

## Residency Program Feedback

**1. What are the strengths of your residency program?**

**2. How do you think your residency program could be improved?**

## Residency Program Career Planning

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

**4. 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

## Preparedness for Practice

### 5. Please indicate whether you agree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel well prepared to practice independently in an inpatient hospital setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel well prepared to practice independently in an outpatient primary care setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Career Plans

### 6. What are your plans following graduation?

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

- Yes
- No
- Undecided

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

- Yes
- No
- Undecided

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

- Rural community
- Inner-city community

Other (please specify)

## Job Information

Please complete this page if you have accepted a job following your residency training.

### 10. If you have a job, please provide the following information:

Position Title	<input type="text"/>
Organization Name	<input type="text"/>
Address (primary clinical site)	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Country	<input type="text"/>
Primary Responsibilities	<input type="text"/>

### 11. Is your position an academic position?

- Yes
- No

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

- Yes
- No
- Unsure

### 13. 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)

## Fellowship Training

### 14. Are you planning on fellowship training after your residency program?

- Yes
- No
- Unsure

### 15. If you have a fellowship position, please provide the following information:

Specialty

Program Name

City

State

Country