

Marticulant Survey - Mapping

Marticulant Survey Mappin

**OMB Standard**

**Source**

Q: What is (name of person talking about)'s sex?  
- Male  
- Female

HRSA – Performance  
Measure

Q: What is Person 1's age and what is Person 1's  
date of birth?  
A: Open ended response

HRSA – Performance  
Measure

Q: Is Person 1 of Hispanic, Latino, or Spanish  
origin?  
- No, not of Hispanic, Latino, or Spanish origin  
- Yes, Cuban  
- Yes, Mexican, Mexican Am.,  
- Chicano  
- Yes, Puerto Rican  
- Yes, another Hispanic, Latino, or Spanish origin

HRSA – Performance  
Measure

- Print origin for example Argentinean  
Q: Please choose one or more races that  
(NAME/you) (considers yourself/consider  
NAME/considers himself/considers herself) to be:

HRSA – Performance  
Measure

- White
  
- Black or African American
  
- American Indian or Alaska Native
  
- Asian

Q: Where was this person born?  
- In the United States – Print name of state  
- Outside the United States – Print name of  
foreign country, or Puerto Rico, Guam, etc.

HRSA – Performance  
Measure

HRSA – Performance  
Measure

National Health Service  
Corps – criteria for  
disadvantaged  
background status

HRSA – Performance  
Measure

Q: Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War

- Yes, now on active duty
- Yes, on active duty in the past, but not during the last 12 months

HRSA – Performance  
Measure

AAMC – Graduation  
Questionnaire

AAMC – Graduation  
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AAMC – Graduation  
Questionnaire



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Questionnaire

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Questionnaire\*

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## Source Question and Answers

Q: Select the individual's sex

- Male
- Female
- Not Reported

Select the individual's age group:

- Under 20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60 years or older
- Not Reported

Q: Select the individual's ethnicity:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported

Q: Select the individual's race (Select All That Apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Not Reported

Select whether the individual is from a rural residential background. A rural area is located in a county that is not part of a Metropolitan Statistical Area. Refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if a county is considered rural.

Q: Select whether the individual reported coming from a financial and/or educational disadvantaged background at the time of matriculation into the program.  
(Note: For a definition of disadvantaged, please go to <http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html>)

Come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of “Environmentally Disadvantaged” for guidance only and are not intended to be all-inclusive.

Examples:

Person from high school with low average SAT/ACT scores or below the average State test results.

Person from a school district where 50 percent or less of graduates go to college.

Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.

Person for whom English is not his or her primary language and for whom language is still a barrier to academic performance.

Person who is first generation to attend college.

Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

OR

2. Come from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).

Link

Select whether the individual is from a rural residential background. A rural area is located in a county that is not part of a Metropolitan Statistical Area. Refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx> to determine if a county is considered rural.

Q: Select the individual's veteran status:

Active Duty Military

Reservist

Veteran-Prior Service

Veteran Retired

Individual is not a Veteran

Not Reported

Q: Please identify the campus where you spent a majority (more than 14 months) of the first and second year of medical school:

- State
- Campus Years 1-2

Q: Please identify the campus where you spent a majority (more than 8 months) of the third and fourth year of medical school:

- State
- Campus Years 1-2

Do you expect to have received your M.D. degree by June 30, 2013?

- Yes
- No

Has more than a year passed since you graduated from college?

- Yes
- No

How did you spend your time between college and medical school? (Select all that apply)

- Worked at another career
- Worked to improve finances
- Continued coursework to fulfill pre-medical requirements
- Took pre-medical courses for the first time
- Pursued graduate studies
- Worked/volunteered internationally
- Worked/volunteered in research
- Helped fulfill family obligations
- Other (please specify)- Open ended response

How many years have passed since you graduated from college?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years

How did you spend your time between college and medical school? (Select all that apply)

- Worked at another career
- Worked to improve finances
- Continued coursework to fulfill pre-medical requirements
- Took pre-medical courses for the first time
- Pursued graduate studies
- Worked/volunteered internationally
- Worked/volunteered in research
- Helped fulfill family obligations
- Other (please specify)- Open ended response



Are you planning on seeking fellowship training after residency?

- Yes
- No
- Undecided

Where do you plan to practice?

-Drop down locations

Please indicate the setting in which you plan to WORK after the completion of your medical education:

- Large City (Population 500,000 or More)
- Suburb of a Large City
- City of Moderate Size (Population 50,000 to 500,000)
- Suburb of Moderate Size City
- Small City (Population 10,000 To 50,000--Other Than Suburb)
- Town (Population 2,500 to 10,000--Other Than Suburb)
- Small Town (Population Less Than 2,500)
- Rural/Unincorporated Area
- Undecided or No Preference

Do you plan to work primarily in an underserved area?

- Yes
- No
- Undecided

What is the likely location?

- Rural community
- Inner-city community
- Other

Regardless of location, do you plan to work primarily with minority populations?

