

eSurvey
K08 and K23 Awardee Survey

Please complete the survey below.

CAUTION: Do not press the browser "Back" button or you could lose your work! Thank you!

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Do you consent to participating in this survey?
(please review information sheet below)

Yes
 No

Survey Information Sheet

Awardee Attributes

Awardee Last Name _____

Awardee First Name _____

Age when award began _____

Gender Female
 Male

Race / Ethnicity (check all that apply) White
 Black or African American
 American Indian, Pacific Islander or Alaska Native
 Asian
 Hispanic or Latino
 Other race/ethnicity

If other race/ethnicity, please specify: _____

Did you complete a research fellowship prior to your K award? Yes
 No

What year did you complete residency? (YYYY) _____

What degrees did you hold prior to your award? (check all that apply) MD/DO (or equivalent)
 MS
 MPH
 MA
 MAS
 PhD
 Other degree

If other degree, please specify: _____

What year did you complete your most recent degree? (YYYY) _____

Was your K award primary mentor from emergency medicine? Yes
 No

Was your K award primary mentor from your institution? Yes
 No

Did you have a training award prior to your K award? Yes
 No

Which of the following training awards did you have prior to receiving your individual K award? (check all that apply) EMF career development award
 SAEM training award
 KL2
 K12
 F32
 T32
 NIH LRP
 RWJ
 Other training award

If other training award, please specify: _____

Prior to your K award, did you ever have other federal funding? (NIH, AHRQ, CDC, etc) Yes
 No

What federal institute and what kind of federal award? _____

What role did you have in this federal award? (PI, co-PI, co-investigator, etc) _____

Prior to your K award, did you ever have institutional funding? (departmental, intramural)

- Yes
- No

Prior to your K award, did you ever have non-federal non-institutional funding? (foundation, industry)

- Yes
- No

What organization and what kind of award?

What was your role? (PI, co-PI, co-investigator, etc)

Number of peer-reviewed publications prior to K award?

Did you publish under any other names?

- Yes
- No

Please provide us with the other names you have published under:

Academic title at time of your K award

- None
- Instructor (or equivalent)
- Assistant Professor (or equivalent)
- Associate Professor (or equivalent)
- Professor (or equivalent)

How many times did you apply for an independent K (K08, K23) career development award? (Including your successful award)

Area of research (check all that apply)

- Abdominal/Gastrointestinal
 - Airway Management
 - Alcohol/Drug-Related Emergencies
 - Alternative Therapies
 - Burns
 - Cardiovascular Emergencies
 - Clinical Guidelines
 - Clinical Pharmacology
 - Critical Care
 - Cutaneous Disorders/Dermatology
 - Diagnostic Testing (Non-Imaging)
 - Disaster Medicine
 - Domestic Violence
 - Educational Concepts/Teaching
 - Emergency Medical Services
 - Environmental Emergencies
 - Epidemiology
 - Ethics
 - Genitourinary Emergencies
 - Geriatrics
 - Health Policy/Health Care Delivery
 - Hematologic Emergencies
 - Hyperbaric Medicine
 - Immunologic Disorders
 - Infectious Diseases
 - Informatics
 - Injury Prevention/Injury Control
 - International Emergency Medicine
 - Managed Care
 - Medical Economics
 - Medical Error
 - Medical Imaging
 - Medical Legal Issues
 - Metabolic Disorders
 - Neurology
 - Observation Medicine/Observation Units
 - Obstetrics/Gynecology Ophthalmology
 - Orthopedics/Musculoskeletal Disorders
 - Outcomes/Cost-Effectiveness
 - Pain Management
 - Palliative/End of Life care
 - Pediatrics
 - Public Health
 - Pulmonary/Respiratory
 - Psychobehavioral Emergencies
 - Resuscitation, Neonatal
 - Resuscitation, Out-of-hospital
 - Resuscitation, Pediatric
 - Sexual Assault
 - Sports Medicine
 - Technology Assessment
 - Toxicology
 - Trauma
 - Ultrasound
 - Wound Management/Healing
 - Other area of research
 - If other area of research, please specify:
-

Outcomes

Did you earn a degree during your K award (or expect to)?

- Yes
 No

What degree did you earn during your K award (or expect to)?

- MS
 MPH
 MA
 MAS
 PhD
 Other

If other, please specify:

Number of peer-reviewed publications during and following K award?

Were you awarded a federal R01-type award as a PI/co-PI?

- Yes
 No

What federal institute was your R01-type award from?

What type of federal R01-type award? (check all that apply)

- R01
 DP2
 R23
 R29
 R37
 Other

Please specify other R01-type award:

Have you changed institutions between your K award and your R01-type award?

- Yes
 No

Please provide the name of your academic institution for your R01-type award:

How many R01 applications have you submitted? (0 for never applied)

Have been awarded a non-R01-type federal award as a PI/co-PI?

- Yes
 No

What type of non-R01-type federal award? (check all that apply)

- P01 program projects
 R03
 R15
 R21
 SBIR/STTR (R41, R42, R43, R44, U43, U44)
 cooperative agreements (Us)
 other type

If "other type," what type of mechanism?

Have you changed institutions between your K award and your non-R01-type award?

- Yes
 No

Please provide the name of your academic institution for your non-R01-type award:

How many non-R01-type federal award applications have you submitted? (0 for none)

Since K was awarded, how many times have you been funded as a co-investigator on any federal award? (0 for never)

What percent of your time is currently dedicated to research (0-100)

Why are you no longer conducting research?

How your research is currently supported? (check all that apply)

- HHS Federal (NIH, CDC, AHRQ)
- Other Federal (specify below)
- State
- Industry
- Intramural
- Other Support
- Not Supported

Please specify federal institutes or companies of funding:

What is your current academic title?

- None
- Instructor (or equivalent)
- Assistant Professor (or equivalent)
- Associate Professor (or equivalent)
- Professor (or equivalent)
- Other

If "Other," please specify:

What administrative roles do you currently hold?

- Chair
- Vice-chair
- Research director
- Research fellowship director
- Other
- None

If "Other," please specify:

Please provide the name of your current academic institution

Would you be willing to be interviewed to better understand how you succeeded as an emergency medicine clinical researcher?

- Yes
- No

Thank you, please provide an email address:
