

# 2010 National Physician Survey: Family Medicine Resident Survey

If you are in a medical residency program at a Canadian university, please indicate the category that best applies to you.

- Family Medicine Training Program
- Other Specialty Medicine Training Program

If you are not in a residency program, please indicate your status below.

- I am a physician in practice
- I am a medical student
- Other, *please specify*: \_\_\_\_\_

Please indicate your current status.

- I am a 1st year family medicine resident
- I am a 2nd year family medicine resident
- I am a 3rd year family medicine resident
- Other, *please specify*: \_\_\_\_\_

## A. ABOUT YOU

1. Your year of birth: \_\_\_\_\_

2. You are:

- Male
- Female

3. How many years of POST-SECONDARY education did you complete before beginning medical school? (If you were a student in Quebec, please do not include CEGEP).

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- >10

4. Beyond secondary school, what degrees/ diplomas did you complete prior to entering medical school? *Please check ALL that apply.*

- None
- Diplome d'étude collegial (CEGEP)
- Bachelor of Science
- Bachelor of Arts
- Other Bachelor degree, *please specify field/discipline*: \_\_\_\_\_
- Master's, *please specify field/discipline*: \_\_\_\_\_
- Doctorate, *please specify field/discipline*: \_\_\_\_\_
- Other, *please specify*: \_\_\_\_\_

5a. What year were you awarded your M.D. degree? \_\_\_\_\_

5b. At which university were you awarded your M.D. degree?

- University of British Columbia
- University of Calgary
- University of Alberta
- University of Saskatchewan
- University of Manitoba

- University of Western Ontario
- McMaster University
- University of Toronto
- Northern Ontario School of Medicine (NOSM)
- University of Ottawa
- Queen's University
- Université de Sherbrooke
- Université de Montréal
- McGill University
- Université Laval
- Dalhousie University
- Memorial University
- Other, *please specify country below.*

**If you indicated 'other' above, please specify country: \_\_\_\_\_**

**6a. At which university are you currently registered for your residency medical training?**

- University of British Columbia
- University of Calgary
- University of Alberta
- University of Saskatchewan
- University of Manitoba
- University of Western Ontario
- McMaster University
- University of Toronto
- Northern Ontario School of Medicine (NOSM)
- University of Ottawa
- Queen's University
- Université de Sherbrooke
- Université de Montréal
- McGill University
- Université Laval
- Dalhousie University
- Memorial University

**6b. Please indicate where your residency training is located.**

- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- PE
- NL
- NT
- YT
- NU
- USA
- Other

**6c. Please indicate the number of weeks you have received training as a medical resident in the following settings.**

- Rural hospital \_\_\_\_\_
- Large teaching hospital \_\_\_\_\_
- Office practice in hospital \_\_\_\_\_
- Research unit \_\_\_\_\_
- Small/community hospital \_\_\_\_\_
- Community office practice \_\_\_\_\_
- University \_\_\_\_\_
- Private Clinic \_\_\_\_\_
- Other \_\_\_\_\_

If you indicated weeks for 'other' above, please specify setting. \_\_\_\_\_

**7a. Are you studying at a regional or satellite medical campus?**

- Yes
- No (*Please skip to question 8*)

**7b. If yes, please specify:**

- Full time
- Rotations
- The program discipline (e.g., Pediatrics): \_\_\_\_\_
- The city (e.g., Prince George): \_\_\_\_\_

**8. What led you to select a career in medicine? Please check all that apply.**

- Intellectual stimulation/challenge
- Doctor-patient relationship
- Influence of a mentor
- Influence of my family
- Prestige
- Wide variety of clinical and practice opportunities
- Earning potential
- Research opportunities
- Teaching opportunities
- Opportunity to improve health of population
- Other, *please specify*: \_\_\_\_\_

## B. TRAINING

**9. Please indicate your overall satisfaction with your family medicine residency training program.**

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied

**10. Please indicate your satisfaction with the following at your medical school:**

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	N/A
Mentorship and career counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Size of teams (i.e bedside learning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about practice licensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support groups / Health and Wellness services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to network, social clubs and organizations, medical societies and associations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of physical resources (e.g., call rooms, computer facilities, ward rooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of residents in your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of preceptors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of preceptors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to access electives of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. For the following experiences within your residency training, please indicate:**

- if the specific category of training is/was available
- you intend to provide the following in your medical practice

