

2010 National Physician Survey: Specialist 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 medical resident
- I am a 2nd year medical resident
- I am a 3rd year medical resident
- I am a 4th year medical resident
- I am a 5th year medical resident
- Other, *please specify*: _____

Are you in your final year of your residency?

- Yes
- No
- Don't know

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., Paediatrics): _____
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

Please indicate the training program you are in. Please check only one

- Adolescent Medicine
 Anatomical Pathology
 Anesthesiology
 Cardiac Surgery
 Cardiology (Adult)
 Cardiology (Paediatrics)
 Child and Adolescent Psychiatry
 Clinical Immunology and Allergy (Adult)
 Clinical Immunology and Allergy (Paediatrics)
 Clinical Pharmacology
 Clinician Investigator Program
 Colorectal Surgery
 Community Medicine
 Critical Care Medicine (Adult)
 Critical Care Medicine (Paediatrics)
 Dermatology
 Developmental Paediatrics
 Diagnostic Radiology
 Emergency Medicine
 Endocrinology and Metabolism (Adult)
 Endocrinology and Metabolism (Paediatrics)

- Forensic Pathology
- Forensic Psychiatry
- Gastroenterology (Adult)
- Gastroenterology (Paediatrics)
- General Pathology
- General Surgery
- General Surgical Oncology
- Geriatric Medicine
- Geriatric Psychiatry
- Gynecologic Oncology
- Gynecologic Reproductive Endocrinology and Infertility
- Hematological Pathology
- Hematology
- Infectious Diseases (Adult)
- Infectious Diseases (Paediatrics)
- Internal Medicine
- Maternal-Fetal Medicine
- Medical Biochemistry
- Medical Genetics
- Medical Microbiology
- Medical Oncology
- Neonatal-Perinatal Medicine
- Nephrology (Adult)
- Nephrology (Paediatrics)
- Neurology (Adult)
- Neurology (Paediatrics)
- Neuropathology
- Neuroradiology
- Neurosurgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Occupational Medicine
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Palliative Medicine
- Paediatric Emergency Medicine
- Paediatric General Surgery
- Paediatric Hematology/Oncology
- Paediatric Radiology
- Paediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Respiriology (Adult)
- Respiriology (Paediatrics)
- Rheumatology (Adult)
- Rheumatology (Paediatrics)
- Thoracic Surgery
- Transfusion Medicine
- Urology
- Vascular Surgery

9. Please indicate your overall satisfaction with your medical 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"/>

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"/>
Health advocacy for patients, communities, system, etc.	<input type="checkbox"/>
Health promotion/disease prevention	<input type="checkbox"/>
Practice in disaster/pandemic situations	<input type="checkbox"/>
Social determinants of health	<input type="checkbox"/>
Critical appraisal skills	<input type="checkbox"/>
Manage your practice and career effectively	<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="radio"/> Yes <input type="radio"/> N/A	<input type="checkbox"/>
Infants (1-12 months)	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="checkbox"/>
Children (1-11 years)	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="checkbox"/>
Adolescents (12-19 years)	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="checkbox"/>
Women	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="checkbox"/>

	Training is/was available:	Intend to provide care for the following in my medical practice:
Pregnant women	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/>
Men	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/>
Seniors (65+ years)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/>

If you indicated 'other group' above, please specify: _____

12a. Considering the domain of your discipline, please describe the main focus of your intended practice.

	Yes	No	Not applicable
Full spectrum of my discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited to anatomy specific (e.g., hips, only, chest only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited to organ specific (e.g., luminal GI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited to disease/ condition specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited to treatment specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited to specific populations (e.g., children, women, rural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify: _____

12b.i) Do you feel that your residency training will prepare you for the kind of practice you are planning to undertake?

- Yes
- No
- Don't know yet

12b.ii) What areas of training are you lacking (e.g. a specific procedural skill, etc.)? _____

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 residency training, do you plan to:

a. Continue beyond your residency by undertaking a fellowship position?

- Yes
- No
- Don't know yet

b. Sub-specialize within an area of your current specialty?

- Yes
- No
- Already in a sub-specialty
- Don't know yet

If yes, please specify: _____

14. Once you complete your 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 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 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 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: _____

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

- English
- French
- Other(s), please specify: _____

17. Please indicate the types of health care providers with whom you regularly interact:

Family physicians

Yes

No

Other specialists.

Please specify the three main other specialist types with whom you regularly interact:

1. _____

2. _____

3. _____

Other health professionals.

Please specify the three other health professionals 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
- 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, to pay off the debts you have accumulated in your pre-medical and medical training, do you intend to do any of the following? 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
- 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.