## **GME Graduate Survey**

## Graduate Medical Education Alumni Survey

(OMB # 0925-0602 expires 11/30/2022)

Please take a few minutes to complete the survey below, which will ask about your current professional experiences and other accomplishments.

Through this survey, the NIH Office of Clinical Research Training and Medical Education (OCRTME) intends to (a) identify opportunities that will enhance the clinical research training we provide and (b) stay better connected with you and the other graduates of our clinical training programs.

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.

\*\*If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.

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

\* 1. Please enter your name below: If you are using a different name than the one you used during training please enter it on the 2nd line:

| Full name during<br>time at NIH |   |
|---------------------------------|---|
| Current name if<br>changed:     |   |
| * 2. In what ye                 | ear did you graduate from your NIH GME Program? |
| O 2010                          |   |
| O 2011                          |   |
| O 2012                          |   |
| O 2013                          |   |

| O 2014       |  |
|--------------|--|
| O 2015       |  |
| ○ 2017       |  |
| O 2018       |  |
| ○ 2019       |  |
| ○ 2020       |  |
| O 2021       |  |
| Other (p     | lease specify)   |
|              |  |
| * 3. What    | is your preferred email address?   |
|              | nich of the NIH ACGME-accredited training programs below rain, if applicable? (See next question for Jointly-Sponsored |
| Accredite    | ed Programs)   |
| O Allergy a  | and Immunology- NIAID  |
| O Anatomi    | c Pathology- NCI   |
| O Combine    | ed Medical Oncology & Hematology- NCI  |
| O Critical ( | Care- CC   |
| O Cytopati   | nology- NCI  |
| O Endocrir   | nology and Metabolism- NIDDK   |
| O Hematol    | ogy- NHLBI   |
| O Hemato     | pathology- NCI   |
| O Hospice    | & Palliative Care- CC/ODDCC  |
| O Infectiou  | s Diseases- NIAID  |
| O Medical    | Biochemical Genetics- NHGRI  |
| O Medical    | Genetics- NHGRI  |
| O Medical    | Oncology- NCI  |
| O Neurolog   | gical Surgery- NINDS   |
| O Pediatrio  | Endocrinology- NICHD   |
| O Psychiat   | ry- NIMH   |
| O Rheuma     | tology- NIAMS  |

| Transfusion Medicine/Blood Banking- CC                                 |
|--|
| O Vascular Neurology- NINDS  |
| O Non-Accredited Program   |
|  |
| 5. In which of the Jointly-Sponsored ACGME-accredited training         |
| programs below did you train, if applicable? (See next question for    |
| Non-Accredited Programs)   |
| ☐ Clinical Neurophysiology   |
| □ Epilepsy   |
| Gastroenterology   |
| ☐ MedStar Georgetown-NIH Neurology Residency Program (MGNNR)           |
| ☐ Pediatric Hematology-Oncology  |
| ☐ Pediatrics/Medical Genetics Residency                                |
| ☐ Pulmonary  |
|  |
| * 6. If you did not train in an NIH ACGME-accredited training Program, |
| please select which non-accredited programs did you train in?          |
| ○ Alcoholism   |
| O Autonomic Disorders  |
| O Brain Imaging  |
| O Cardiac/Cardiovascular Imaging                                       |
| ○ Child Psychiatry   |
| O Clinical Chemistry   |
| ○ Clinical Trial Methodology   |
| O Deafness & Communication Disorders                                   |
| Endocrine Clinical & Research Surgery Fellowship                       |
| ○ Epilepsy   |
| ○ Gastroenterology   |
| ○ Hepatology   |
| O HIV and AIDS Malignancy Research                                     |
| Image-Guided Cardiovascular Intervention                               |
| ○ Immunotherapy  |
| O Medical Retinal Fellowship   |

| O Motor Neuron Disease                               |
|--|
| O Movement Disorders                                 |
| O Muscle Disorder                                    |
| O NIMH Clinical Fellowship                           |
| Nephrology Clinical Research Training                |
| O Neurogenetics                                      |
| O Neuroimmunology and Neurovirology                  |
| O Neuro-Oncology                                     |
| O Neurophysiology (EMG or EEG track)                 |
| O Neurorehabilitation                                |
| O Clinical Neurosciences (Research)                  |
| Opthalmic Genetics & Visual Function                 |
| Reproductive Endocrinology                           |
| ○ Stroke   |
| Surgical Neurology (Non-Accredited)                  |
| O Surgical Oncology                                  |
| O Urologic Oncology Fellowship                       |
| O Uveitis & Ocular Immunology                        |
| NIDCR Clinical Research Fellowship                   |
| NA/Accredited Program                                |
| Other (please specify)                               |
|  |
|  |
| * 7. What professional degrees do you hold?          |
| □ MD.  |
| □ PhD.   |
| □ J.D.   |
| ☐ Master's   |
| ☐ Other:   |
|  |
| * 8. Please list your ABMS (Board) certification(s): |
|  |

