

2010 National Physician Survey: Student Survey

Please complete this questionnaire if you are a MEDICAL STUDENT attending a Canadian University.

Please indicate your current status.

- I am a 1st year student
- I am a 2nd year student
- I am a 3rd year student
- I am a 4th year student
- Other, *please specify*: _____

Are you in your final year of study?

- Yes
- No

If you are not a medical student, please indicate your status below.

- I am a medical resident
- I am a licensed physician
- 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*: _____
- Master's, *please specify field/discipline*: _____
- Doctorate, *please specify field/discipline*: _____
- Other: _____

5. At which university are you currently doing your 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
- University of Ottawa
- Queen's University
- Université de Sherbrooke
- Université de Montréal
- McGill University
- Université Laval
- Dalhousie University
- Memorial University

6a. Are you studying at a regional or satellite medical campus?

- Yes
- No (If no, skip to 7)

6b. If yes, please specify:

- Full time
 - Rotations
- the program discipline (e.g., Pediatrics) _____
- the city (e.g., Prince George): _____

7. What led you to select a career in medicine? 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 _____

8. When did you decide that you would like to be a doctor?

- Before high school
- During high school
- During undergraduate college or university studies
- After completing an undergraduate degree/ college diploma
- Other, *please specify*: _____

B. TRAINING

9. Please indicate your overall satisfaction with your current medical education program.

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

10. Please rate your satisfaction with the ability to access electives of your choice in your medical education.

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied
- Not Applicable

11. 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"/>
Class size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licensing information	<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"/>
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"/>

12a. Please indicate the type of exposure you have had, during your medical training to date, to the work carried out by the following types of physicians. *Please check all that apply.*

	None	Classroom learning	Practical Experience
Family physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory medicine specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrical/gynecological specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	Classroom learning	Practical Experience
Pediatric specialists e.g. pediatric cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12b. Please indicate the type of exposure you have had, during your medical training to date, to the work carried out by the following health care providers. *Please check all that apply.*

	None	Classroom learning	Practical Experience
Addiction counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropodists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary/alternative medicine providers (e.g. acupuncturists, homeopaths)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitians/nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nurses (RN, LPN, RPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-language pathologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. To what extent do you agree that your medical training program has prepared you (or will prepare you) to select a residency training program?

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

C. FUTURE PRACTICE/WORK SETTING PROFILE

14. At this time, which area of specialty do you hope to enter? *Please select your top 3 choices.*

- Don't know
- Adolescent Medicine
- Anatomical Pathology
- Anesthesiology
- Cardiac Surgery
- Cardiology

- Child and Adolescent Psychiatry
- Clinical Immunology and Allergy
- Clinical Pharmacology
- Clinician Investigator Program
- Colorectal Surgery
- Community Medicine
- Critical Care Medicine
- Dermatology
- Developmental Pediatrics
- Diagnostic Radiology
- Emergency Medicine
- Endocrinology and Metabolism
- Family medicine
- Forensic Pathology
- Gastroenterology
- General Pathology
- General Surgery
- General Surgical Oncology
- Geriatric Medicine
- Geriatric Psychiatry
- Gynecologic Oncology
- Gynecologic Reproductive Endocrinology and Infertility
- Hematological Pathology
- Hematology
- Infectious Diseases
- Internal Medicine
- Maternal-Fetal Medicine
- Medical Biochemistry
- Medical Genetics
- Medical Microbiology
- Medical Oncology
- Neonatal-Perinatal Medicine
- Nephrology
- Neurology
- Neuropathology
- Neuroradiology
- Neurosurgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Occupational Medicine
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Palliative Medicine
- Pediatric Emergency Medicine
- Pediatric General Surgery
- Pediatric Hematology/Oncology
- Pediatric Radiology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry

- Radiation Oncology
- Respiriology
- Rheumatology
- Thoracic Surgery
- Transfusion Medicine
- Urology
- Vascular Surgery
- Other, please specify: _____

15. At this time, in which of the following do you hope to be involved?

	Yes	No	Unsure
Patient care	()	()	()
Research	()	()	()
Teaching	()	()	()
Administration (e.g. Ministry of Health, management of university program, chief of staff, department head, etc.)	()	()	()
Public health	()	()	()
Other, <i>please specify</i> : _____			

16. Select the ONE statement which best describes the environment in which you plan to practice for the majority of your medical career.