- Yes
- No
- Undecided

If yes, indicate the minority population(s).

- Black/African American
- Hispanic/Latino
- Native American
- Asian
- Other

Did you receive any scholarships, stipends, grants (not loans) for medical school?

- Yes
- No

Select the type of loan forgiveness program in which you plan to participate:

- Department of Education's Public Service Loan Forgiveness
- National Health Service Corps
- Indian Health Service Corps
- Armed Services (Navy, Army, Air Force)
- Uniformed Service (CDC, HHS)
- State loan forgiveness program
- Hospital program (e.g. sign-on bonus)
- Private loan forgiveness program
- Other

Enter the amount you owe on your premedical/college educational loans

-Open ended response

\*Data reported as:

- No debt
- \$ 1 to \$ 24,999
- \$ 25,000 to \$ 49,999
- \$ 50,000 to \$ 74,999
- \$ 75,000 to \$ 99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$300,000

Enter the amount you owe on your medical educational loans.

-Open ended response

\*Data reported as:

- No debt
- \$1 to \$ 50,000
- \$ 50,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 to \$200,000
- \$200,001 to \$300,000
- \$300,001 to \$400,000
- \$400,001 to \$500,000

## GW Question and Answers

Q: What is your sex?\*

- Male
- Female

Q: What is your age (please enter an integer)?

A: Open ended response

Q: What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

Q: What is your race? Please choose one or more.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other (please specify) – Open ended response

Q: What is your country of origin?

A: Open ended response

Q: What language(s) do you feel competent and confident in providing safe and effective care to patients?

A: Open ended response

Q: Please enter the following information for the high school you graduated from:

A: Name

City

County

State

Zip Code

Country

Year of Graduation

Q: Would you consider yourself from an "environmentally disadvantaged background?"

Please answer to the best of your ability.

This means an individual who:

(1) Comes from an environment that inhibited the individual from obtaining the knowledge, skill and ability required to enroll in and graduate from a health professions school; or

(2) Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs.

A: Yes

No

Q: Do you fall into any of the following categories? Please choose all that apply.

A: You are from a high school with low average SAT/ACT scores

You are from a school district

where 50% or less of graduates on to college

You have a diagnosed physical/mental impairment substantially limiting participation in education

English is not your primary language and has been a barrier to academic performance

You are the first generation in your family to attend college

You are from a high school where > 30% of students were eligible for free or reduced lunch prices

You come from a family with an annual income < 200% of the Federal Poverty Level (Currently \$31,020 for a family of 2; \$39,060 for a family of 3; \$47,100 for a family of 4; \$55,140 for a family of 5)

You come from a family that received public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing)

You qualified for a need based scholarship

Q: Do you consider yourself from a rural background?

A: Yes

No

Q: Please indicate your veteran status.

Active Duty Military

Reservist

Veteran-Prior Service

Veteran Retired

Not a Veteran

Q: Please enter the following information for your Medical School or Dental School:

- Name
- City
- State
- Country

Does your Medical School or Dental School have more than one campus?

- Yes
- No

If your Medical School or Dental School had more than one campus, please indicate which campus you primarily attended? (Enter N/A if not applicable)

Did your Medical School or Dental School have special "paths" or "tracks"?

- Yes
- No

If you participated in a special "track" or "pathway" at your Medical School or Dental School, please indicate that "track" or "pathway" below. – Open ended response

What year did you graduate from Medical School or Dental School? – Open ended response



Did you enter residency in the academic year immediately following graduation from Medical School or Dental School?

- Yes
- No

If you did not enter Residency immediately after graduating from Medical School or Dental School, how did you spend the time in between? – Open ended response

Please enter the following information for any education (degrees or certificate) either before or after Medical School or Dental School, including any undergraduate education.

- Name
- City
- State
- Country
- Study Area
- Degree Conferred
- Start Year
- End Year

Did you enter Medical or Dental School in the academic year immediately following graduation from college?

- Yes
- No

If you did not enter Medical School or Dental School immediately after graduating from college, how did you spend the time in between? – Open ended response

What were your primary reasons for choosing your current Residency Program? – open ended response

Are you planning to do additional residency or fellowship training after this residency training program?

- Yes
- No
- Not yet decided

If yes, what additional residency/fellowship training are you planning after this residency training program? – Open ended response

Do you know what geographic location you want to work following all residency/fellowship training?

- Yes
- No
- Unsure

If yes, where do you hope to work after completing your residency/fellowship training program? Complete as much as you know.

- City/town
- States
- Country

Please indicate the setting(s) in which you plan to work after the completion of your residency/fellowship training. Choose all that apply.

