

Summer Internship 2009
Center for Reproductive Medicine
Cleveland Clinic

Course Evaluation Sheet

Name: <i>Brandon J. D. Rein</i>	Employee Number: <i>C08736</i>
Appointment Dates: From: <i>6/15/09</i> To: <i>8/3/09</i>	
Permanent Address: <i>4888 Cascade Dr. Powell, Ohio 43065</i>	
Phone: <i>(740) 415-6615</i>	E-mail: <i>Brandon.J.Rein.1@ohio.edu</i>

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 []	Helpful []	Not helpful <input checked="" type="checkbox"/>	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>Dr. Maria Semineri, MD</i>					
Title: <i>Plastic Surgery Research Section Head (Face Transplant Program @ CCF)</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 (Name): <i>Dr. Kristine Selk MD</i>					
Title: <i>Associate Staff, OB/GYN and Women's Health Institute (STIs)</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 (Name): <i>Sylvia Morrison</i>					
Title: <i>Director of Marketing (Successful Public Speaking)</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 4 (Name): <i>Dr. Edward Sabrooch, MD</i>					
Title: <i>Director, Center for Male Infertility (Microsurgical Advances in Male Infertility)</i>					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 (Name): <i>Dr. Adi Mantu, MD</i>					
Title: <i>Staff, Endocrinology and Metabolism Institute (Metabolic Syndrome)</i>					

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

The majority of faculty members were exceptional in their lectures. They were helpful and always willing to answer questions.

Which Lab tours you attended:

- Andrology A. Name of the Lab
- Biomedical Engineering B. Name of the Lab
- Proteomics C. Name of the Lab
- Mass Spectrometry D. Name of the Lab
- Molecular Biology E. Name of the Lab
- Biomechanics 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: <i>Andrology</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lab: <i>Biomedical Engineering</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lab: <i>Proteomics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Lab: <i>Mass Spectrometry</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lab: <i>Molecular Biology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Lab: <i>Biomechanics</i>	<input checked="" 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 best lab tours had demonstrations and were willing to answer questions throughout. They also constantly engaged the group.

What did you dislike about this Lab tour?

Some tours did not provide any sort of demonstration to show what they do in their labs. Other lab guides were difficult to understand and did not engage the group.

Did you attend any surgeries?

- Dr. Edmund Sabanoch, MD A. Name of the Surgeon
- Dr. Klein, MD 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 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 checked="" 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?

At every point of the surgery, Dr. Sabanoch explained what he was doing, why he was doing it and answered my questions throughout. Following the surgery, I really enjoyed learning how to suture from one of his residents.

Which lab demonstrations did you attend?

- Suture Analysis 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	[]	[]	[]	<input checked="" type="checkbox"/>	[]	[]
Center policies	[]	<input checked="" type="checkbox"/>	[]	[]	[]	[]
Center environment	[]	<input checked="" type="checkbox"/>	[]	[]	[]	[]
Center facilities	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive regular & constructive feedback by staff	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture topics appropriate for learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to visit other labs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

- Writing review ^{article} about molecular genetic markers in Ovarian Cancer
- Writing review article about male infertility being a forerunner of cancer
- Assisting/mentoring a high school student on a manuscript article regarding the relationship between varicocele and sperm morphology in infertile men

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

- Consider scheduling lectures more in blocks to allow for more time that could be utilized to work on research projects
- Move the "Writing Process" lectures to earlier in the program

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

1. The helpfulness of the staff, and as they were able to answer any question that we/they have had
2. _____

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

1. Multiple meetings, as many of the same aspects were covered many times and interfered with graduation
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:

my surgical experiences, clinic experiences, and interactions among various physicians in and out of lecture has heightened my interest within the field of urology.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of the Course	<input checked="" type="checkbox"/>	<input 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 checked="" 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: Brandon J. D. Rein

Signature/ Date: *Brandon J. D. Rein* 7/22/09