category that best describes the type of organization you represented:

- United States Government
- Foreign Government
- Industry
- Non-governmental Organization
- Academic/Research
- Health Care

3. What country is the organization you represented located in?

4. If you have relocated since participating in the NCI Summer Curriculum, what country are you currently located in?

* 5. What degree(s) did you hold when you participated in the NCI Summer Curriculum? Please select all that apply.

- Medical Degree
- Doctoral Degree
- Master of Public Health
- Master of Science in Nursing
- Other Master Degree
- Bachelor of Science in Nursing
- Other Bachelor's Degree



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*** 5. What degree(s) did you hold when you participated in the NCI Summer Curriculum? Please select all that apply.**

- Medical Degree
- Doctoral Degree
- Master of Public Health
- Master of Science in Nursing
- Other Master Degree
- Bachelor of Science in Nursing
- Other Bachelor's Degree
- None

Other (please specify)

6. What degree(s) do you currently hold? Please select all that apply.

- Medical Degree
- Doctoral Degree
- Master of Public Health
- Master of Science in Nursing
- Other Master Degree
- Bachelor of Science in Nursing
- Other Bachelor's Degree
- None

Other (please specify)

*** 7. What year did you participate in the Summer Curriculum?**

*** 8. What Summer Curriculum Course did you participate in? Please check all that apply.**

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6. What degree(s) do you currently hold? Please select all that apply.

- Medical Degree
- Doctoral Degree
- Master of Public Health
- Master of Science in Nursing
- Other Master Degree
- Bachelor of Science in Nursing
- Other Bachelor's Degree
- None

Other (please specify)

*** 7. What year did you participate in the Summer Curriculum?**

*** 8. What Summer Curriculum Course did you participate in? Please check all that apply.**

- Principles and Practices of Cancer Prevention
- Molecular Prevention Course

*** 9. Had you received a research grant before participating in the Summer Curriculum?**

- No
- Yes. Please name the agency(s), funding amount(s) and grant number(s)

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*** 10. Have you, as a result of Summer Curriculum, completed any of the following (please mark all that apply):**

- Development of a new national cancer control and prevention plan
- Advancement of an existing national cancer control and prevention plan
- Implementation of a national cancer control and prevention plan
- Achievement of organizational cancer control objectives
- Development of tools (curriculum, guidelines,model, conference) for cancer control planning
- Development of tools (curriculum, guidelines,model, conference) for implementation of cancer control activities
- Development or refinement of institutional cancer control priorities
- Adoption of new technologies or practices for cancer control and treatment
- Been an advocate or community leader with regard to cancer prevention
- None of the above

*** 11. Have you, as a result of Summer Curriculum, completed any of the following? (please mark all that apply)**

- Submission of grant applications to NIH
- Submission of grant applications to other funding organizations
- Development or refinement of individual research priorities
- Development or refinement of institutional research priorities
- Development or strengthening of regional research networks
- Development or improvement of data collection or analysis systems for cancer research
- Development or improvement of administration systems for cancer research
- Research that resulted in change in standard of care
- Research that informs programs/policies that reduce cancer burden
- None of the above

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12. How many peer reviewed publications (including white papers) on cancer control planning or activities have you published as a result of your participation in the Summer Curriculum? Please include complete citations and briefly describe the role of Summer Curriculum in assisting you in each publication.

13. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in the Summer Curriculum? Please include the name of the organization(s) providing the funding, the amount(s) and the grant number(s) and title(s) (if applicable).

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14. How many peer reviewed publications (including white papers) on cancer research have you published as a result of your participation in the Summer Curriculum? Please include complete citations and briefly describe the role of the Summer Curriculum in assisting you in each publication.

15. How much additional funding for cancer research have you received as a result of your participation in the Summer Curriculum? Please include the name of the organization(s) providing the funding, the amount(s) and the grant number(s) and title(s) (if applicable).

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16. How many presentations at national or international meetings have you given as a result of your participation in the Summer Curriculum? Please provide the name of the meeting(s) and date(s).

17. How many others have you trained using the NCI Summer Curriculum learning objectives and content?

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* 18. How many new partnerships or collaborations have you formed as a result of Summer Curriculum?

* 19. Please indicate the type of partnership(s) formed. (please mark all that apply)

- Scientific/Research
- Cancer Control Planning/Implementation
- Government/Policy
- Civil Society/Non-governmental Organizations
- Private Sector/Industry
- Not Applicable

* 20. What regions are these partners primarily located in (please mark all that apply):

- Africa
- North America
- South America
- Eastern Mediterranean
- Western Europe
- Eastern Europe
- South-East Asia
- Western Pacific
- Not Applicable

* 21. Please mark the types of organizations of the new partnerships that you formed as a result of Summer Curriculum. (please mark all that apply)

- NCI
- NIH (excluding NCI)

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* 20. What regions are these partners primarily located in (please mark all that apply):

- Africa
- North America
- South America
- Eastern Mediterranean
- Western Europe
- Eastern Europe
- South-East Asia
- Western Pacific
- Not Applicable

* 21. Please mark the types of organizations of the new partnerships that you formed as a result of Summer Curriculum. (please mark all that apply)

- NCI
- NIH (excluding NCI)
- USG (excluding NCI and NIH)
- Foreign Government
- Industry
- Non-governmental Organization
- Academic/Research
- Health Care
- Not Applicable

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* 22. How often have you used the knowledge and skills acquired in the Summer Curriculum in your work?

- Frequently
- Sometimes
- Rarely
- Never

* 23. How often do you contact the fellow students who participated in the Summer Curriculum with you?

- Frequently
- Sometimes
- Rarely
- Never

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