- Large City (Population 500,000 or More)
- Suburb of a Large City
- City of Moderate Size (Population 50,000 to 500,000)
- Suburb of Moderate Size City
- Small City (Population 10,000 To 50,000--Other Than Suburb)
- Town (Population 2,500 to 10,000--Other Than Suburb)
- Small Town (Population Less Than 2,500)
- Rural/Unincorporated Area
- Undecided or No Preference

Do you plan to locate your practice in an underserved area?

- Yes
- No
- Undecided

If you plan to locate your practice in an underserved area, please indicate the likely location.

- Rural community
- Inner-city community
- Other - open ended response

Regardless of location, do you plan to work primarily with minority populations?

- Yes
- No
- Undecided

If you plan to work primarily with minority populations, please indicate the minority population you intend to work with. Select all that apply

- Black/African American
- Hispanic/Latino
- Native American
- Asian
- Other – open ended response

Did you receive a scholarship with a service requirement for medical school (for example, National Health Service Corps Scholarship, State or local scholarship, or private scholarship)?

- Yes
- No

If you did receive a scholarship with a service requirement, please indicate the name of the scholarship – open ended response

Do you plan to apply for National Health Service Corps (NHSC) or other loan repayment program with a service requirement?

- Yes
- No
- Undecided
- Don't qualify
- Unaware of such programs

What is the total amount of your outstanding educational loans for your college/premedical or predental education?

- No debt
- \$1 to \$ 24,999
- \$25,000 to \$ 49,999
- \$50,000 to \$ 74,999
- \$75,000 to \$ 99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 to \$249,999
- \$250,000 to \$274,999
- \$275,000 to \$299,999
- \$300,000 or more

What is the total amount of your outstanding educational loans for your medical or dental education?

- No debt
- \$1 to \$ 24,999
- \$25,000 to \$ 49,999
- \$50,000 to \$ 74,999
- \$75,000 to \$ 99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
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- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 to \$249,999
- \$250,000 to \$274,999
- \$275,000 to \$299,999
- \$300,000 or more

## Research Question(s)

1. What are the characteristics of residents who choose THC programs, by demographics, intention to practice in primary care and intention to practice in rural and/or underserved areas?

2. Are there correlations between resident characteristics and the intention to practice primary care and/or practice in underserved settings?

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## Notes

\*This question has been edited to change the word "gender" to "sex" to correspond with the standardized OMB question.

International medical graduates make up approximately 25% of residents in training and are generally over-represented in primary care specialties.

THCs provide care to diverse populations, many who speak English as a second language. Some THC program offer Spanish immersion courses to their residents.

High school information is requested to provide an address to determine rural background using the HRSA rural advisor tool. Research suggests high school, college, and permanent addresses are predictive of rural career outcomes. Owen, J., Conaway, M., Bailey, B., & Hayden, G. (2007). Predicting Rural Practice Using Different Definitions to Classify Medical School Applicants as Having a Rural Upbringing. *Journal of Rural Health*. 22:2. Accessed from <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-0361.2007.00080.x/pdf>.

These questions were adapted to allow the THC resident to add additional information on where they attended medical school and which campus they primarily studied at. In addition, this question was added because research suggests that individuals who attend medical school in regional branch campuses increase the likelihood of practicing primary care medicine in local communities. Brokaw, J., Mandzuk, C., Wade, M., Deal, D., Johnson, M., White, J., & Zollinger, T. (2009) The influence of regional basic science campuses on medical students' choice of specialty and practice location: a historical cohort study. BMC Medical Education. <http://www.biomedcentral.com/1472-6920/9/29>

These questions were added because some medical schools have developed special paths or tracks, such as primary care tracks, meant to foster students in particular areas.

This question was adapted to address differences in the timing of the survey instruments (at entry to residency rather than to medical school) and to add more clarity for the THC residents.

This question was adapted to address differences in the timing of the survey instruments ( at entry to residency rather than to medical school) and to add more clarity for the THC residents.

This question was adapted to change the categories of the responses to an open ended response. This is to account for what a THC resident did between Medical or Dental School and residency.

This question was adapted to address differences in the timing of the survey instruments ( at entry to residency rather than to medical school) and to add more clarity for the THC residents and for ease of administration.

This question was adapted to change the categories of the responses to an open ended response. This is to account for what a THC resident did between graduating from undergraduate and Medical or Dental School.

The research team asked this question to groups of residents at 9 of the original 11 THCs during the site visits in year one of the THCGME evaluation project. This question is particularly useful in determining the characteristics of residents who choose THC programs, and further support the research goals of the study.

This question was adapted to address differences in the timing of the survey instruments ( at entry to residency rather than to medical school) and to add more clarity for the THC residents and for ease of administration.

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This question has been added because research suggests that family medicine physicians that serve in the NHSC are the most likely to stay in the location of their initial rural practice NHSC assignment after completing the program. Cullen, T., Hart, L., Whitcomb, M., & Rosenblatt, R., (1997). The National Health Service Corps; Rural Physician Service and Retention. Journal of the American Board of Family Practice. Accessed from <http://www.ncbi.nlm.nih.gov/pubmed/9228622>.

This question was adapted to add categories, instead of an open ended response, because the research team believes that having the categories will increase response rates for this question.

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AAMC Graduation Questionnaire

If you are planning on specializing in Family Medicine, Internal Medicine, or Pediatrics, do you plan on going into a subspecialty in that field?

- Yes
- No

AAMC Graduation Questionnaire

Do you plan to practice in an underserved area?

- Yes
- No
- Undecided

AAMC Graduation Questionnaire

What is the likely location?

- Rural community
- Inner-city community
- Other

## WWAMI Network

Are you currently practicing in any of the following federally designated areas/practices? Check all that apply:

- HPSA: Federally designated health professional shortage area
- MUA: Federally designated medically underserved area
- MHC: Federally designated migrant health center
- CHC: Federally designated community health center
- RHC: Federally designated rural health clinic
- NHSC: National Health Service Corps
- IHS: Indian Health Service site or tribal clinic
- FQHC: Federally Qualified Health Center
- State qualified health center/clinic
- State or Local Health Department
- Other federally qualified health center/clinic.

Please specify:

- Other underserved population. Please specify:

## AAMC Graduation Questionnaire

Do you plan to enter into a loan-forgiveness program?

- Yes
- No

AAMC Graduation Questionnaire

Please list the type of loan forgiveness program in which you plan to participate:

- Department of Education's Public Service Loan Forgiveness (PSLF)

- National Health Service Corps Scholarship

- National Health Service Corps Loan

Repayment

- Indian Health Service Corps

- Armed Services (Navy, Army, Air Force)

- Uniformed Service (CDC, HHS)

- State loan forgiveness program

- Hospital program (e.g. sign on Bonus)

- Private loan forgiveness program:

Other:

AAMC Graduation Questionnaire

Are you planning on seeking fellowship training after residency?

- Yes

- No

- Undecided

## GW Question and Answers

What are your plans following graduation? – Open ended response

After all residency and fellowship training, do you plan to practice in Primary Care?

- Yes
- No
- Undecided

After all residency and fellowship training, do you plan to practice in an underserved area?

- Yes
- No
- Undecided

If you plan to practice in an underserved area, please indicate the likely location

- Rural community
- Inner-city community
- Other – open ended response

Have you accepted a job (nontraining) following graduation from your current residency program?

- Yes
- No

Please provide the following information for your post residency job:

- Position title
- Organization name
- Address
- City
- State
- Zip code
- Country
- Primary responsibilities

How would you classify your employer for this position?

- Academic
- Private Practice
- Community Health Center
- Community-based organization/nonprofit
  - Hospital Non-Academic
- Federal Government
- State Government
- City/County Government
- Unknown
- Other (please specify)

Will you be practicing clinical medicine or dentistry?

- Yes
- No

If yes, will you be practicing in any of the following federally designated areas/practices?

Check all that apply

- HPSA: Federally designated health professional shortage area
- MUA: Federally designated medically underserved area
- MHC: Federally designated migrant health center
- CHC: Federally designated community health center
- RHC: Federally designated rural health clinic
- NHSC: National Health Service Corps
- IHS: Indian Health Service site or tribal clinic
- FQHC: Federally Qualified Health Center
- State qualified health center/clinic
- State or Local Health Department
- None of the above
- Other underserved population (please specify)

Will you be participating in a loan repayment program in this position?

- Yes
- No
- Unsure

If you will receive loan repayment in your next position, please indicate the type of loan repayment program. Choose all that apply.

- Department of Education's Public Service Loan Forgiveness (PSLF)
- National Health Service Corps Scholarship
- National Health Service Corps Loan Repayment
- Indian Health Service Corps
- Armed Services (Navy, Army, Air Force)
- Uniformed Service (CDC, HHS)
- State loan forgiveness program
- Hospital program (e.g. sign on Bonus)
- Other (please specify)

Are you planning any additional residency or fellowship training after your current residency program?

- Yes
- No
- Unsure

If you have a residency or fellowship position, please provide the following information:

- Specialty
- Program name
- City
- State
- Country

Please provide the best contact information to follow up with you after graduation.

- Name:
- Address:
- Address 2:
- City/Town:
- State:
- Zip:
- Country:
- Email Address:
- Phone Number:

## **Research Question(s)**

1. What number and percent of the THC graduates practice in primary care (plan at graduation and one year after graduation)?
2. What number and percent of the THC graduates go on to practice in underserved settings (plan at graduation and one year after graduation)?

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1. What number and percent of the THC graduates go on to practice in underserved settings (plan at graduation and one year after graduation)?

1. Describe the characteristics of residents who choose THC programs, by demographics, intention to practice in primary care and intention to practice in rural and/or underserved areas.
2. Examine the relationships between resident characteristics and primary care and underserved practice outcomes?

