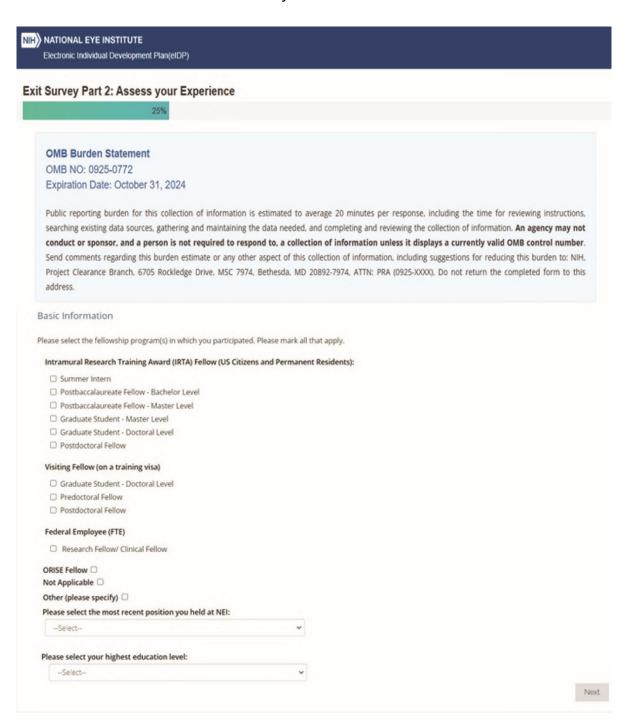
## Data Collection Tool: NEI Exit Survey for Trainees Part 2



	IATIONAL EYE INSTITUTE lectronic Individual Development Plan(eIDP)						
it Survey Part 2: Assess your Experience							
	50%						
	DMB Burden Statement						
	DMB 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.						
	iend 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.						
F	uture Plans						
PI	ease select the reason(s) for your departure:						
	☐ Taking professional scientific position						
1	Going to school/doing additional training						
1	☐ Voluntary resignation related to my research						
1	☐ Voluntary resignation related to personal reasons						
- 1	□ Involuntary separation						
	☐ Changing career						
1	□ Other (please specify)						
A	e you pursuing additional education/training?						
	O Master Degree						
	O Doctoral Degree						
	O Medical Degree						
	O Clinical Training						
	O 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)						

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☐ Administrative

☐ Not Applicable

☐ Consulting

□ Policy

What duties will your job include? Please mark all that apply:

□ Clinical

☐ Research

☐ Intellectual Property

☐ Other (please specify)

Next

☐ Communications

☐ Teaching

☐ Project Management

Electronic Individual Development Plan(eIDP)

## Exit Survey Part 2: Assess your Experience

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OMB Burden Statement OMB NO: 0925-XXXX Expiration Date: XX/XX/XXXX

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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.	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	0
Listened carefully and discussed concerns.	0	0	0	0	0
Comment:					
TOTAL A SUPPLEMENT FAMILIA ANNIENT					/.
Maintained a relationship based on trust and mutual respect.	0	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	0	0
Understood your unique situation and mentored you accordingly.	0	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	0
Supported your success and helped you achieve your career goals.	0	0	0	0	0
Reviewed your work thoughtfully and carefully.	0	0	0	0	0
Comment:					
PROMOTE YOUR PROFESSSIONAL DEVELOPMENT					//
Reviewed your progress regularly and discussed any problems you encounter.	0	0	0	0	0
Supported your attendance at training events to help you with your work and career goals.	0	0	0	0	0
Identified and encouraged networking opportunities.	0	0	0	0	0

OMB Burden Statement OMB NO: 0925-0772 Expiration Date: October 31, 2024				
Public reporting burden for this collection of information is estimated to average searching existing data sources, gathering and maintaining the data needed, and conduct or sponsor, and a person is not required to respond to, a collection of Send comments regarding this burden estimate or any other aspect of this collection of the co	completing and revie of information unle tion of information,	ewing the collection ess it displays a cu including suggestion	of information. Ar rrently valid OMB ons for reducing th	agency may not control number his burden to: NIH,
Overall Experience				
iow satisfied were you with your training experience at NEI?  Very satisfied Somewhat satisfied Somewhat dissatisfied Very Comment:	dissatisfied			
To what extent do you agree or disagree with the following statements about you experience at the NEI?	r Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
in general, I liked the people with whom I worked most closely.	0	0	0	0
felt the work I did was important.	0	0	0	0
feit my work contributions were valued.	0	0	0	0
in general, I looked forward to coming to work at NCI.	0	0	0	0
had the basic tools, equipment, and resources needed to do my job.	0	0	0	0
	0	0	0	0
obtained the training required to do my job.	0	0	0	0
	0	0	0	0
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.				
received apportunities to expand my skills in my position.				
received opportunities to expand my skills in my position.				
I received opportunities to expand my skills in my position.  I received training that prepared me for my next position or future career.  Comment:				
received opportunities to expand my skills in my position.				

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

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O Definitely yes O Probably yes O Maybe O Probably not O Definitely not