**Alumni Survey Template**

1. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Name** |  |
| **Current Address** |  |
| **Email Address** |  |
| **Residency/Fellowship Program Name** |  |
| **Year Program Completion** |  |

1. Did you enter a fellowship following graduation?  Yes  No

If YES, please indicate the field of study and where training was completed:

|  |
| --- |
|  |

1. Board Certification (list all held and dates received):

|  |
| --- |
|  |

1. **CURRENT PRACTICE SETTING**
2. How would you describe your current practice setting?

Academic

Fellowship

Governmental

HMO

Multispecialty Group

Pharmaceutical

Single Specialty Group

Solo Practice

Other (specify)

1. How would you describe the area in which you practice?

Rural

Suburban

Urban

1. Are you involved in clinical research?  Yes  No
2. **ACGME COMPETENCIES**

SD= Strongly Disagree; D= Disagree; N= Neutral; A= Agree; SA= Strongly Agree; NA = Not Applicable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SD** | **D** | **N** | **A** | **SA** | **NA** |
| **SYSTEMS-BASED PRACTICE** | | | | | | |
| 1. My residency program taught me how to collaborate with ancillary staff when treating a patient. |  |  |  |  |  |  |
| 1. I learned how to practice cost-effective clinical care. |  |  |  |  |  |  |
| 1. My residency program prepared me to face the business aspects of medicine. |  |  |  |  |  |  |
| **PROFESSIONALISM** | | | | | | |
| 1. I learned about cultural sensitivity during my residency. |  |  |  |  |  |  |
| 1. My residency program encouraged self-directed learning. |  |  |  |  |  |  |
| 1. My residency program emphasized high ethical standards. |  |  |  |  |  |  |
| **INTERPERSONAL & COMMUNICATION SKILLS** | | | | | | |
| 1. My residency program taught me how to effectively communicate with patients and family members. |  |  |  |  |  |  |
| 1. My residency program encouraged me to sustain a therapeutic relationship with my patients. |  |  |  |  |  |  |
| 1. I learned how to work in a collegial manner with other health care team members. |  |  |  |  |  |  |
| **PATIENT CARE/CLINICAL SKILLS** | | | | | | |
| 1. I learned how to gather accurate patient information. |  |  |  |  |  |  |
| 1. I learned how to educate patients. |  |  |  |  |  |  |
| 1. I learned how to perform an accurate physical exam. |  |  |  |  |  |  |
| 1. I learned essential procedures/operative skills relevant to my specialty. |  |  |  |  |  |  |
| **PRACTICE-BASED LEARNING & IMPROVEMENT** | | | | | | |
| 1. I learned how to access on-line medical information. |  |  |  |  |  |  |
| 1. I learned how to apply evidence-based medicine in clinical practice. |  |  |  |  |  |  |
| 1. I learned how to identify opportunities for self-improvement. |  |  |  |  |  |  |
| **MEDICAL KNOWLEDGE** | | | | | | |
| 1. I developed an adequate fund of medical knowledge. |  |  |  |  |  |  |
| 1. I learned how to apply my knowledge base in a clinical context. |  |  |  |  |  |  |

1. **GRADUATE'S PERCEPTION: THE RELEVANCY OF RESIDENCY TRAINING**
2. What resident training experience(s) did you find most useful in your current practice/fellowship?

|  |
| --- |
|  |

1. What training experience(s) did you find least useful in your current practice/fellowship?

|  |
| --- |
|  |

1. Now that you have been practicing/working in a fellowship, have you identified any deficiencies in your residency training?

|  |
| --- |
|  |

1. What is your opinion of the relevancy of your residency training to your current practice/fellowship?

|  |
| --- |
|  |

1. Do you have suggestions for developing/strengthening the residency curriculum based on your experiences?

|  |
| --- |
|  |

1. Compared to your current peer group, how would you rate your overall clinical performance?

Below the level of my peer group

At the same level of my peer group

Above the level of my peer group

1. If you could go back in time, would you choose the Program again?   
     Yes  No
2. Would you recommend the Program to others?  Yes  No