Training is/was available	Intend to provide the following in my medical practice
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	Training is/was available	Intend to provide the following in my medical practice
Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Coronary care unit (CCU)	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetic medicine	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat (ENT) care	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medicine	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease care	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine	<input type="checkbox"/>	<input type="checkbox"/>
Minor surgery	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics - Intrapartum care	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics - Prenatal/antenatal care	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic care	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>
Alternative/complimentary medicine	<input type="checkbox"/>	<input type="checkbox"/>
Care for substance abusers	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalist care (doctor responsible for hospitalized patients, but not providing post hospital care)	<input type="checkbox"/>	<input type="checkbox"/>
Housecalls	<input type="checkbox"/>	<input type="checkbox"/>
In-patient hospital care (not as hospitalist)	<input type="checkbox"/>	<input type="checkbox"/>
Legal/ medico-legal consultations	<input type="checkbox"/>	<input type="checkbox"/>
Liaison to home care	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>
Occupational/ industrial medicine	<input type="checkbox"/>	<input type="checkbox"/>
Pain management	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation medicine	<input type="checkbox"/>	<input type="checkbox"/>
Rural healthcare	<input type="checkbox"/>	<input type="checkbox"/>

11a. Please indicate if the specific category of training is/was available within your residency training.

	Training is/was available
Communication skills	<input type="checkbox"/>
Ethics and professionalism	<input type="checkbox"/>
Evidence-based medicine	<input type="checkbox"/>
Office management skills	<input type="checkbox"/>
Personal well-being (e.g. responsible work/sleep hours)	<input type="checkbox"/>
Use of information technology for clinical purposes	<input type="checkbox"/>
Canadian health care system and health policy	<input type="checkbox"/>
Collaborative/interdisciplinary care	<input type="checkbox"/>
Hands-on research experience	<input type="checkbox"/>
Hands-on teaching experience	<input type="checkbox"/>
Health advocacy for patients, communities, system, etc.	<input type="checkbox"/>
Health promotion/ disease prevention	<input type="checkbox"/>

11b. Please indicate:

- if specific training on providing care to the following demographic groups was available as part of your residency training
- if you intend to provide care for those demographic groups as part of your medical practice

	Training is/was available	Intend to provide care for the following in my medical practice:
Neonates (<1 month)	<input type="checkbox"/>	<input type="checkbox"/>

	Training is/was available	Intend to provide care for the following in my medical practice:
Infants (1-12 months)	<input type="checkbox"/>	<input type="checkbox"/>
Children (1-11 years)	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents (12-19 years)	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>
Seniors (65+ years)	<input type="checkbox"/>	<input type="checkbox"/>
Other group ( <i>please specify below</i> )	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated 'other group' above, please specify: \_\_\_\_\_

**12. Do you feel that your residency training will provide you with the knowledge and skill required to care for the following?**

**Knowledge**

	Yes	No	Don't know yet
A wide range of common problems in patients in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less common, but life threatening and treatable emergencies in patients in all age groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Skill**

	Yes	No	Don't know yet
A wide range of common problems in patients in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less common, but life threatening and treatable emergencies in patients in all age groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. To what extent would you agree or disagree with this statement: "the academic and the clinical service components of your residency program are balanced"?**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**C. FUTURE PRACTICE**

**14. Once you complete your family medicine residency training, do you plan to:**

**a.i) Continue beyond your residency by undertaking a fellowship position?**

- Yes
- No
- Don't know yet

**a.ii) Continue your residency by undertaking a third year training position?**

- Yes
- No
- Don't know yet

**a.iii) Please indicate which of the following third year training programs you have applied to/ been accepted to:**

	Applied	Accepted
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Care of the elderly	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medicine	<input type="checkbox"/>	<input type="checkbox"/>
Palliative medicine	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Other enhanced skills programs ( <i>please specify below</i> )	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated 'other enhanced skills programs' above, please specify: \_\_\_\_\_

**14. Once you complete your family medicine residency training, do you plan to:**

*(continued)*

**b.i) Practice as a family physician (general practitioner)?**

- Yes
- No
- Don't know yet

**b.ii) Specialize within an area of family medicine?**

- Yes
- No
- Don't know yet

**If yes, please specify:** \_\_\_\_\_

**14. Once you complete your family medicine residency training, do you plan to:**

*(continued)*

**c. Join or set up a practice?**

- I intend to set up a practice
- I intend to join a practice
- I do not intend to join or set up a practice

**c.i) If you intend to join or set up a practice what type of practice set-up would you prefer?**

*Note that a solo or group practice could also include a nurse who does not have her/his own caseload.*

- Solo practice
- Group practice - association (i.e., fee/cost-sharing relationship)
- Group practice - partnership (i.e., fee/cost-sharing; income sharing and financial/medical liability sharing)
- Interprofessional practice (physician(s) and other health professional(s) who have their own caseloads)
- Other (*Please specify below.*)
- Don't know yet