3. What are the characteristics of residents who choose THC programs, by demographics, intention to practice in primary care and intention to practice in rural and/or underserved areas?

1. What number and percent of the THC graduates practice in primary care (plan at graduation and one year after graduation)?

1. What number and percent of the THC graduates practice in primary care (plan at graduation and one year after graduation)?

## Notes

This question is designed to capture possible plans in addition to clinical practice.

This question was adapted as all THC residents are in primary care fields.

This question was adapted from two of the existing THC alumni surveys - Lawrence Family Medicine Residency Alumnae Survey and the Conroe Medical Education Foundation Survey

Additional fellowship training can be indicative of a career choice away from primary care

## Anonymous Graduation Survey - Mapping

| <b>Source</b>   | <b>Source Question and Answers</b>  |
|---|---|
| Mid-Hudson Family Practice Residency Program Graduate Survey/ Lawrence Family Medicine Residency Alumnae Survey                                       | Strong points of your training at Mid-Hudson: / What was the most valuable thing about training in Lawrence?  |
| Mid-Hudson Family Practice Residency Program Graduate Survey/ Lawrence Family Medicine Residency Alumnae Survey / Conroe Medical Education Foundation | Suggestions for improving the training: / Retrospectively, what was not helpful in the curriculum, or weak? / Is there any training which you feel you did not receive during your residency training that you believe would have been beneficial to you? |

## GW Question and Answers

What are the strengths of your residency program?

How do you think your residency program could be improved?

Please describe any career planning/mentorship provided by your residency program.

Based on your experience, indicate your level of satisfaction with the career planning/mentorship you received during your residency.

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

Please indicate whether you agree with the following statements.

I feel well prepared to practice independently in an inpatient hospital setting.

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

Please indicate whether you agree with the following statements.

I feel well prepared to practice independently in an outpatient primary care setting.

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



Please indicate whether you agree with the following statements.

I feel well prepared to practice independently in an underserved setting.

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

Please indicate whether you agree with the following statements.

I feel well prepared to practice independently in a rural setting.

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

## Research Question(s)

5. How satisfied are residents with curriculum and enhanced programmatic features of the THC model? 6.  
How do residents suggest that the THC residency program can be improved?

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## Notes

On review of existing THC alumni surveys, program feedback was commonly sought. Feedback is important for continuous quality improvement for resident training and is also important to understand the resident satisfaction with the training model and the potential strengths and weaknesses of the model.

Alumni Survey - Mapping

| Source                              | Source Question and Answers   |
|-------------------------------------|---|
| WWAMI Network                       | What board certifications do you maintain? Check all that apply: <ul style="list-style-type: none"><li>- Board certified in Family Medicine - ABFM</li><li>- Board certified in Family Medicine - AOA</li><li>- CAQ in Adolescent Medicine</li><li>- CAQ in Geriatrics</li><li>- CAQ in Sports Medicine</li><li>- None</li><li>- Other, please specify:</li></ul> |
| WWAMI Network                       | What board certifications do you maintain? Check all that apply: <ul style="list-style-type: none"><li>- Board certified in Family Medicine - ABFM</li><li>- Board certified in Family Medicine - AOA</li><li>- CAQ in Adolescent Medicine</li><li>- CAQ in Geriatrics</li><li>- CAQ in Sports Medicine</li><li>- None</li><li>- Other, please specify:</li></ul> |
| Conroe Medical Education Foundation | Licensure: (States)   |

WWAMI Network

Answer questions below about your principal practice setting where you spend most of your patient care time.

Q: What is the zip code (or country, if not USA) in which you practice?

- Zip code or country:

WWAMI Network

Answer questions below about your principal practice setting where you spend most of your patient care time.  
Q: What percent of a full-time equivalent (FTE) are you working? Your FTE (Full-time = 100%):

WWAMI Network

Which best describes the principal method by which you are paid for clinical work? Check one:

- Salary
- Receipts
- Base salary plus production incentive
- Other, please specify:

WWAMI Network

Are you currently practicing family medicine, i.e., outpatient continuity of care and broad spectrum of patients?

- Yes
- No

If yes, check one of the following which best describes your principal practice setting:

- Locums
- Fee for service practice
- HMO
- Teaching program
- Military
- Other, please specify:

WWAMI Network

Which of the following best describes your practice organization? Check one:

- Solo
- Family Medicine Partnership (two-physician practice)
- Single-specialty group (three or more physicians)
- Multi-specialty partnership or group (two or more physicians)
- Residency or university teaching environment
- Other, please specify

WWAMI Network

- Are you currently practicing in any of the following federally designated areas/practices? Check all that apply:
- HPSA: Federally designated health professional shortage area
  - MUA: Federally designated medically underserved area
  - MHC: Federally designated migrant health center
  - CHC: Federally designated community health center
  - RHC: Federally designated rural health clinic
  - NHSC: National Health Service Corps
  - IHS: Indian Health Service site or tribal clinic
  - FQHC: Federally Qualified Health Center
  - State qualified health center/clinic
  - State or Local Health Department
  - Other federally qualified health center/clinic. Please specify:
    - Other underserved population. Please specify:

