

Please complete this questionnaire if you are in your SECOND year of a Specialty Medicine Residency Program at a Canadian University.

If you are not a second year specialty medicine resident, please indicate your status below.

- ? Specialty resident in a year OTHER THAN second year
- ? Family medicine resident
- ? Physician in practice
- ? Other

A. Training

1. Please indicate your overall sense of satisfaction with your specialty medicine program.

| | Very dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall satisfaction with specialty program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 2. For the following experiences within your residency training, please indicate:**
 ?? **if the specific category of training is available to you (Please tick all that apply);**
 ?? **if available and you have experienced, please rate the training using the scale provided;**
 ?? **if you feel that the specific category of training should be a mandatory component of your residency curriculum.**

| | Available? | Rating | | | | | Should it be Mandatory? |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 1(poor) | 2 | 3 | 4 | 5(excellent) | |
| Collaborative/interdisciplinary care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical appraisal skills/evidence-based medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethics and professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research methods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Will you feel adequately prepared for the kind of practice you are planning to undertake?
 Yes No Don't know yet

B. Learning Environment

4. a) Do you feel that your training experience within your own specialty program has taken place in an open learning environment?

- Strongly agree Agree Neutral Disagree Strongly disagree

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4. b) Do you feel that your training experience within your own specialty program has taken place in a supportive learning environment?

Strongly agree Agree Neutral Disagree Strongly disagree

4. c) Do you feel that your training experience within your own specialty program has taken place in a collegial learning environment?

Strongly agree Agree Neutral Disagree Strongly disagree

5.a) Do you feel that your training experiences outside your own specialty program have taken place in a open learning environment?

Strongly agree Agree Neutral Disagree Strongly disagree

5.b) Do you feel that your training experiences outside your own specialty program have taken place in a supportive learning environment?

Strongly agree Agree Neutral Disagree Strongly disagree

5.c) Do you feel that your training experiences outside your own specialty program have taken place in a collegial learning environment?

Strongly agree Agree Neutral Disagree Strongly disagree

6. Considering all of the areas in medicine, what led you to select your area of specialty?

Please check ALL that apply.

- | | | | |
|------------|--|------------|--|
| A ? | Intellectual stimulation/challenge | G ? | Earning potential |
| B ? | Doctor-patient relationship | H ? | Research opportunities |
| C ? | Workload flexibility and/or predictability | I ? | Teaching opportunities |
| D ? | Influence of a mentor | J ? | Ability to pursue non-work related interests |
| E ? | Influence of my family | K ? | Availability of training opportunities |
| F ? | Prestige | L ? | Other _____ |

7. When did you decide on your current residency field?

- ? Before medical school
- ? During medical school but prior to clerkship
- ? During clerkship
- ? During residency
- ? Other _____

8. Does your university have a confidential mechanism in place to report incidents of sexual harassment, intimidation or other inappropriate incidents in the learning environment?

- Yes No Don't know

9. a) Have you been harassed or intimidated during your residency?

- Yes No (skip to Question 10)

If yes, by whom?

- Staff person
 Medical senior/supervisor
 Another resident (non-supervisory)
 Other (Please specify): _____

9. b) If yes, when did this occur?

- during an experience within your specialty program
 during an experience outside of your own specialty program
 both of the above

9.c) If yes, please state the frequency: _____ times per month Other (please specify): _____

10. During your residency, has your level of stress been significant enough to cause you to:

- | | | |
|--|------------------------------|-----------------------------|
| Take medical leave from your residency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Consult a physician for stress-related depression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Take medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11. Have you encountered negative feedback when you have had to leave a specialty service outside of your program, in order to return for your own program's protected academic time?

- Yes No

12. Do you feel that the educational and service components of your program are balanced?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Future Practice/ Work Setting Profile

13. Once you complete your residency, do you plan to:

a) Practice in the field in which you are currently training?

- Yes No Don't know yet

b) Practice as a locum tenens? Yes No Don't know yet

c) Buy/ set up your own practice? Yes No Don't know yet

d) Practice in a hospital setting? Yes No Don't know yet

e) Practice within the same province in which you are currently training?

- Yes No Don't know yet

f) Practice in another province or territory in Canada?

Yes No Don't know yet *If yes, please specify province or territory: _____*

g) Leave Canada to practise in another country? Yes No Don't know yet

h) Sub-specialize within an area of your current specialty?

Yes No Don't know yet *If yes, please specify: _____*

i) Take a temporary leave of absence? Yes No Don't know yet

j) Continue your training by undertaking a fellowship position?