If you indicated 'other' above, please specify: \_\_\_\_\_

**14. Once you complete your family medicine residency training, do you plan to:**

*(continued)*

**d. Have call responsibilities?**

- Yes
- No
- Don't know yet

**e. Practice as a locum?**

- Yes
- No
- Don't know yet

**e.i) Indicate your reasons for wanting to practice as a locum tenens. Check ALL that apply.**

- Financial reasons
- To assess potential future practice location
- Clinical variety
- Filling a service need
- Flexibility/ability to set own schedule
- Other, *please specify:* \_\_\_\_\_

**e.ii) For which patient population(s) do you intend to provide locum tenens care? Check ALL that apply.**

- Inner city
- Urban/ Suburban
- Small town
- Rural
- Geographically isolated/ Remote
- Other, *please specify:* \_\_\_\_\_
- Don't know yet

**14. Once you complete your family medicine residency training, do you plan to:**

*(continued)*

**f. Practice in a hospital setting?**

- Yes
- No
- Don't know yet

**g. Seek an administrative (non-patient care) position?**

- Yes
- No
- Don't know yet

**h. Apply for (a) hospital appointment(s)?**

- Yes
- No
- Don't know yet

**i. Apply for (a) faculty appointment(s)?**

- Yes
- No
- Don't know yet

**14. Once you complete your family medicine residency training, do you plan to:**

*(continued)*

**j. Practice within the same province in which you are currently training?**

- Yes
- No
- Don't know yet

**k. Practice in another province or territory in Canada?**

- Yes
- No
- Don't know yet

**If yes, which province(s)/territory(ies)? Check all that apply.**

- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- PE
- NL
- NT
- YT
- NU

**l. Leave Canada to practice in another country?**

- Yes
- No
- Don't know yet

**If yes, please specify country:**

- USA
- Other, please specify: \_\_\_\_\_

**15a. Are you being actively recruited for a practice location?**

- Yes
- No

**15b. Where are you being recruited to?**

- The community where you are doing your residency
- Other community within the same province
- Other province or territory within Canada
- Canadian Forces Health Services
- USA
- Other, *please specify:* \_\_\_\_\_

**16a. What language(s) can you speak with your patients? Please check all that apply.**

- English
- French
- Other(s), *please specify:* \_\_\_\_\_

**16b. Please describe the population PRIMARILY served by the practice you intend to undertake after completion of residency. Please check ONLY ONE.**

- Inner city
- Urban/Suburban
- Small town
- Rural
- Geographically isolated/Remote
- Cannot identify a primary population
- Other (*Please specify below.*)
- Don't know yet
- I don't intend to be involved in patient care

**If you indicated 'other' above, please specify:** \_\_\_\_\_

**17. Please indicate the types of health care providers with whom you regularly interact. Please check ALL that apply.**

- Family Physicians
- Addiction counsellors
- Chiropodists
- Chiropractors
- Complementary/alternative medicine providers (e.g., acupuncturists, homeopaths)
- Dentists
- Dietitians/nutritionists
- Mental health counsellors
- Midwives
- Nurse practitioners
- Psychiatric nurses
- Other nurses (RN, LPN, RPN)
- Occupational therapists
- Optometrists
- Pharmacists
- Physician assistants
- Physiotherapists
- Psychologists
- Social workers
- Speech-language pathologists

**Other medical specialists. Please specify the three main specialist types with whom you regularly interact:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**18a. What do you think will be factors in having a satisfying and successful medical practice? Check all that apply.**

- A. A specific type of practice environment (e.g., group or multidisciplinary practice, strong support staff), *please specify:*  
\_\_\_\_\_
- B. Ability to achieve balance between work life and personal life
- C. Flexible work hours
- D. Sufficient medical competence to respond to health care needs of my patients
- E. Availability of continuing education resources
- F. Opportunities for research
- G. Opportunities for teaching

- H. Ability to achieve desired income
- I. Availability of electronic health records.
- J. Availability of medical support systems/resources
- K. Availability of relevant patient information at the point of care
- L. Ability to access appropriate care facilities for my patients (e.g., hospital beds, long-term care beds)
- M. Other, *please specify*: \_\_\_\_\_

**18b. Please indicate which of the factors in 18a. is the one most important factor for you to have a satisfying and successful medical practice.**

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M

#### **D. TIME ALLOCATION**

**19. Please indicate in which of the following areas you intend to spend time or participate upon completion of your residency training. *Please check ALL that apply.***

- Teaching/ Education
- Research (including management of research and publications)
- Administration (i.e., management of university program, chief of staff, department head, Ministry of Health, etc.)
- None of the above

#### **E. INFORMATION TECHNOLOGY**

**20a. Have you used or been exposed to electronic medical records to enter/retrieve patient clinical notes during your clinical training?**