Lawrence Family Medicine  
Residency Alumnae Survey

Please describe the population of patients within your practice setting, according to the following (approximate):

- Hispanic origin
- \_\_\_% Black, not of
  - \_\_\_% White
  - \_\_\_% Alaskan Native
  - \_\_\_% Asian
  - \_\_\_% Pacific Islander
  - \_\_\_% Mexican American/Chicano
  - \_\_\_% Hispanic
  - \_\_\_% American Indian
  - \_\_\_% Other (Please specify)

Lawrence Family Medicine  
Residency Alumnae Survey

Please describe the population of patients within your practice setting, according to the following (approximate):

- Hispanic origin
- \_\_\_% Black, not of
  - \_\_\_% White
  - \_\_\_% Alaskan Native
  - \_\_\_% Asian
  - \_\_\_% Pacific Islander
  - \_\_\_% Mexican American/Chicano
  - \_\_\_% Hispanic
  - \_\_\_% American Indian
  - \_\_\_% Other (Please specify)



Mid-Hudson Family Practice Residency Program Graduate Survey

Approximate percentage of patients who are on Medicaid at practice?

- 0-9%
- 10-30%
- 31-50%
- 51-70%
- 71-90%
- 91-100%
- Don't know

Mid-Hudson Family Practice Residency Program Graduate Survey

Approximate percentage of patients who are uninsured at practice?

- 0-9%
- 10-30%
- 31-50%
- 51-70%
- 71-90%
- 91-100%
- Don't know

WWAMI Network

Answer questions below about your principal practice setting where you spend most of your patient care time. Q: How many patients do you typically see in the office during a whole day of practice? (Please use an integer)  
Number of patients:

WWAMI Network

On average, how many face to face patient encounters do you have per week in each of the following settings? Enter the number of encounters for each setting: (Please use an integer for each)

- Office
- Hospital
- Nursing home
- Home visit
- Emergency department
- Other

Mid-Hudson Family Practice Residency Program Graduate Survey

Post Graduate Employment (check all that apply) I am currently: -  
Working in a primary care practice with less than 20 patient care hours per week in continuity of care sessions as the physician of record \_\_\_# of hours, representing \_\_\_% of my total work time - Working in a primary care practice with 20 or more patient care hours per week in continuity of care sessions as the physician of record - Working in a non-primary care practice - Continuing my medical training or fellowship (primary care fellowship, geriatric fellowship, chief resident, other)  
- Teaching or training medical students  
- Conducting research  
- Working as a health facility/program administrator - Other

Mid-Hudson Family Practice Residency Program Graduate Survey

Post Graduate Employment (check all that apply) I am currently: -  
Working in a primary care practice with less than 20 patient care hours per week in continuity of care sessions as the physician of record \_\_\_# of hours, representing \_\_\_% of my total work time - Working in a primary care practice with 20 or more patient care hours per week in continuity of care sessions as the physician of record - Working in a non-primary care practice - Continuing my medical training or fellowship (primary care fellowship, geriatric fellowship, chief resident, other)  
- Teaching or training medical students  
- Conducting research  
- Working as a health facility/program administrator - Other

WWAMI Network

Q: What is your involvement in the medical community, i.e. local, regional, or national professional committees and boards? Please choose one.

- None
- Serve on one committee or board
- Serve on two or more committees or boards
- Serve on two or more committees or boards, one of which is at the regional or national level
- Serve on two or more committees or boards, one of which includes leadership at the regional or national level

Q: Comment on type of organization(s) you are involved in?

WWAMI Network

Q: What is your involvement in community service through local organizations (e.g., church, school, coach, free clinic)? Please choose one.

- Am not involved in any service in my community beyond my practice.
- Am not currently but plan to become involved in one local organization in a service capacity in the next year.
- Am currently involved in local service to the community through one local organization on a limited basis.
- Am currently involved in local service to the community through one or more local organizations with active ongoing participation.
- Am currently involved in service to the community with a leadership or board role in at least one organization.

Q: Comments on type of organization(s) you are involved in?

Lawrence Family Medicine  
Residency Alumnae Survey

Jobs, since residency? (Name and location)

AAMC Graduation  
Questionnaire

Please list the type of loan forgiveness program in which  
you plan to participate:

- Department of Education's Public Service Loan  
Forgiveness (PSLF)
- National Health Service Corps Scholarship
- National Health Service Corps Loan Repayment
- Indian Health Service Corps
- Armed Services (Navy, Army, Air Force)
- Uniformed Service (CDC, HHS)
- State loan forgiveness program
- Hospital program (e.g. sign on Bonus)
- Private loan forgiveness program:

Other:

## GW Question and Answers

Are you currently board certified?