Yes No Don't know yet

k) Change disciplines/ retrain within the medical field?

Yes No Don't know yet *If yes, please specify field: _____*

l) Seek an administrative (non patient care) position? Yes No Don't know yet

m) How do you intend to organize your practice setting?

- Solo practice
- Group practice
- Other _____
- Don't know yet
- N/A – Do not intend to set up a practice

n) Which of the following types of health care providers do you plan to collaborate with in providing patient care? Please check ALL that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Family physicians | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Technicians/ technologists |
| <input type="checkbox"/> Specialist physicians | <input type="checkbox"/> Occupational therapists | <input type="checkbox"/> Midwives |
| <input type="checkbox"/> Nurse practitioners | <input type="checkbox"/> Physiotherapists | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nurses (e.g., RN, LPN, RPN) | <input type="checkbox"/> Social workers | <input type="checkbox"/> N/A – Don't intend to do patient care |
| <input type="checkbox"/> Dieticians/ nutritionists | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Don't know yet |

D. Future Practice/ Work Profile

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

- | | |
|--|--|
| A ? Inner city | F ? Other _____ |
| B ? Urban/ Suburban | G ? Don't know yet |
| C ? Small town | H ? I plan to do locum tenens |
| D ? Rural | I ? I don't intend to be involved in patient care |
| E ? Geographically isolated/ Remote | |

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15. Please indicate ALL of the disciplines and areas of professional activity listed below in which you intend to practice/ work. Please note: you do not have to be certified in the discipline/ area of professional activity to include it in your profile.

Please check ALL that apply to you.

| <input type="checkbox"/> | Code | Discipline/ Area of Practice |
|--------------------------|------|--|
| | | ACADEMIC/RESEARCH |
| ? | 501 | Bioethics/Ethics |
| ? | 503 | Clinical Epidemiology |
| ? | 405 | Clinical Investigation |
| ? | 505 | Epidemiology/Biostatistics |
| ? | 507 | Medical Education (includes teaching and educational research) |
| ? | 509 | Medical Science/Scientist |
| ? | 511 | Social Sciences & Humanities in Medicine |
| | | ACUTE/CRITICAL CARE |
| ? | 109 | Critical Care Medicine/Intensive Care |
| ? | 513 | Disaster Medicine |
| ? | 115 | Emergency Medicine |
| ? | 515 | Toxicology |
| ? | 517 | Trauma |
| ? | 593 | ADDICTIONS/SUBSTANCE ABUSE |
| | | ANESTHESIOLOGY/ANESTHESIA |
| ? | 101 | Anesthesiology/Anesthesia |
| ? | 519 | Cardiac Anesthesia |
| ? | 523 | ADMINISTRATION |
| ? | 527 | AIDS/HIV |
| ? | 529 | AVIATION/AEROSPACE MEDICINE |
| ? | 531 | BIOMEDICAL ENGINEERING |
| | | CARDIO-VASCULAR/THORACIC |
| ? | 533 | Angiography |
| ? | 301 | Cardiac, Cardio-Thoracic Surgery |
| ? | 535 | Cardiac Electrophysiology |
| ? | 537 | Cardiac Rehabilitation |
| ? | 103 | Cardiology |
| ? | 539 | Echocardiography/ECG/ Cardiac Stress Testing |
| ? | 619 | Interventional Cardiology |
| ? | 319 | Thoracic Surgery |
| ? | 105 | CLINICAL IMMUNOLOGY & ALLERGY |
| ? | 401 | CLINICAL PHARMACOLOGY |
| ? | 111 | DERMATOLOGY |
| | | ENDOCRINOLOGY |
| ? | 117 | Endocrinology & Metabolism |
| ? | 541 | Nutrition (including obesity) |
| ? | 617 | ENVIRONMENTAL MEDICINE |
| ? | 119 | GASTROENTEROLOGY |
| ? | 121 | GERIATRIC MEDICINE |

