

Data Collection Tool: NEI Exit Survey for Trainees Part 2



Electronic Individual Development Plan(eIDP)

Exit Survey Part 2: Assess your Experience

25%

OMB Burden Statement

OMB NO: 0925-0772

Expiration Date: October 31, 2024

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-XXXX). Do not return the completed form to this address.

Basic Information

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

Intramural Research Training Award (IRTA) 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

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 NEI:

--Select--

Please select your highest education level:

--Select--

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Exit Survey Part 2: Assess your Experience

50%

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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:

- | | | |
|---|---|---|
| ☐ Administrative | ☐ Clinical | ☐ Communications |
| ☐ Consulting | ☐ Intellectual Property | ☐ Project Management |
| ☐ Policy | ☐ Research | ☐ Teaching |
| ☐ Not Applicable | ☐ Other (please specify) | |

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Exit Survey Part 2: Assess your Experience

75%

OMB Burden Statement
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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.	☐	☐	☐	☐	☐
Provided consistent, timely, and honest feedback.	☐	☐	☐	☐	☐
Encouraged open discussion about ideas.	☐	☐	☐	☐	☐
Listened carefully and discussed concerns.	☐	☐	☐	☐	☐
Comment:					
FOSTER A SUPPORTIVE ENVIRONMENT					
Maintained a relationship based on trust and mutual respect.	☐	☐	☐	☐	☐
Provided a workplace free from harassment.	☐	☐	☐	☐	☐
Familiarized you with standard operating procedures and assisted you to navigate your organization.	☐	☐	☐	☐	☐
Understood your unique situation and mentored you accordingly.	☐	☐	☐	☐	☐
Set clear expectations.	☐	☐	☐	☐	☐
Connected you with the colleagues and resources needed to do your work.	☐	☐	☐	☐	☐
Supported your success and helped you achieve your career goals.	☐	☐	☐	☐	☐
Reviewed your work thoughtfully and carefully.	☐	☐	☐	☐	☐
Comment:					
PROMOTE YOUR PROFESSIONAL DEVELOPMENT					
Reviewed your progress regularly and discussed any problems you encounter.	☐	☐	☐	☐	☐
Supported your attendance at training events to help you with your work and career goals.	☐	☐	☐	☐	☐
Identified and encouraged networking opportunities.	☐	☐	☐	☐	☐
Comment:					

Exit Survey Part 2: Assess your Experience

100%

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Overall Experience

How satisfied were you with your training experience at NEI?

☐ 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 NEI?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
In general, I liked the people with whom I worked most closely.	☐	☐	☐	☐
I felt the work I did was important.	☐	☐	☐	☐
I felt my work contributions were valued.	☐	☐	☐	☐
In general, I looked forward to coming to work at NEI.	☐	☐	☐	☐
I had the basic tools, equipment, and resources needed to do my job.	☐	☐	☐	☐
I obtained the training required to do my job.	☐	☐	☐	☐
I received opportunities to expand my skills in my position.	☐	☐	☐	☐
I received training that prepared me for my next position or future career.	☐	☐	☐	☐

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 NEI to a friend or colleague?

☐ Definitely yes ☐ Probably yes ☐ Maybe ☐ Probably not ☐ Definitely not

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