

Summer Internship 2009
Center for Reproductive Medicine
Cleveland Clinic

Course Evaluation Sheet

Name: <i>Samer Susan</i>	Employee Number: <i>T80466</i>
Appointment Dates: From: <i>6/1/09</i> To: <i>7/24/09</i>	
Permanent Address: <i>25707 Danielle Drive Westlake, Ohio 44145</i>	
Phone: <i>(440) 364-2017</i>	E-mail: <i>samer.susan@case.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 | <input type="checkbox"/> | Lab report | <input type="checkbox"/> |
| Journal | <input type="checkbox"/> | Book | <input type="checkbox"/> |

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

Please comment on the top 5 Speakers:

Lectures	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Speaker 1 (Name): Dr. Saban egk MD					
Title: Microbiological Advances in Male Infertility					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 2 (Name): Dr. Sole MD					
Title: Contraceptives					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 3 (Name): Dr. Montague MD					
Title: Management of ED in 2009: How Did We Get there					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 4 (Name): Dr. Klein MD					
Title: An Introduction to Gleason Urological and Kidney Institute					
Overall Rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker 5 (Name): Dr. Maria Sieminow MPhD					
Title: Face Transplant Program at CCF					

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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

Which Lab tours you attended:

<u>Flow Core Lab</u>	A. Name of the Lab
<u>Proteomics Lab</u>	B. Name of the Lab
<u>Spectrometry Lab</u>	C. Name of the Lab
<u>Molecular Biology Lab</u>	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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Lab:	<input checked="" 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?

I liked how all the lab tours explained their function as a facility in an applicable manner clinically.

What did you dislike about this Lab tour?

n/a

Did you attend any surgeries?

- Dr. Edmund Sabanezh M.D. A. Name of the Surgeon
- Dr. Eric Klein M.D. B. Name of the Surgeon
- Dr. Andrew Stephenson M.D. 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Name of the Surgeon	<input checked="" 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 liked how the surgeons explained to the interns what they were doing during the procedure.

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	[]	[]	[]	[]	[]	[]
Center policies	[]	[]	[]	[]	[]	[]
Center environment	[]	[]	[]	[]	[]	[]
Center facilities	[]	[]	[]	[]	[]	[]

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

Completed Writing a book chapter on "An Overview of Spermatogenesis"

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

Program Goals

Program Objectives

Program Description

Goals of the Course

Structure of Faculty

Feedback by Student

Other

Provide more resources for working on projects outside of the internship
(ex. Ref Works limitation)

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

- Writing a book chapter since it taught me how to digest scientific information in a simpler manner
- Observing Surgeries since it validated my interests to become a physician

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

- n/a
- n/a

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: Inversion in both scientific writing on a topic in reproductive medicine and observing top physicians performing surgery has confirmed my interests in Urology. The lectures about the many aspects of Urology and reproductive medicine caught my interest. This internship has taught me that as a specialty urology incorporates both surgical and medical interventions, a quality I find attractive since this offers a balance in practicing medicine.

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

	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 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 checked="" type="checkbox"/> (affordable)	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <i>n/a</i>	<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: Samer Susan

Signature/ Date: Samer Susan 7/21/09