

Exit Survey Part 2: Assess your Experience

[OMB Burden Statement | OMB No: 0925-XXXX Expiration Date: xx/xx/20xx](#)



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

OMB Burden Statement

OMB No.: 0925-XXXX

Expiration Date: xx/xx/20xx

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25%

Basic Information

Please select the fellowship program(s) in which you participated. Please mark all that apply.

**Cancer Research Training Award (CRTA) Fellow (US Citizens and Permanent Residents):**

- Summer Intern
- Postbaccalaureate Fellow – Bachelor Level
- Postbaccalaureate Fellow – Master Level
- Graduate Student – Master Level
- Graduate Student – Doctoral Level
- Postdoctoral Fellow
- Cancer Prevention Fellow

**Visiting Fellow (on a training visa)**

- Graduate Student - Doctoral Level
- Predoctoral Fellow
- Postdoctoral Fellow

**Federal Employee (FTE)**

- Research Fellow/ Clinical Fellow

ORISE Fellow

Not Applicable

Other (please specify)

Please select the most recent position you held at NCI:

--Select--

Please select your highest education level:

--Select--

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50%

### Future Plans

Please select the reason(s) for your departure:

- Taking professional scientific position
- Going to school/doing additional training
- Voluntary resignation related to my research
- Voluntary resignation related to personal reasons
- Involuntary separation
- Changing career
- Other (please specify)

Are you pursuing additional education/training?

- Master Degree
- Doctoral Degree
- Medical Degree
- Clinical Training
- Not Applicable
- Other (please specify)

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)

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) |   |

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75%

**Mentoring Relationship**

How well did your mentor do the following within your Laboratory/Branch/Office?	Excellent	Good	Fair	Poor	Don't Know
<b>COMMUNICATE EFFECTIVELY</b>					
Communicated openly, frequently, and respectfully with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided consistent, timely, and honest feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged open discussion about Ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listened carefully and discussed concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comment:**

<b>FOSTER A SUPPORTIVE ENVIRONMENT</b>					
Maintained a relationship based on trust and mutual respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided a workplace free from harassment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarized you with standard operating procedures and assisted you to navigate your organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understood your unique situation and mentored you accordingly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set clear expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connected you with the colleagues and resources needed to do your work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported your success and helped you achieve your career goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reviewed your work thoughtfully and carefully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comment:**

<b>PROMOTE YOUR PROFESSIONAL DEVELOPMENT</b>					
Reviewed your progress regularly and discussed any problems you encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported your attendance at training events to help you with your work and career goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified and encouraged networking opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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

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100%

Overall Experience

How satisfied were you with your training experience at NCI?

- Very satisfied  
  Somewhat satisfied  
  Somewhat dissatisfied  
  Very dissatisfied

Comment:

To 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt the work I did was important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt my work contributions were valued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I looked forward to coming to work at NCI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had the basic tools, equipment, and resources needed to do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I obtained the training required to do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received opportunities to expand my skills in my position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received training that prepared me for my next position or future career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment:

What were the most beneficial aspects of your training experience?

What were the most challenging aspects of your training experience?

Is there anything not mentioned above that could have been done to improve your training, professional development and overall experience?

Would you recommend training at NCI to a friend or colleague?

- Definitely yes  
  Probably yes  
  Maybe  
  Probably not  
  Definitely not

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Decline to Answer

Submit