**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