- Yes
- No

**20b. If yes, please indicate in which setting(s). *Please check all that apply.***

- Hospital
- Physician office/clinic setting
- Other, *please specify*: \_\_\_\_\_

**21. Would you expect to use electronic medical records to enter/retrieve patient clinical notes instead of paper when you enter into practice?**

- Yes
- No
- N/A – do not intend to provide patient care

**22. What websites do you use for access to research or clinical information? *Check ALL that apply.***

**Medical organizations'/Schools' websites:**

- CFPC website
- Royal College website
- CMA website
- Specialty society website(s)
- Medical school/university website(s)
- Resident/student associations (e.g., CAIR, CFMS, FAÉMQ, FMRQ website(s))
- Other, *please specify*: \_\_\_\_\_

**Information retrieval websites:**

- Medline

- PubMed
- Uptodate
- Other, *please specify*: \_\_\_\_\_

**Peer-reviewed medical journals:**

- CFP
- CMAJ
- Other, *please specify*: \_\_\_\_\_
- Non peer-reviewed medical publications, *please specify*: \_\_\_\_\_
- Clinical practice guidelines

**F. PROFESSIONAL INCOME**

**23. How would you prefer to be paid for your services as a physician? Please check ONLY ONE.**

- Unsure
- Fee-for-service only
- Salary only
- Capitation only
- Sessional/ per diem/ hourly payments only
- Service contract only
- Blended payment

**G. FINANCES**

**24. Please indicate how much education-related debt you incurred during each of the following timeframes, and how much debt you estimate you will have after the completion of your residency.**

a. Debt incurred during your education prior to medical school

- No debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000

b. Debt incurred during medical school

- No debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000

c. Debt incurred during residency training (to date)

- No debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000

- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000

d. Estimated debt upon completion of residency

- No debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000

I do not wish to provide any of this information

**24e. If you indicated debt incurred during medical school, did your debt influence your choice of medical specialty in any of the ways listed below? *Check ALL that apply.***

- I purposely chose a short residency program
- I purposely chose a specialty that I believe to have a high earning potential
- No influence
- Not applicable (no debt prior to residency)

**24f. If you expect to have debt upon completion of residency, do you intend to do any of the following to pay off the debts you have accumulated in your pre-medical and medical training? *Check all that apply.***

- Fulfill a return of service obligation
- Practice as a locum tenens
- Practice where I am offered a financial recruitment incentive
- Practice in the United States
- None of the above
- Not applicable (no debt estimated upon completion of residency)

**25. Have you received scholarships or other financial support that does not require repayment for your post-secondary education?**

- Yes
- No

**If yes, how much?**

- <\$10,000
- 10,001-20,000
- 20,001-40,000
- >40,000

**26. Is there a return of service agreement associated with your postgraduate medical education?**

- Yes
- No

**27. To what extent do you believe that the amount of financial assistance available to you through grants and loans from either the government or university institutions, meets your actual financial need?**

- Meets my financial need
- Partially meets my financial need
- Does not meet my financial need
- I have no need for financial assistance

**28. What proportion of your financial debt is through personal loans, bank loans, and government loans?**

% Personal loans (e.g., from family members) \_\_\_\_\_

% Bank loans \_\_\_\_\_

% Government loans \_\_\_\_\_

**Total % of debt=100**

**H. DEMOGRAPHICS**

**29a. Where were you born?**

Canada

USA

Other country, *please specify:* \_\_\_\_\_

**29b. Please indicate your status in Canada.**

Canadian citizen

Permanent resident (landed immigrant)

Visa trainee

Other, *please specify:* \_\_\_\_\_

**30. Where did you grow up prior to going to university? Check ALL that apply.**

BC

AB

SK

MB

ON

QC

NB

NS

PE

NL

NT

YT

NU

USA

Other

**31. Select the ONE statement which best describes the environment in which you grew up prior to university.**

Exclusively/ predominantly rural

Exclusively/ predominantly small town

Exclusively/ predominantly urban/suburban/ inner city

Exclusively/ predominantly remote/isolated

Mixture of environments

**32. Current marital status.**

Married/living with partner

Single

Separated/Divorced

Widowed

**33. Do you have children (including stepchildren)?**

Yes - Age of the youngest (in years): \_\_\_\_\_

No

Currently expecting a child

Comments \_\_\_\_\_

Direct quotes that represent a concept expressed by many respondents may be used in publications and presentations, however, these quotes will not be attributed to any specific individuals.

**We greatly appreciate the time you have given us to complete this important survey.**

**Please be assured that your response to this survey will be held in the strictest confidence. Analysis and publication of results will be at the aggregate level only.**