

Summer Internship 2009
 Center for Reproductive Medicine
 Cleveland Clinic

Course Evaluation Sheet

Name: <i>Adriana Braga</i>	Employee Number: <i>C06885</i>
Appointment Dates: From: <i>05/18</i> To: <i>06/23</i>	
Permanent Address: <i>Rua Washington Luiz nº145, Diadema - São Paulo, CEP 09910-190</i>	
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Academic background:								
High School:	Junior	<input type="checkbox"/>	Senior	<input type="checkbox"/>				
Undergraduate:	Freshman	<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Senior	<input type="checkbox"/>
Graduate:	Year 1	<input type="checkbox"/>	Year 2	<input type="checkbox"/>	Year 3	<input type="checkbox"/>	Year 4	<input checked="" type="checkbox"/>
Medical School:	Year 1	<input type="checkbox"/>	Year 2	<input type="checkbox"/>	Year 3	<input type="checkbox"/>	Year 4	<input type="checkbox"/>
Duration of your stay in our Center:								
Less than 4 weeks	<input type="checkbox"/>	8 weeks	<input type="checkbox"/>	More Than 8 weeks	<input type="checkbox"/>			
<i>Less than 6 weeks</i>								

How did you hear about this internship?

- School Counselor
- School Posting
- Internet
- Center website
- Colleagues
- Other (please specify) _____

How would you rate the Electronic Literature Search Training?

Very helpful [] Helpful Not helpful []

How would you rate the access to Online Scientific Journals?

Very helpful Helpful [] Not helpful [] Not applicable []

Have you had prior training in scientific writing?

Yes [] No

If Yes, where was it published?

School magazine	[]	Lab report	[]
Journal	[]	Book	[]

Did you attend a scientific writing course offered by our program?

Yes No *to wrong*

If Yes, How did it help you in the following?

Writing of original articles (scientific manuscripts):

Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	Not helpful <input type="checkbox"/>	Not applicable <input type="checkbox"/>
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Writing of review articles/ book chapters):

Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	Not helpful <input type="checkbox"/>	Not applicable <input type="checkbox"/>
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Review of scientific articles for various journals:

Very helpful <input type="checkbox"/>	Helpful <input type="checkbox"/>	Not helpful <input type="checkbox"/>	Not applicable <input checked="" type="checkbox"/>
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Please comment on the top 5 Speakers:

Lectures	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Speaker 1 (Name): Alan Lichten					
Title: Role of Institutional Review board					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 (Name): Keya Akayde					
Title: Basic set-up of a clinical toxicology laboratory					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 (Name): Somato Falcone					
Title: Seminars on female infertility					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 4 (Name): Sheryl Kingsberg					
Title: Female sexual disorders					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 (Name): Ahma Boghib					
Title: medical management of mast in facility					

Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional comments on faculty members

All of them are very helpful and attentive and demonstrate to have a high level of knowledge, motivating the students.

Which Lab tours you attended:

- Anthology lab A. Name of the Lab
- _____ B. Name of the Lab
- _____ C. Name of the Lab
- _____ D. Name of the Lab
- _____ E. Name of the Lab
- _____ F. Name of the Lab
- _____ G. Name of the Lab

Please rate the lab tour based on content, clarity, relevance and timeliness:

Lab Tour	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
A. Lab: <u>Anthology</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about this Lab tour?

The possibility to know how the processes are conducted and make a connection of what we read and how it is applied.

What did you dislike about this Lab tour?

I have no negative comments about the lab tour.

Did you attend any surgeries?

- _____ A. Name of the Surgeon
- _____ B. Name of the Surgeon
- _____ C. Name of the Surgeon
- _____ D. Name of the Surgeon
- _____ E. Name of the Surgeon

Please rate your surgical experience:

Surgeries	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
A. Name of the Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Name of the Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Name of the Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Name of the Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Name of the Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about the surgery?

Which lab demonstrations did you attend?

- Oxidative stress measurement _____ A. Name of the demonstration
- _____ B. Name of the demonstration
- _____ C. Name of the demonstration
- _____ D. Name of the demonstration

E. Name of the demonstration

Please rate the lab demonstrations based on expertise, content, ease in understanding:

Lab Demonstrations	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
A. Name of the demonstration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Name of the demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Name of the demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Name of the demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Name of the demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about these lab demonstrations?

How the way they pass us the information. The mentors did it in a very clear and simple way.

How will you rate your experience in the following?

Topic	Excellent	V Good	Good	Fair	Poor	N/A
Orientation procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>excellent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internship Evaluation Form

Support from Research mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from Research Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive regular & constructive feedback by staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the staff listen to your concerns and helped you	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of mentors to assist you	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lectures by CCF faculty and other speakers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture topics appropriate for learning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of scientific talks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to observe bench research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunity to meet & interact with physicians and surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunity to attend surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Opportunity to visit other labs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to interact with other interns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall assessment of our program (please cross one):

1. Was your Summer Internship period adequate?		
Too Long <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Too short <input type="checkbox"/>

2. Did your experience in our program help in improving your skills and scientific knowledge?			
Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>
3. Did our program help you in improving your public speaking and communication skills?			
Very helpful <input type="checkbox"/>	Helpful <input checked="" type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>
4. Did the program help you in writing high quality research articles?			
Very helpful <input checked="" type="checkbox"/>	Helpful <input checked="" type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>
5. To what extent was the training helpful in meeting your goals?			
Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>
6. How will you recommend this program to other candidates looking for similar training?			
Highly recommend <input checked="" type="checkbox"/>	Recommend <input type="checkbox"/>	Not recommend <input type="checkbox"/>	Not sure <input type="checkbox"/>

How do you rate the social interaction in the research program (celebration of birthdays, recognition of various interns for their work, interaction with various researchers, speakers, etc.)?

Excellent <input checked="" type="checkbox"/>	Very good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Not sure <input type="checkbox"/>
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Mention some of the important projects, assignments completed by you during your tenure:

not applicable.

Provide some specific suggestions to further improve the internship training program:

What was the most effective aspect(s) of internship and why?

1. Improvement of knowledge because they built an environment dedicated to the study.
2. Interaction between the students and masters because it helps the students to enlarge their view about their own topics and about the other students topics.

What was the least effective aspect(s) of internship and why?

1. I don't have any negative comment.
2. _____

As a result of what you learned in this Internship, will it help you select a career in?

- Medicine OB/GYN UROLOGY Reproductive Medicine
- Very likely Likely Some what likely Not sure

If so please list specific attributes of this internship helped you arrive to this decision: Improvement of knowledge as well as reading and writing skills and the quantity of topics that can be studied and researched, what gives the possibility of amazing discoveries and a large contribution to the area.

Would you recommend this internship to your colleagues: Yes No

Please rate the following factors in order of importance in deciding to attend this internship (1 being the most important?)

Internship	1	2	3	4	5
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Internship Evaluation Form

Program Goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Interview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive Center website information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation of Cleveland Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of the Course	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation of Faculty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback by Center Alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you consider as an appropriate internship course fee for future candidates?

\$750 \$1,000 \$1,500 \$2,000 \$3,000 \$5,000

Thank you for taking the time to complete this evaluation

Your comments will be reviewed and are appreciated

Name: Adriana Braga

Signature/ Date: 00-23-09 Adriana Braga