- Exclusively/ predominantly rural
- Exclusively/ predominantly remote/isolated
- Exclusively/ predominantly small town
- Exclusively/ predominantly urban/suburban/ inner city
- Mixture of environments
- Uncertain at this time

17. Please indicate the languages that you could comfortably speak with your future patients.

- English
- French
- Other(s) _____
- Do Not intend to Provide Patient Care

18a. What do you think will be factors in having a satisfying and successful medical practice? Please 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. FUTURE PROFESSIONAL INCOME

19. 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 / hourly payments only
- Service contract only
- Blended payment

E. STRESS AND FINANCES DURING MEDICAL SCHOOL

20. How much did the level of tuition and other fees affect your choice of which medical school(s) to apply to?

- Not at all
- Somewhat
- Greatly

21. How much did being able to afford the cost of living in the city where the school was located affect which medical school(s) you chose to apply to?

- Not at all
- Somewhat
- Greatly

22. Have you held any paying jobs (part-time, occasional, etc.) during the current academic year?

- Yes
- No

If yes, approximately how many hours do you work per month? _____

23. 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 medical school education.

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 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

c) Estimated debt upon completion of 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

I do not wish to provide any of this information

d) To pay off the debts you have accumulated during your medical education, do you intend to do any of the following? Check ALL that apply.

Post medical school:

- Select a short residency program
- Select a specialty I believe will have high earning potential

Post residency:

- Fulfill a return of service obligation
- Practice in the United States
- Practice as a locum tenens
- Practice where I am offered a financial recruitment incentive

I do not intend to do any of the above to pay off my debts

24. Have you received 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

25. Have you received financial aid that requires repayment for your post-secondary education?

- Yes
- No

If yes, how much in total?

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

26. 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

27. Which of the following best describes your financial situation? Please check ONLY ONE.

- Not stressful – my financial situation is not a problem for me
- Minimally stressful (I think about it occasionally)
- Fairly stressful (I think about it quite a bit and have to consciously mind what I buy)
- I worry about it frequently
- worry about it constantly – this is a major source of stress in my life

28. What proportion of your debt is privately or publicly loaned?

% bank loans _____

% government loans _____

% personal loans _____

Total % of debt=100

29a. Have you sought financial counseling through your medical school?

Yes

No

29b. Do you plan to seek financial counseling through your medical school?

Yes

No

Don't know

30. Thinking about stress in your day to day life, please rate the following potential sources of stress.

	Not stressful	Somewhat stressful	Very stressful	N/ A
Own physical health problem or condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Own emotional or mental health problem or condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination or harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning residency selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. FAMILY

31. What certificates, diplomas, or degrees did your parents obtain? Check ALL that apply.

	Father	Mother
None	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Trades certificate or diploma	<input type="checkbox"/>	<input type="checkbox"/>
Other non-university certificate or diploma	<input type="checkbox"/>	<input type="checkbox"/>
University certificate or diploma, below Bachelor's degree level	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's degree(s)	<input type="checkbox"/>	<input type="checkbox"/>
University certificate or diploma above Bachelor's degree level	<input type="checkbox"/>	<input type="checkbox"/>
Master's degree(s)	<input type="checkbox"/>	<input type="checkbox"/>
Graduate degree in medicine, dentistry, veterinary medicine or optometry	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to provide this information	<input type="checkbox"/>	<input type="checkbox"/>
I don't know	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

32. Are any of your immediate family members working in medically related jobs? (If your parents or siblings are retired or deceased, please provide this information based on their main occupation while

working.)

- Yes, I have immediate family working as a physician
- Yes, I have immediate family working in a medically related job other than as a physician
- No, I do not have immediate family working in medically related jobs
- I prefer not to answer

33. What is your best estimate of the total income, before taxes and deductions, of your parental household in the last 12 months? If your parents are divorced or separated, please enter the household income of the parent who supports or supported you most.

- \$zero
- less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 - \$119,999
- \$120,000 - \$139,999
- \$140,000 - \$159,999
- \$160,000 - \$179,999
- \$180,000 - \$219,999
- \$220,000 - \$259,999
- \$260,000 - \$299,999
- More than \$300,000
- I prefer not to provide this information
- I don't know

G. DEMOGRAPHICS

34a. Where were you born?

- Canada
- USA
- Other country, *please specify:* _____

b. Please indicate your status in Canada.

- Canadian citizen
- Permanent resident (landed immigrant)
- Visa Trainee
- Other, *please specify:* _____

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

- Exclusively/ predominantly rural
- Exclusively/ predominantly remote/isolated
- Exclusively/ predominantly small town
- Exclusively/ predominantly urban/suburban/ inner city
- Mixture of environments

36. 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

37. Current Marital status:

- Married/living with partner
- Single
- Separated/Divorced
- Widowed

38. Do you have children (including stepchildren)? *Check all that apply.*

- Yes - Age of the youngest? (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.