

2007 National Physician Survey: Medical Student Questionnaire

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 _____

A. About You

1. Your year of birth: 19__ __

2. Sex: male female

3. Marital status:

- Married/living with partner Single Separated Divorced Widowed
Please specify the profession of your spouse/partner: _____

4.a) Do you have children? No Yes - Age of the youngest? _____ years

4.b) Are you or your partner currently expecting a child? Yes No

5. 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
- Mixture of environments

6. In which province(s) or territories 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 Outside of
Canada

7. Are you...? Check ALL that apply.

- Caucasian
- Aboriginal (e.g., status, non-status, Métis, Inuit)
- Chinese
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino
- Latin American
- Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- Arab

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- West Asian (e.g., Afghan, Iranian, etc.)
- Japanese
- Korean
- Other _____
- I prefer not to provide this information

8. Were you born in Canada?

- Yes
- No. Please indicate your status in Canada.
 - Canadian citizen
 - Permanent resident (landed immigrant)
 - Other _____

9. 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

10. 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's
- Master's Please specify field/discipline: _____
- Doctorate Please specify field/discipline: _____
- Other _____

11. 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

12. Of all of the possible careers, what led you to select medicine? Check ALL that apply.

- | | |
|---|---|
| <input type="checkbox"/> Intellectual stimulation/challenge | <input type="checkbox"/> Earning potential |
| <input type="checkbox"/> Doctor-patient relationship | <input type="checkbox"/> Research opportunities |
| <input type="checkbox"/> Influence of a mentor | <input type="checkbox"/> Teaching opportunities |
| <input type="checkbox"/> Influence of my family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prestige | |

13. 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 _____

B. Training

14. Please indicate your overall sense of satisfaction with your current medical education program.

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please indicate if any of the following are an area of interest for you and indicate if the topic has already been covered during your medical training:

	Area of interest for me		Topic has already been covered during my medical training	
	Yes	No	Yes	No
Family Medicine rotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative/interdisciplinary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary care unit (CCU) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills/ clinical information retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical appraisal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat (ENT) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of life issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care unit (ICU) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands on research experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands on teaching experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in a health care system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please indicate your level of familiarity with the work carried out by the following health care providers:

	Not at all familiar	Somewhat familiar	Very familiar
Family physicians			
Psychiatric specialists			
Pediatric specialists			
Obstetrical/gynecological specialists			
Internal specialists			
Surgical specialists			
Nurse practitioners			
Psychiatric nurses			
Other nurses (RN, LPN, RPN)			
Physician assistants			
Dietitians/nutritionists			
Occupational therapists			
Physiotherapists			
Chiropractors			
Psychologists			
Mental health counselors			
Addiction counselors			
Social workers			
Pharmacists			
Midwives			
Speech-language pathologists			
Chiropodists			
Complementary/alternative medicine providers (e.g. acupuncturists, homeopaths)			

17. To this point in your medical education, please indicate your satisfaction with the exposure you have received to the different medical specialties.

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. 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

19. At this time, which area of specialty do you hope to enter?

Family medicine

Other specialty

Anatomical Pathology

Anesthesiology

Cardiac Surgery

Cardiology

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

Forensic Pathology

Gastroenterology

General Pathology

General Surgery

General Surgical Oncology

Geriatric Medicine

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

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- Otolaryngology
- Palliative Medicine
- Pediatric Emergency Medicine
- Pediatric General Surgery
- Pediatric Hematology/Oncology
- Pediatric Radiology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Respirology
- Rheumatology
- Thoracic Surgery
- Transfusion Medicine
- Urology
- Vascular Surgery

Other, specify: _____

20. At this time, in which of the following do you hope to be involved? Check ALL that apply.

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

21. At this moment in time, do your future medical career plans include any of the following? Check ALL that apply.

	Yes	No	Unsure
While you are in postgraduate medical training (residency)			
Practicing within the same province or territory in which you are currently training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing in another province or territory in Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving Canada to practice in another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving an under-served community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your postgraduate medical training is completed			
Practicing within the same province or territory in which you are currently training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing in another province or territory in Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify province or territory: _____			
Leaving Canada to practice in another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving an under-served community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- English
- French
- Other(s) _____

23.a) For you, what factors do you think will be most important 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 medical support systems/resources

J Availability of relevant patient information at the point of care

K Ability to access appropriate care facilities for my patients (e.g. hospital beds, long-term care beds)

L Other, please specify: _____

23.b) Please indicate which of the factors in 23.a 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**

24. The following statements address the role of alternative/complementary medicine in health services. Please check the category that best describes your opinion for each of the following:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Alternative/complementary medicine includes ideas and methods from which conventional medicine could benefit					
Treatments not tested in a scientifically recognized manner should be discouraged					
Alternative/complementary medicine is a threat to public health					

D. Future Professional Income

25.a) If you had a choice, 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



25.b) What components would you want included in a blended payment method? Check

ALL that apply.

- Fee-for-service
- Salary
- Capitation
- Sessional/ per diem/ hourly payments
- Service contract
- Benefits/ pension
- On-call remuneration beyond fee-for-service
- Other _____
- Unsure

E. Finances

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

- Not at all important
- Slightly important
- Moderately important
- Very important
- Most important factor

27. 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 important
- Slightly important
- Moderately important
- Very important
- Most important factor

28. 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? _____ hours/month

29. Please indicate the amount of debt you had and/or expect to have at various times in your medical education, as indicated below. Please refer to debt directly related to your medical education (e.g. tuition, books, accommodations, etc.)

a) Debt upon entering medical school

Debt directly related to being in 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 prefer not to provide this information

b) Current Debt

Debt directly related to being in 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 prefer not to provide this information

c) Expected debt upon completion of medical school

Debt directly related to being in 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 prefer not to provide this information

d) You estimated that your debt directly related to being in medical school when you graduate will be.

To pay off these debts, 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
- Practice where I am offered a non-financial recruitment incentive
- I do not intend to do any of the above to pay off my debts

30. 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

31. 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)
- Very stressful (I worry about it frequently)
- Extremely stressful (I worry about it constantly – this is a major source of stress in my life)

32a. Have you sought financial counseling through your medical school?

Yes No

32b. Do you plan to seek financial counseling through your medical school?

Yes No Don't know

F. Family

33. 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"/>

34. Please indicate the category that best applies to your parents' occupations. If your parents are retired or deceased, please provide their main occupations while they were working.

	Father	Mother
Manual laborer	<input type="radio"/>	<input type="radio"/>
Farmer or farm laborer	<input type="radio"/>	<input type="radio"/>
Skilled craft, trade, clerical, sales or service	<input type="radio"/>	<input type="radio"/>
Foreman/woman, supervisor, or middle manager	<input type="radio"/>	<input type="radio"/>
Technician or semi-professional	<input type="radio"/>	<input type="radio"/>
High-level management	<input type="radio"/>	<input type="radio"/>
Employed professional	<input type="radio"/>	<input type="radio"/>
Self-employed professional	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>
I prefer not to provide this information	<input type="radio"/>	<input type="radio"/>

35. Are any of your immediate family members working in medically related jobs? (If your parents or siblings are retired or deceased, please provide their main occupation while working.) Check ALL that apply.

<input type="checkbox"/> None of my immediate family members work in medicine			
	Father	Mother	Sibling(s)
Medical doctor	O	O	O
Nurse	O	O	O
Pharmacist	O	O	O
Dentist	O	O	O
Optician	O	O	O
Chiropractor	O	O	O
Other healthcare professional	O	O	O

36. 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

Comments

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.

Thank you for your time and cooperation.