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| | | |
|---|-----|--|
| ? | 413 | GYNECOLOGIC REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY |
| ? | 621 | HEPATOLOGY |
| ? | 123 | HEMATOLOGY |
| ? | 543 | HEMECARE |
| ? | 545 | HOSPITALIST |
| ? | 125 | INFECTIOUS DISEASES |
| ? | 547 | INFORMATION TECHNOLOGY |
| ? | 127 | INTERNAL MEDICINE (GENERAL) |
| | | LABORATORY |
| ? | 201 | Anatomical Pathology |
| ? | 549 | Clinical Pathology |
| ? | 551 | Cytopathology |
| ? | 211 | Forensic Pathology |
| ? | 203 | General Pathology |
| ? | 205 | Hematological Pathology |
| ? | 207 | Medical Biochemistry |
| ? | 209 | Medical Microbiology |
| ? | 213 | Neuropathology |
| ? | 553 | Ocular Pathology |
| ? | 555 | LEGAL/MEDICO-LEGAL CONSULTATIONS |
| ? | 129 | MEDICAL GENETICS |
| ? | 131 | MEDICAL ONCOLOGY |
| ? | 633 | MILITARY MEDICINE |
| ? | 133 | NEPHROLOGY |
| | | NEUROLOGY |
| ? | 559 | Electromyography/EMG |
| ? | 135 | Neurology |
| ? | 561 | Neuro/Electrophysiology |
| ? | 137 | NUCLEAR MEDICINE |
| | | OBSTETRICS/GYNECOLOGY |
| ? | 308 | Gynecology |
| ? | 411 | Gynecologic Oncology |
| ? | 415 | Maternal/fetal medicine |
| ? | 307 | Obstetrics |
| ? | 563 | STD/Sexual Medicine |
| ? | 139 | OCCUPATIONAL MEDICINE |
| | | OPHTHALMOLOGY |
| ? | 567 | Neuroophthalmology |
| ? | 309 | Ophthalmology |
| | | OTOLARYNGOLOGY |
| ? | 569 | Head & Neck Oncology |
| ? | 571 | Head & Neck Surgery |
| ? | 573 | Neurootology |
| ? | 313 | Otolaryngology |
| ? | 427 | PALLIATIVE CARE/PALLIATIVE MEDICINE |

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| | | |
|---|-----|---|
| ? | 521 | PAIN MANAGEMENT |
| | | PEDIATRICS |
| ? | 625 | Adolescent Medicine |
| ? | 627 | Adolescent & Pediatric Gynecology |
| ? | 417 | Neonatal/Perinatal Medicine |
| ? | 141 | Pediatrics |
| ? | 407 | Developmental Pediatrics (including disabilities) |
| ? | 626 | Pediatric Cardiac Surgery |
| ? | 143 | Pediatric Cardiology |
| ? | 595 | Child Psychiatry |
| ? | 145 | Pediatric Clinical Immunology & Allergy |
| ? | 147 | Pediatric Critical/Intensive Care |
| ? | 421 | Pediatric Diagnostic Radiology |
| ? | 149 | Pediatric Endocrinology & Metabolism |
| ? | 423 | Pediatric Emergency Medicine |
| ? | 315 | Pediatric General Surgery |
| ? | 151 | Pediatric Gastroenterology |
| ? | 153 | Pediatric Hematology/Oncology |
| ? | 155 | Pediatric Infectious Diseases |
| ? | 159 | Pediatric Nephrology |
| ? | 575 | Pediatric Neurology |
| ? | 577 | Pediatric Neurosurgery |
| ? | 579 | Pediatric Otolaryngology |
| ? | 581 | Pediatric Orthopedic Surgery |
| ? | 583 | Pediatric Pathology |
| ? | 585 | Pediatric Plastic Surgery |
| ? | 161 | Pediatric Respiratory Medicine/Respirology |
| ? | 163 | Pediatric Rheumatology |
| ? | 623 | Pediatric Urology |
| ? | 165 | PHYSICAL MEDICINE & REHABILITATION |
| ? | 587 | PRIMARY CARE/GENERAL PRACTICE/FAMILY PRACTICE |
| | | PSYCHIATRY |
| ? | 597 | Family/Marital Therapy |
| ? | 599 | Geriatric Psychiatry |
| ? | 167 | Psychiatry |
| | 601 | Forensic Psychiatry (Psychiatry and the Law) |
| ? | 603 | Psychogeriatrics |
| ? | 605 | Psychopharmacology |
| ? | | PUBLIC HEALTH |
| ? | 107 | Community Medicine/Public Health |
| ? | 589 | International Medicine |
| ? | 591 | Travel/Tropical Medicine |
| ? | 169 | RADIATION ONCOLOGY |
| | | RADIOLOGY |
| ? | 113 | Diagnostic Radiology |

