

Summer Internship 2009
 Center for Reproductive Medicine
 Cleveland Clinic

Course Evaluation Sheet

Name: Rathna S. Shenoy	Employee Number:
Appointment Dates: From: 6/15/09 To: 8/03/09	
Permanent Address: 4723 Prestwick Crossing Westlake, OH 44145	
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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 type="checkbox"/>
Medical School:	Year 1	<input checked="" 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) _____

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 []	Not helpful []	Not applicable []
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Writing of review articles/ book chapters):

Very helpful []	Helpful []	Not helpful []	Not applicable []
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Review of scientific articles for various journals:

Very helpful []	Helpful []	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): Kristina Sole					
Title: contraception					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 (Name): Adi Mentha					
Title: metabolic syndrome					
Overall Rating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 (Name): Ahmed Ragheb					
Title: surgery for male infertility					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 4 (Name): SYNIA MORRISON					
Title: Public speaking					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 (Name): Linda Bradley					
Title: Female reproductive disorders					

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

All of the speakers listed were very engaging and were extremely interesting

Which Lab tours you attended:

- | | |
|------------------------------------|--------------------|
| <u>Glickman Urology Tour</u> | A. Name of the Lab |
| <u>Biomedical Engineering tour</u> | B. Name of the Lab |
| <u>Tour of Biomechanics</u> | C. Name of the Lab |
| <u>Hybridoma Lab</u> | D. Name of the Lab |
| <u>Andriology lab</u> | E. Name of the Lab |
| <u>Flow core lab</u> | F. Name of the Lab |
| <u>Proteomics lab</u> | 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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lab:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Lab:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Lab:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lab:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Lab:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What did you like best about this Lab tour?

The first three tours were very good and extremely interesting especially learning about the future techniques that will be around when we are physicians. ~~was~~ ~~extremely~~ was amazing.

What did you dislike about this Lab tour?

The proteomics and flow cyt lab was a little over my head --

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? I think that surgeries need to be divided in another manner. People have been able to attend 4+ surgeries where as others have not attended any. I had hoped to see atleast one OR surgery, but unfortunately this did not happen.

Which lab demonstrations did you attend?

- Flow cytometry _____ 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 Flow cytometry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	[]	[M]	[]	[]	[]	[]
Center policies	[]	[]	[M]	[]	[]	[]
Center environment	[M]	[]	[]	[]	[]	[]
Center facilities	[M]	[]	[]	[]	[]	[]

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 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 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 checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to meet & interact with physicians and surgeons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to attend surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	Very good <input checked="" 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:

I was able to participate in the writing of three different articles as well as
give two different presentations in my time here.

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

Cut down on lectures -- a lot of lectures cover similar material and that time would be better spent doing work on our articles

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

1. Definitely learning how to write articles
2. Learning to work together

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

1. The fact that not all of us got to see surgeries
2. Some of the rows -- like protomics & flow rate because I did not gain anything

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: Some of the lectures especially by OB surgeons has sparked my interest in the field some more. Also doing more research and learning about my topic of endometriosis and related infertility has also greatly helped

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

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Reputation of Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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: Rathna S. Shetty

Signature/ Date: Rathna S. Shetty