| * 9. Name of your current employer.                     | /institution:                        |
|---|--------------------------------------|
|   |                                      |
| * 10. Employer/Institution type:                        |                                      |
| ○ Academic  |                                      |
| ○ NIH   |                                      |
| O Government Regulatory Agency                          |                                      |
| O Pharmaceutical/Industry                               |                                      |
| Other research  |                                      |
| O Private practice                                      |                                      |
| Other (please explain)                                  |                                      |
|   |                                      |
|   |                                      |
| 11. What is your current academic                       | status/title?                        |
| ○ Dean  |                                      |
| ○ Chair   |                                      |
| ○ Professor   |                                      |
| Associate Professor                                     |                                      |
| O Assistant Professor                                   |                                      |
| ○ Instructor  |                                      |
| O Non-Academic  |                                      |
| Other (please explain)                                  |                                      |
|   |                                      |
|   |                                      |
| <ul> <li>12. Is your current academic apport</li> </ul> | ointment a tenure track position?    |
| ○ Yes   |                                      |
| ○ No  |                                      |
| O Not applicable (do not have an academic app           | pointment)                           |
| * 13. If you selected yes for tenure t                  | track, do you currently have tenure? |
| ○ Yes   |                                      |
| O No, not yet eligible                                  |                                      |
| ○ No  |                                      |

| O Not applicab   | le         |            |                    |                     |                     |                   |           |
|--|------------|------------|--------------------|---------------------|---------------------|-------------------|-----------|
| * 14. Are you  | u current  | ly perfori | ming clir          | nical and           | or trans            | ation res         | search?   |
| ○ Yes  |            |            |                    |                     |                     |                   |           |
| ○ No   |            |            |                    |                     |                     |                   |           |
| Other (please  | e specify) |            |                    |                     |                     |                   |           |
|  |            |            |                    |                     |                     |                   |           |
|  |            |            |                    |                     |                     |                   |           |
| * 15. If you a   |            |            |                    |                     |                     |                   | urrent    |
| funding sour   | ces and    | the dolla  |                    |                     |                     |                   | Greater   |
|  | None       | \$50K      | \$51K to<br>\$100K | \$101K to<br>\$250K | \$251K to<br>\$500K | \$501K to<br>\$1M | than \$1M |
| K01 Mentored<br>Research<br>Scientist<br>Development                         | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K08 Mentored<br>Research<br>Scientist<br>Development                         | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K12 Mentored<br>Research<br>Scientist<br>Development                         | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K22 Career<br>Transition<br>Award  | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K23 Mentored<br>Patient<br>Oriented<br>Research                              | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K24 Midcareer<br>Investigator<br>Award in<br>Patient<br>Oriented<br>Research | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K30 Clinical<br>Research<br>Curriculum<br>Award                              | 0          | 0          | 0                  | 0                   | 0                   | 0                 | 0         |
| K99/R00  |            |            |                    |                     |                     |                   |           |

| University O O O O O O O O O O O O O O O O O O O   | Group Program R21 Exploratory Developmental          | 0      | 0                     | 0               | 0 | 0 | 0 | 0 |
|--|--|--------|-----------------------|-----------------|---|---|---|---|
| Private  O O O O O O O O O O O O O O O O O O   | Grant Award<br>Intramural NIH                        | 0      | 0                     | 0               | 0 | 0 | 0 | 0 |
| Private O O O O O O O O O O O O O O O O O O O  |  | 0      | 0                     | 0               | 0 | 0 | 0 | 0 |
| •  | _  | _      | 0                     | 0               | 0 | 0 | 0 | 0 |
| 6. What are the most important clinical research challenges facing yn your career this year? | Private  | 0      |                       |                 |   |   |   |   |
| 17. What is your professional title:   | University Pharmaceutical  6. What are               | the mo | o<br>st impor         | 0               | 0 | 0 | 0 | 0 |
| 18. What are your clinical and/or research interests?  | University Pharmaceutical  6. What are n your career | the mo | o<br>st impor<br>ear? | o<br>tant clini | 0 | 0 | 0 | 0 |

|                |               | _           |             |             |             |       |
|----------------|---------------|-------------|-------------|-------------|-------------|-------|
| 20. Please lis |               |             | eel free to | copy and    | d paste fro | m you |
| esume or ot    | her docume    | nt.         |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
|                |               |             |             |             |             |       |
| 21. What we    | re the best p | parts of yo | our GME tr  | aining at l | NIH?        |       |
| 21. What we    | re the best   | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best p | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best p | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best p | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best p | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best   | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best   | parts of yo | our GME tr  | aining at   | NIH?        |       |
| 21. What we    | re the best   | parts of yo | our GME tr  | aining at   | NIH?        |       |

| program?       |  |
|----------------|--|
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
| 23. Please pr  | rovide any additional comments about GME or research     |
| raining at the |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                | //   |
|                |  |
| 24. Would y    | ou be willing to serve as a resource for current NIH GMI |
| rainees who    | seek to learn from your professional experiences?        |
| ○ Yes          |  |
| ○ No           |  |
|                |  |
|                |  |
|                | Please Click Here To Complete the Survey                 |
|                |  |
|                |  |
|                |  |