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| | | |
|---|-----|----------------------------------|
| ? | 607 | Interventional Radiology |
| ? | 419 | Neuroradiology |
| ? | 171 | RESPIRATORY MEDICINE/RESPIROLOGY |
| ? | 173 | RHEUMATOLOGY |
| ? | 611 | SLEEP DISORDERS |
| ? | 613 | SPINAL CORD INJURY |
| ? | 615 | SPORTS MEDICINE |
| | | SURGERY |
| ? | 403 | Colorectal Surgery |
| ? | 628 | Cosmetic Surgery |
| ? | 303 | General Surgery |
| ? | 409 | General Surgical Oncology |
| ? | 629 | Hand Surgery |
| ? | 305 | Neurosurgery |
| ? | 311 | Orthopedic Surgery |
| ? | 317 | Plastic Surgery |
| ? | 631 | Transplantation |
| ? | 321 | Urology |
| ? | 323 | Vascular Surgery |
| ? | 425 | TRANSFUSION MEDICINE |
| ? | 609 | ULTRASOUND |
| ? | 565 | WOMEN'S HEALTH |
| ? | | Please specify (others) below |
| ? | 801 | |
| ? | 802 | |
| ? | 803 | |
| ? | 804 | |
| ? | 805 | |
| ? | 806 | |
| ? | 807 | |

16. Do you have a PDA (personal digital assistant/ wireless device)? Yes No

E. Time Allocation

17. 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.

- i) **Direct patient care without a teaching component**, regardless of setting
- ii) **Direct patient care with a teaching component**, regardless of setting
- iii) **Teaching/ Education** without direct patient care (contact with students/residents, preparation, marking, evaluations, etc.)
- iv) **Indirect patient care** (charting, reports, phone calls, meeting patients' family, etc.)
- v) **Health facility committees**
- vi) **Managing your practice** (staff, facility, equipment, etc.)
- vii) **Research** (including management of research and publications)
- viii) **Administration** (i.e. management of university program, chief of staff, department head, Ministry of Health, etc.)
- ix) **Continuing medical education/ professional development** (courses, reading, videos, tapes, seminars, etc.)
- x) **Other** (participation in professional or specialty organizations, medico-legal activities, etc.)

F. Professional Income

18. 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



IF BLENDED, what components would you want included? 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

23.b) Please indicate the percentage of time spent during your residency in the following clinical settings:

| | | | |
|-----------------------------|---------|---------------------------|---------|
| Rural hospital | _____ % | Small/community hospital | _____ % |
| Large teaching hospital | _____ % | Community office practice | _____ % |
| Office practice in hospital | _____ % | Other _____ | _____ % |

24. Are you presently enrolled in a ‘return of service’ program, that is, a program where you have committed yourself to certain practice restrictions [location, specialty, employer, military service, armed forces, etc.] in return for financial compensation during medical school or residency?

? Yes ? No

25. Please indicate the amount of debt you had and/or expect to have at various times in your medical education, as indicated below. Please separate these into 1) debt directly related to being in a medical residency program (tuition, books, accommodations, etc.), and 2) other debt (personal, mortgage, car loan, etc.)

a) Debt upon entering your medical residency training

Debt directly related to being in a medical residency program

- 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

Other 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 prefer not to provide this information

b) Current Debt

Debt directly related to being in a medical residency program

- 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

Other 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

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30. Which of the following describe your family members? If your parents or siblings are retired or deceased, please provide their main occupations while working.

Please check ALL that apply.

| | Father | Mother | Sibling(s) |
|-------------------------------|--------|--------|------------|
| Medical doctor | ? | ? | ? |
| Nurse | ? | ? | ? |
| Pharmacist | ? | ? | ? |
| Other healthcare professional | ? | ? | ? |

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
- ? Mixture of environments

32. In which province(s) or territories did you grow up prior to going to university?

Indicate ALL that apply.

BC AB SK MB ON QC NB NS PE NL NT YT NU Outside of
Canada

33. Please enter the first three digits of the postal code where you lived in your final year of high school. If you lived at a boarding school, please enter the postal code of where your family lived during that year. If you did not live in Canada, please indicate the country where you lived.

If in Canada, first three digits of postal code: ____ ____ ____

If not in Canada, type in the country: _____

34. What is your ethnic/ cultural background? Please check ALL that apply.

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

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

- ? English
- ? French
- ? Other(s) _____

36. Were you born in Canada?

? Yes

? No. Please indicate your status in Canada.

? Canadian citizen

? Permanent resident (landed immigrant)

? Other _____

37. Your year of birth: 19 — —

38. Sex: male ? female ?

39. Comments

Please be assured that your response to this survey is anonymous, and that all individual information 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.