

Summer Internship 2009
 Center for Reproductive Medicine
 Cleveland Clinic

Course Evaluation Sheet

Name: <u>Jooyeon Lee.</u>	Employee Number: <u>CO 0737.</u>
Appointment Dates: From: <u>June 15 2009.</u> To: <u>Aug 3, 2009.</u>	
Permanent Address: <u>333 Westminister Ave Suite 204, LA CA 90020</u>	
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Academic background:

High School: Junior Senior

Undergraduate: Freshman Sophomore Junior Senior

Graduate: Year 1 Year 2 Year 3 Year 4

Medical School: Year 1 Year 2 Year 3 Year 4

Duration of your stay in our Center:

Less than 4 weeks 8 weeks More Than 8 weeks

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

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

Very helpful []	Helpful []	Not helpful []	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): Sylvia Morrison					
Title: Successful Public Speaking					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 (Name): Dr. Kristine Sole					
Title: Sexually Transmitted Diseases, Contraception.					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 (Name): Dr. Sairal Gupta					
Title: Role of oxidative stress in female infertility					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 4 (Name): Dr. Kima Datta					
Title: Autosomal and Sex Chromosomal Abnormalities					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 (Name): Dr. Adi Mehta					
Title: Metabolic Syndrome					

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

All Faculty members were very kind and easy to talk to. They created very interactive friendly environment where you can ask any questions.

Which Lab tours you attended:

- Computational Biomodeling A. Name of the Lab
- Cap and Biomechanics Lab B. Name of the Lab
- Hybridoma Core Lab C. Name of the Lab
- Flow Core Lab D. Name of the Lab
- Proteomics Lab E. Name of the Lab
- Molecular Biology 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: Biomodeling And Biomechanics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lab: Flow Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lab: Proteomics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Lab: Molecular Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lab: Hybridoma Core Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?

I was able to observe real cutting edge labs and get chances to talk to the scientists.

What did you dislike about this Lab tour?

Dividing up the groups and going on a tour at different times
caused some confusions

Did you attend any surgeries?

Prostatectomy A. Name of the Surgeon Dr. Klein
Uniportal Laparoscopic Surgery B. Name of the Surgeon Dr. Jihad Kaouk
 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>Dr. Eric Klein</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Name of the Surgeon <u>Dr. Kaouk</u>	<input checked="" 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?

I was able to observe cutting edge ^{Laparoscopic} uniportal surgery
which has been only done on \approx 200 patients at the clinic. Nurses,
Residents and physicians were very kind and explained ^{about} the procedures
whenever they had chance.

Which lab demonstrations did you attend? N/A.

 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 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 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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to attend surgical procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	Helpful <input 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 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:

1) Role of oxidative stress in PCOS

2) Role of genetics in azoospermia.

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

The size of group (~20-25 people) were very good. Having bigger size of group might challenge the quality of experiences at this program. ~~saline and family environment~~

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

1. Exposure to top quality facilities at Cleveland Clinic.
2. Interactions with mentors, fellow interns and surgeons/scientists at Cleveland Clinic.

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

1. Frequent changes in lecture schedules.
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: Interactions with physicians and fellow interns were very inspiring and pushed me to work harder.

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

Internship Evaluation Form

Program Goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reproductive Center website information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation of Cleveland Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation of Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Jooyeon Lee

Signature/ Date:  July 21, 2009