- Yes
- No

If yes, what board certifications do you maintain? Please check all that apply and add any specialty certifications as appropriate.

- Family Medicine ABFM
- Family Medicine AOA
- Internal Medicine ABIM
- Internal Medicine AOA
- Pediatrics ABP
- Pediatrics AOA
- OB/Gyn ABOG
- OB/Gyn AOA
- Psychiatry ABPN
- Psychiatry AOA
- General Dentistry ABGP
- Pediatric Dentistry ABPD
- Other (please specify)

Do you currently hold an active medical or dental license?

- Yes
- No

If yes, in what state(s) do you hold an active license? – Open ended response

Are you currently in a training position, such as a residency or fellowship?

- Yes
- No

Please provide the following information for the training position:

- Specialty of Program
- Training Institution Name
- City/Town
- State
- Country

Have you completed any additional training, such as a residency or fellowship, since your primary care residency program?

- Yes
- No

Are you currently employed in a nontraining position?

- Yes
- No

If yes, how would you classify your current primary employer?

- Academic
- Private Practice
- Community Health Center
- Community-based organization/nonprofit
- Hospital Non Academic
- Federal Government
- State Government
- City/County Government
- Unknown
- Other (please specify)

Are you currently practicing clinical medicine or dentistry?

- Yes
- No

Please enter the following information for you PRINCIPAL practice site this is the physical location where you spend most of your patient care time.

- Name:
- Address:
- Address 2:
- City/Town:
- State:
- Zip:
- Country:

What specialty do you primarily practice in this setting? Choose one.

- General Family Medicine
- General Internal Medicine
- General Pediatrics
- OB/Gyn
- Psychiatry
- Geriatrics
- Dentistry
- Other (please specify)

What percent of a fulltime equivalent (FTE) are you working at this site (Fulltime =100%; Each half day per week is generally considered 10%)? – Open ended response

Which of the following best describes the principal method by which you are paid in this practice setting? Check one:

- Salary
- Receipts
- Base salary plus production incentive
- Locums
- Other (please specify)

Which of the following best describes your principal practice setting's reimbursement model?

- Fee for service practice
- Health Maintenance Organization (HMO)
- Accountable Care Organization
- Concierge/Membership
- Other (please specify)

Which of the following best describes your principal practice setting (check all that apply)?

- Community-based
- Health Center
- Private Practice
- Teaching program
- Hospital
- Emergency Medicine
- Urgent Care
- Military
- Other (please specify)

Which of the following best describes the practice organization of your principal practice (check only one):

- Solo
- Partnership (2physician practice)
- Single specialty group (3 or more physicians)
- Multispecialty partnership or group
- Hospital owned
- Academic program
- Other (please specify)

Does this practice site fall into any of the following federally designated areas/practices? Check all that apply.

- HPSA: Federally designated health professional shortage area
- MUA: Federally designated medically underserved area
- MHC: Federally designated migrant health center
- CHC: Federally designated community health center
- RHC: Federally designated rural health clinic
- NHSC: National Health Service Corps
- IHS: Indian Health Service site or tribal clinic
- FQHC: Federally Qualified Health Center
- State qualified health center/clinic
- State or Local Health Department
- None of the above
- Other underserved population (please specify)

Please describe the ethnicity of your patient population at this site (approx):

- % Hispanic/Latino
- % Not Hispanic/Latino

Please describe the race of your patient population at this site (approx):

- % American Indian or Alaska Native
- % Asian
- % Black or African-American
- % Native Hawaiian or other Pacific Islander
- % White



What is the approximate percent of patients who are on Medicaid in this practice?

- 0-9%
- 10-30%
- 31-50%
- 51-70%
- 71-90%
- 91-100%
- Don't know

What is the approximate percent of patients who are on Medicare in this practice?

- 0-9%
- 10-30%
- 31-50%
- 51-70%
- 71-90%
- 91-100%
- Don't know

What is the approximate percent of patients who are uninsured in this practice?

- 0-9%
- 10-30%
- 31-50%
- 51-70%
- 71-90%
- 91-100%
- Don't know

How many patients do you typically see in this practice setting during a half day of practice? (Please use an integer) – Open ended response

Are you providing patient care at any other sites?

- Yes
- No

On average, how many face to face patient encounters do you have per week in each of the following settings? (Please use an integer for each)

- Office
- Hospital
- Nursing home
- Home visit
- Emergency department
- Other (Specify setting and number)

Do you have time in your job reserved for nonpatient care related activities (such as teaching, research or administration)?

- Yes
- No

If yes, please indicate what percent FTE, regardless of location, you are working in each of the following areas:

- Teaching
- Research
- Administration
- Other (Please specify area and FTE)

Are you currently involved in community service related to your position as a health care provider in the community? Examples might include working with a free clinic, conducting health outreach, or working with a local health related agency.

