

## MMMP 2020 Survey

Thank you for participating in a survey to help improve the Minority Medical Mentorship Program (MMMP) and so we can learn where our former interns are in their personal and academic journey. Participation is voluntary and all information you share in this survey will be collected and maintained confidentially. In the future, information from this survey, including quotes, may be presented publicly or published, though it will NOT be linked with names or other identifying information. For questions about this survey, contact Jacquelyn.Hallum@mahec.net, (828) 257-4479 or Sheri.Denslow@mahec.net (MAHEC Research Department). **We are providing a \$25 gift card for your time.**

We appreciate your time and effort and hope that the information we learn will help us improve our program for future participants.

1. High school graduation year:

2. Your gender identity:

- Female
- Male
- Prefer not to answer
- Other

If Other, please specify if you'd like:

3. Your race/ethnicity. Please check all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian
- Other Pacific Islander
- White
- Other
- If Other, please specify if you'd like:

4. Please rate the value:

	Not at all valuable 1	Slightly valuable 2	Moderately valuable 3	Very valuable 4	Extremely valuable 5
... of the MMMP program overall.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... of the MMMP program to <u>your career goals</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How likely would you be to recommend:

	Very unlikely 1	Unlikely 2	Neutral 3	Likely 4	Very likely 5
The MMMP program to an eligible high school student.	<input type="radio"/>				
That other Area Health Education Centers (AHECs) have a program similar to MMMP.	<input type="radio"/>				

6. Please describe the most important ways the MMMP program has influenced you personally.

7. Please specifically describe the most important ways the MMMP program has influenced your career goals.

8. To what extent were the following components of the MMMP program valuable for you:

	Not at all valuable 1	Slightly valuable 2	Moderately valuable 3	Very valuable 4	Extremely valuable 5	Not applicable
Clinical shadowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having mentors of color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cohort interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to a variety of health professionals (library, research, community teams, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The MMMP program increased my:

	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly Agree 5
Awareness of health disciplines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in becoming a medical doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in becoming a non-physician health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to continued mentorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-confidence in my ability to succeed in college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-confidence in my ability to succeed in professional goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to academic resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of college application and financial aid process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of and access to scholarships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly Agree 5
Social support from peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidence to pursue similar opportunities during college or beyond	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to other training opportunities (i.e. interpreter training series, other trainings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional skills (e.g., being timely, taking notes and asking questions during shadowing, professional dress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I think the number of scheduled hours (135 hours) were:

- Too little
- Just right
- Too many

11. Is there anything you would add to or change about the program? If so, please describe below:

**Below, please list information about each degree and/or certification you received after high school OR are in the middle of getting.**

12. Information for Degree/ Certification 1 (or Expected Degree/ Certification):

*Skip if not applicable*

Degree (e.g., AA, BA, CNA)

Subject/ Discipline

Year (or expected year) of completion

13. Information for Degree/ Certification 2 (or Expected Degree/ Certification):

*Skip if not applicable*

Degree

Subject/ Discipline

Year (or expected year) of completion

14. Information for Degree/ Certification 3 (or Expected Degree/ Certification):

*Skip if not applicable*

Degree

Subject/ Discipline

Year (or expected year) of completion

15. Information for Degree/ Certification 4 (or Expected Degree/ Certification):

*Skip if not applicable*

Degree

Subject/ Discipline

Year (or expected year) of completion

16. Are you currently in a health-related career?

- Yes, clinical health-related career where I provide direct care to patients
- Yes, non-clinical health-related career where I don't provide direct patient care, e.g., public health, research, etc.
- No, not in a health-related career
- Other, please specify:

17. Please specify your current job/ career (if currently employed):

18. Do you plan to be in a health-related career in the future?

- Yes, clinical career where I provide direct care to patients
- Yes, non-clinical health-related career where I don't provide direct patient care, e.g., public health, research, etc.
- No, not in a health-related career

19. What are your future career goals?

20. Have you encountered any barriers in reaching your educational and career goals? If so, please describe:

21. Is there anything else you would like to add about the MMMP Program?

**Please click "Next" to make sure your responses are recorded and to link to a contact form to receive your \$25 gift card.**

## MMMP 2020 Survey

Thank you for completing this confidential survey. Please click on the link below to submit your contact information in a separate form so that we can email your gift card and stay in touch with alumni. Names will not be attached to responses:

***If you cannot click on the link below, please copy and paste it into your browser bar.***

**[https://www.surveymonkey.com/r/mmmp\\_2020\\_contactlist2](https://www.surveymonkey.com/r/mmmp_2020_contactlist2)**

22. Real survey response?

Yes

No