

When trainee clicks the link, the OMB Burden Statement below will appear.



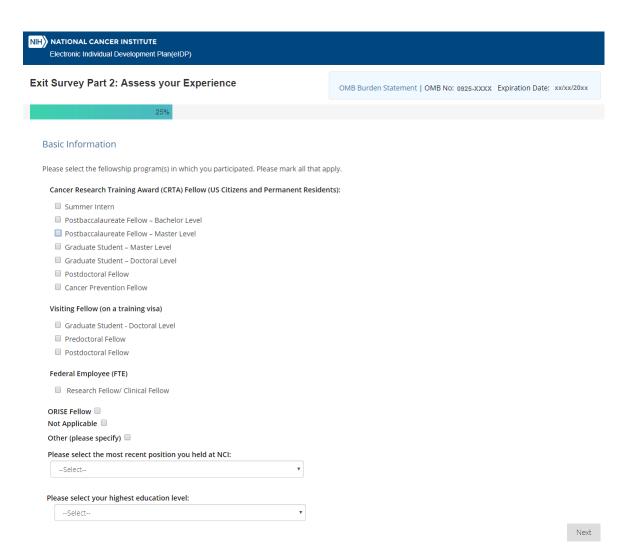
#### **OMB Burden Statement**

OMB No.: 0925-XXXX

Expiration Date: xx/xx/20xx

Public reporting burden for this collection of information is estimated to average 20 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-XXXXX). Do not return the completed form to this address.

Accessibility | Disclaimer | FOIA | Privacy & Security
U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov



Consulting

Policy

# Exit Survey Part 2: Assess your Experience

Project Management

Teaching

	50%	
Future Plans		
Please select the reason(s) for your departs	ure:	
☐ Taking professional scientific position		
Going to school/doing additional trainin	g	
Voluntary resignation related to my rese	earch	
Voluntary resignation related to person	al reasons	
☐ Involuntary separation		
☐ Changing career		
Other (please specify)		
Are you pursuing additional education/trai	ning?	
Master Degree		
O Doctoral Degree		
Medical Degree		
Clinical Training		
Not Applicable		
Other (please specify)		
If you have taken a new job, at what type o	f organization will you be working?	
☐ Academia		
Government		
☐ Industry/For-Profit		
☐ Not-for-profit		
Not Applicable		
Other Sector(please specify)		
What duties will your job include? Please m	ark all that apply:	
☐ Administrative	Clinical	☐ Communications

☐ Not Applicable Other (please specify) Next Prev

 $\ \square$  Intellectual Property

Research

## Exit Survey Part 2: Assess your Experience

OMB Burden Statement | OMB No: 0925-XXXX Expiration Date: xx/xx/20xx

75%

### Mentoring Relationship

How well did your mentor do the following within your Laboratory/Branch/Office?	Excellent	Good	Fair	Poor	Don't Know
COMMUNICATE EFFECTIVELY					
Communicated openly, frequently, and respectfully with you.	0	0	0	0	0
Provided consistent, timely, and honest feedback.	0	0	0	0	0
Encouraged open discussion about ideas.	0		0	0	0
Listened carefully and discussed concerns.	0		0	0	0
Comment:					
					li li
FOSTER A SUPPORTIVE ENVIRONMENT					
Maintained a relationship based on trust and mutual respect.	0		0	0	0
Provided a workplace free from harassment.	0	0	0	0	0
Familiarized you with standard operating procedures and assisted you to navigate your organization.		0		0	0
Understood your unique situation and mentored you accordingly.	0		0	0	0
Set clear expectations.	0	0	0	0	0
Connected you with the colleagues and resources needed to do your work.	0		0	0	0
Supported your success and helped you achieve your career goals.	0		0	0	0
Reviewed your work thoughtfully and carefully.	0		0		
Comment:					
					//
PROMOTE YOUR PROFESSSIONAL DEVELOPMENT					
Reviewed your progress regularly and discussed any problems you encounter.	0		0	0	0
Supported your attendance at training events to help you with your work and career goals.	0		0	0	0
Identified and encouraged networking opportunities.	0		0	0	0
Comment:					
Do you have any additional comments about your mentoring relationship?					
					/
When I received PROJECT-based feedback from my mentor:					
The frequency of the feedback was:					
Too Infrequent  Just right  Too frequent					
The quality of the feedback was:					
© Excellent © Good © Fair © Poor					
When I received CAREER-based feedback from my mentor:					
The frequency of the feedback was:					
Too Infrequent  Just right  Too frequent					
The quality of the feedback was:					
Excellent Good Fair Poor					

## Exit Survey Part 2: Assess your Experience

100%

ow satisfied were you with your training experience at NCI?									
<ul><li>Very satisfied</li><li>Somewhat satisfied</li><li>Somewhat dissatisfied</li><li>Very dissatisfied</li></ul> Comment:									
Fo what extent do you agree or disagree with the following statements about your experience at the NCI?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree					
in general, I liked the people with whom I worked most closely.			0	0					
felt the work I did was important.	0	0	0	0					
felt my work contributions were valued.	0		0	0					
n general, I looked forward to coming to work at NCI.	0	0	0						
had the basic tools, equipment, and resources needed to do my job.	0	0	0	0					
obtained the training required to do my job.	0	0	0						
received opportunities to expand my skills in my position.	0	0	0	0					
received training that prepared me for my next position or future career.	0	0	0	0					
Comment:  /hat were the most beneficial aspects of your training experience?									
/hat were the most challenging aspects of your training experience?									
/hat were the most challenging aspects of your training experience?	aining, professio	nal development a	and overall experie	nce?					