

# OCHSNER CLINIC FOUNDATION- GRADUATE MEDICAL EDUCATION

## ALUMNI SURVEY – Graduate AY....

### 1. Which of the Ochsner sponsored training programs did you complete?

<input type="radio"/> Anesthesiology	<input type="radio"/> Internal Medicine
<input type="radio"/> Adult Cardiothoracic Anesthesiology	<input type="radio"/> Cardiology
<input type="radio"/> OB Anesthesiology	<input type="radio"/> Endocrinology
<input type="radio"/> Colon Rectal Surgery	<input type="radio"/> Gastroenterology
<input type="radio"/> Surgery	<input type="radio"/> Electrophysiology
<input type="radio"/> Neurology	<input type="radio"/> Heart Failure Transplant
<input type="radio"/> Obstetrics & Gynecology	<input type="radio"/> Infectious Diseases
<input type="radio"/> Orthopaedic Surgery	<input type="radio"/> Interventional Cardiology
<input type="radio"/> Orthopaedic Sports Medicine	<input type="radio"/> Nephrology
<input type="radio"/> Radiology	<input type="radio"/> Oncology
<input type="radio"/> Urology	<input type="radio"/> Rheumatology
<input type="radio"/> Vascular Surgery	
<input type="radio"/> Podiatry	

### 2. In which of the following practice environments are you currently functioning?

<input type="radio"/> Academic	<input type="radio"/> Partnership	<input type="radio"/> Urban
<input type="radio"/> Fellowship	<input type="radio"/> Research	<input type="radio"/> Other
<input type="radio"/> Full-Time	<input type="radio"/> Rural	
<input type="radio"/> Multi-Specialty Group	<input type="radio"/> Solo	
<input type="radio"/> Part-Time	<input type="radio"/> Suburban	

### 3. Reflecting upon the past year, which of the following best summarizes your opinion of the Ochsner training program you completed?

<input type="checkbox"/>	A great experience – if I had to select residency program again, I would definitely choose this one.
<input type="checkbox"/>	A good experience – if I had to select residency program again, I would probably choose this one.
<input type="checkbox"/>	A neutral experience – if I had to select residency program again, I might or might not choose this one.
<input type="checkbox"/>	A negative experience – if I had to select residency program again, I would probably not choose this one.
<input type="checkbox"/>	A very negative experience – if I had to select residency program again, I would definitely not choose this one.

### 4. Faculty & Educational Content

How sufficient was the <u>supervision</u> you received from faculty and staff in your Ochsner program?				
Extremely	Very	Somewhat/ Sometimes	Slightly/ Rarely	Not at all/ Never
How sufficient was the <u>instruction</u> you received from faculty and staff in your Ochsner program?				
Extremely	Very	Somewhat/ Sometimes	Slightly/ Rarely	Not at all/ Never
Thinking about the faculty and staff in your Ochsner program overall, how <u>interested</u> were they in your residency education?				
Extremely	Very	Somewhat/ Sometimes	Slightly/ Rarely	Not at all/ Never
How satisfied were you with the opportunities your Ochsner program provided for you to participate in <u>research or scholarly activities</u> ?				
Extremely	Very	Somewhat/ Sometimes	Slightly/ Rarely	Not at all/ Never

**5. Subjective appraisal of training experiences:**

PROGRAM	POOR	ADEQUATE	OUTSTANDING
Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Cardiothoracic Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon Rectal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interventional Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics/Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments**

Thank you for your time and effort.  
Sincerely,



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