

Summer Internship 2009
 Center for Reproductive Medicine
 Cleveland Clinic

Course Evaluation Sheet

Name: <i>Sarah Brickner</i>	Employee Number: <i>C07604</i>
Appointment Dates: From: <i>6/1/09</i> To: <i>7/24/09</i>	
Permanent Address: <i>34 Goldenwood Ave Lexington OH 44904</i>	
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Academic background:								
High School:	Junior	<input type="checkbox"/>	Senior	<input type="checkbox"/>				
Undergraduate:	Freshman	<input type="checkbox"/>	Sophomore	<input checked="" 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 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 checked="" type="checkbox"/>	More Than 8 weeks	<input type="checkbox"/>			

How did you hear about this internship?

- School Counselor
- School Posting
- Internet
- Center website
- Colleagues
- Other (please specify) friend in med school

How would you rate the Electronic Literature Search Training?

Very helpful [] Helpful [] Not helpful []

How would you rate the access to Online Scientific Journals?

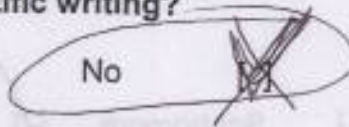
Very helpful [] Helpful [] Not helpful [] Not applicable []

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



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

Writing of original articles (scientific manuscripts):

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

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

Very helpful []	Helpful <input checked="" type="checkbox"/>	Not helpful []	Not applicable []
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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): <i>Christina Sol</i>					
Title: <i>Sexually Transmitted Diseases</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 (Name): <i>Holly Thacker</i>					
Title: <i>Holly Thacker</i> <i>Menopause: Symptoms & Management</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 (Name): <i>Rakesh Sharma</i>					
Title: <i>Role of Oxidative stress in Male Infertility</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 4 (Name): <i>Ahmed Ragheb</i>					
Title: <i>Surgery for Male Infertility</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 (Name): <i>Jeffrey Golden</i>					
Title: <i>In Vitro fertilization: an update</i>		<input checked="" type="checkbox"/>			

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

For the most part, speakers had great enthusiasm and demonstrated exceptional knowledge.

Which Lab tours you attended:

- ~~Talk of ...~~ A. Name of the Lab → Biomed engineering
- ~~...~~ B. Name of the Lab → Biomechanics
- ~~...~~ C. Name of the Lab → Flow Core Lab
- ~~...~~ D. Name of the Lab → ~~Proteronomics~~ → Proteronomics
- ~~...~~ E. Name of the Lab → mass spectrometry
- Hybridoma Core Lab F. Name of the Lab
- Embryo/oocyte vitrification 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: Proteronomics Biomed engineering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lab: Biomechanics Biomechanics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lab: Flow Core Lab Flow Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Lab: Proteronomics Proteronomics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lab: mass spect mass spect	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Lab: Hybridoma Hybridoma Core Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Lab: Embryo/oocyte vitrification Embryo/oocyte vitrification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about this Lab tour?

Lab tours techniques were interesting. Got to see hands on I enjoyed seeing details to a broader aspect of

reproducing medicine and it brought me to a realization of all the details that go into reproductive research and medicine.

What did you dislike about this Lab tour?

Length - could be shortened to 40 min.

Did you attend any surgeries?

- Sabanegh 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 <u>Sabanegh</u>	<input checked="" 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?

Dr. Sabanegh is very informative and knows what he's doing. He makes sure to have the other staff in the OR explain their jobs to. He is skilled and personable.

Which lab demonstrations did you attend?

- Lab demo: Anesthesiology Tech 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 <i>Embryo Verification</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Name of the demonstration <i>Lab Demo 2 Explanation of Andrology Test</i>	<input checked="" 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?

Very informative and interactive. I liked the hands on experience.

How will you rate your experience in the following?

Topic	Excellent	V Good	Good	Fair	Poor	N/A
Orientation procedure	[]	[]	[X]	[]	[]	[]
Center policies	[X]	[]	[]	[]	[]	[]
Center environment	[X]	[]	[]	[]	[]	[]
Center facilities	[]	[X]	[]	[]	[]	[]

Internship Evaluation Form

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

Writing on Oxidative Stress & female reproduction.
Completing & presenting a talk on this topic.

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

Decrease # of lectures so we can be more focused on each lecture & retain more of the information.

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

1. meeting with mentors & learning about the writing process
2. quality lectures

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

1. too long of lectures
2. some lecture topics were not as relevant/were too detailed to get much from them.

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:

The positive feedback from physicians expressing their satisfaction in what they do to help bring people and improve their standards of living

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Interview	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reputation of Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feedback by Center Alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

SARAH BRICKNER

Signature/ Date:

Sarah Brickner 7/20/09