

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