***Post-Experience Survey***

1. Unique Identifier Questions
   1. What are the first two letters of your mother’s maiden name?
      1. [\_ \_ 2-alpha]
   2. What is the day of the month that you were born on?
      1. [\_ \_ 2-numeric]
   3. What are the last 4 digits of your cell phone number?
      1. [\_ \_ \_ \_ 4-numeric]
2. Did you attend this experience?
   1. Yes
   2. No
3. Which surgical specialty was this experience associated with (please select all that apply)
   1. Cardiothoracic Surgery
   2. Neurological Surgery
   3. Otolaryngology
   4. Plastic Surgery
   5. Urological Surgery
   6. Vascular Surgery
4. Please indicate the experience that you just participated in
   1. Operating Room Shadowing
      1. [specifically what was the experience—free response]
   2. Clinical Shadowing
      1. [specifically what was the experience—free response]
   3. Technical Skills Clinic (e.g., suturing, knot tying, etc.)
      1. [specifically what was the experience—free response]
5. Please rate the extent to which you agree or disagree with the following statements [Strongly disagree-1, disagree-2, neither disagree or agree-3, agree-4, strongly agree-5]
   1. I enjoyed this experience
   2. This experience met my expectations
   3. The format and pace of this experience were conducive to learning
   4. The experience established and maintained an engaging learning environment
   5. The individuals involved in this experience facilitate discussions to help increase learning/knowledge of the topic at hand
6. As a result of participating in this experience…[Strongly disagree-1, disagree-2, neither disagree or agree-3, agree-4, strongly agree-5]
   1. I know more about this topic than I did before attending this experience
   2. This experience improved my understanding of the practice of the surgical subspecialty
   3. The experience increased my interest in this surgical specialty
   4. I have learned new skills
7. Please reflect on your overall experience, be as specific as possible **without including any personally identifiable information.**
   1. [Free response]