- Yes
- No

If yes, please describe how you are involved in community service related to your position as a health care provider in the community. – Open ended response

If you are not practicing clinical medicine or dentistry, what are you currently doing? – Open ended response

Have you held any other jobs since graduating from your primary care residency?

- Yes
- No

Have you participated in a loan repayment program since finishing your primary care residency?

- Yes
- No

If you have received any kind of loan repayment since completing your primary care residency program, please indicate the type of loan repayment program. Choose all that apply.

- Department of Education's Public Service Loan Forgiveness (PSLF)
- National Health Service Corps Scholarship
- National Health Service Corps Loan Repayment
- Indian Health Service Corps
- Armed Services (Navy, Army, Air Force)
- Uniformed Service (CDC, HHS)
- State loan forgiveness program
- Hospital program (e.g. sign on Bonus)
- Other (please specify)

Please provide the best contact information to follow up with you after graduation.

- Name:
- Address:
- Address 2:
- City/Town:
- State:
- Zip:
- Country:
- Email Address:
- Phone Number:

Comments – Open ended response

## Research Question(s)

1. What number and percent of the THC graduates practice in primary care (plan at graduation and one year after graduation)?

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2. What number and percent of the THC graduates go on to practice in underserved settings (plan at graduation and one year after graduation)?
3. Examine the relationships between resident characteristics and primary care and underserved practice outcomes?

1. What number and percent of the THC graduates practice in primary care (plan at graduation and one year after graduation)?
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2. What number and percent of the THC graduates go on to practice in underserved settings (plan at graduation and one year after graduation)?

3. What are the characteristics of residents who choose THC programs, by demographics, intention to practice in primary care and intention to practice in rural and/or underserved areas?

## Notes

This question was modified to include additional categories for specialty certification as the THC include internal medicine, psychiatry, OB/GYN, pediatrics and dental residency programs.

Additional fellowship training can indicative of a career choice away from primary care

This question was adapted from two of the existing THC alumni surveys - Lawrence Family Medicine Residency Alumnae Survey and the Conroe Medical Education Foundation Survey

Anonymous Alumni Survey - Mapping

| Source        | Source Question and Answers  |
|---------------|--|
| WWAMI Network | Are there areas that should have received MORE emphasis during your residency? – Open ended response   |
| WWAMI Network | Are there areas that should have received LESS emphasis during your residency? – Open ended response   |
| WWAMI Network | For each of the subject areas listed on the following pages, please indicate:<br>1. How well your residency training prepared you for your practice (1 - 5)<br>2. Whether or not the item is currently a part of your practice (yes or no)<br>List of numerous procedures, medical knowledge, practice management and other skills to rate |
| WWAMI Network | Please indicate your level of satisfaction with your principal practice in the following areas:<br>- Location (likert scale)<br>- Colleagues (likert scale)<br>- Employer (likert scale)<br>- Hours (likert scale)<br>- Income (likert scale)<br>- Overall (likert scale)  |
| WWAMI Network | In your practice of medicine, what is the greatest source of satisfaction? – Open ended response   |
| WWAMI Network | In your practice of medicine, what is the greatest source of dissatisfaction? – Open ended response  |
| WWAMI Network | How satisfied are you with your choice of medicine as a profession? Please circle one (likert scale)<br><br>How satisfied are you with your choice of specialty? Please circle one (likert scale)  |

## GW Question and Answers

Are there areas that should have received MORE emphasis during your residency? – Open ended response

Are there areas that should have received LESS emphasis during your residency? – Open ended response

How satisfied are you with your residency training in the following areas?

- Medical Knowledge (likert scale)
- Procedural Skills (likert scale)
- Practice Management (likert scale)
- Communication Skills (likert scale)
- Medical Ethics (likert scale)
- Overall (likert scale)

Please indicate your level of satisfaction with your principal practice in the following areas:

- Location (likert scale)
- Colleagues (likert scale)
- Employer (likert scale)
- Hours (likert scale)
- Income (likert scale)
- Overall (likert scale)

In your practice, what is the greatest source of satisfaction?  
– Open ended response

In your practice, what is the greatest source of dissatisfaction? – Open ended response

Please answer the following:

How satisfied are you with your choice of medicine/dentistry as a profession? (likert scale)

How satisfied are you with your choice of specialty? (likert scale)

Comments



## Research Question(s)

5. How satisfied are residents with curriculum and enhanced programmatic features of the THC model? 6. How do residents suggest that the THC residency program can be improved?

5. How satisfied are residents with curriculum and enhanced programmatic features of the THC model? 6. How do residents suggest that the THC residency program can be improved?

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## Notes

On review of existing THC alumni surveys, program feedback was commonly sought. Feedback is important for continuous quality improvement for resident training and is also important to understand the resident satisfaction with the training model and the potential strengths and weaknesses of the model.