
If you are in a medical residency program at a Canadian university, please indicate the category that best applies to you.
() Family Medicine Training Program
() Other Specialty Medicine Training Program

If you are not in a residency program, please indicate your status below.
() I am a physician in practice
() I am a medical student
() Other, please specify: __________

Please indicate your current status.
() I am a 1st year family medicine resident
() I am a 2nd year family medicine resident
() I am a 3rd year family medicine resident
() Other, please specify: __________

A. ABOUT YOU

1. Your year of birth: __________

2. You are:
() Male
() Female

3. 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

4. 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 of Science
[] Bachelor of Arts
[] Other Bachelor degree, please specify field/discipline: __________
[] Master’s, please specify field/discipline: __________
[] Doctorate, please specify field/discipline: __________
[] Other, please specify: __________

5a. What year were you awarded your M.D. degree? __________

5b. At which university were you awarded your M.D. degree?
() University of British Columbia
() University of Calgary
() University of Alberta
() University of Saskatchewan
() University of Manitoba
6a. At which university are you currently registered for your residency 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 (NOSM)
- University of Ottawa
- Queen’s University
- Université de Sherbrooke
- Université de Montréal
- McGill University
- Université Laval
- Dalhousie University
- Memorial University
- Other, please specify country below.

6b. Please indicate where your residency training is located.

- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- PE
- NL
- NT
- YT
- NU
- USA
- Other

6c. Please indicate the number of weeks you have received training as a medical resident in the following settings.

- Rural hospital
- Large teaching hospital
- Office practice in hospital
- Research unit
- Small/community hospital
- Community office practice
- University
- Private Clinic
- Other
If you indicated weeks for 'other' above, please specify setting. __________

7a. Are you studying at a regional or satellite medical campus?
() Yes
() No (Please skip to question 8)

7b. If yes, please specify:
() Full time
() Rotations
The program discipline (e.g., Pediatrics): __________
The city (e.g., Prince George): __________

8. What led you to select a career in medicine? Please check all that apply.
[] Intellectual stimulation/challenge
[] Doctor-patient relationship
[] Influence of a mentor
[] Influence of my family
[] Prestige
[] Wide variety of clinical and practice opportunities
[] Earning potential
[] Research opportunities
[] Teaching opportunities
[] Opportunity to improve health of population
[] Other, please specify: __________

B. TRAINING

9. Please indicate your overall satisfaction with your family medicine residency training program.
() Very dissatisfied
() Dissatisfied
() Neutral
() Satisfied
() Very satisfied

10. Please indicate your satisfaction with the following at your medical school:

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentorship and career counseling</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Teaching methods</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Size of teams (i.e bedside learning)</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Information about practice licensing</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Support groups / Health and Wellness services</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Opportunities to network, social clubs and organizations, medical societies and associations</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Availability of physical resources (e.g., call rooms, computer facilities, ward rooms)</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Number of residents in your program</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Number of preceptors</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Quality of preceptors</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Ability to access electives of your choice</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
</tbody>
</table>

11. For the following experiences within your residency training, please indicate:
- if the specific category of training is/was available
- you intend to provide the following in your medical practice
Training is/was available | Intend to provide the following in my medical practice
--- | ---
Family Medicine | | 
Anesthesia | | 
Coronary care unit (CCU) | | 
Cosmetic medicine | | 
Dermatology | | 
Ear, nose and throat (ENT) care | | 
Emergency medicine | | 
Gynecology | | 
Infectious disease care | | 
Internal medicine | | 
Minor surgery | | 
Obstetrics - Intrapartum care | | 
Obstetrics - Prenatal/antenatal care | | 
Orthopedic care | | 
Palliative care | | 
Alternative/complimentary medicine | | 
Care for substance abusers | | 
Hospitalist care (doctor responsible for hospitalized patients, but not providing post hospital care) | | 
Housecalls | | 
In-patient hospital care (not as hospitalist) | | 
Legal/medico-legal consultations | | 
Liaison to home care | | 
Nutritional counseling | | 
Occupational/industrial medicine | | 
Pain management | | 
Rehabilitation medicine | | 
Rural healthcare | | 

11a. Please indicate if the specific category of training is/was available within your residency training.

<table>
<thead>
<tr>
<th>Training is/was available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
</tr>
<tr>
<td>Ethics and professionalism</td>
</tr>
<tr>
<td>Evidence-based medicine</td>
</tr>
<tr>
<td>Office management skills</td>
</tr>
<tr>
<td>Personal well-being (e.g. responsible work/sleep hours)</td>
</tr>
<tr>
<td>Use of information technology for clinical purposes</td>
</tr>
<tr>
<td>Canadian health care system and health policy</td>
</tr>
<tr>
<td>Collaborative/interdisciplinary care</td>
</tr>
<tr>
<td>Hands-on research experience</td>
</tr>
<tr>
<td>Hands-on teaching experience</td>
</tr>
<tr>
<td>Health advocacy for patients, communities, system, etc.</td>
</tr>
<tr>
<td>Health promotion/disease prevention</td>
</tr>
</tbody>
</table>

11b. Please indicate:

- if specific training on providing care to the following demographic groups was available as part of your residency training
- if you intend to provide care for those demographic groups as part of your medical practice

<table>
<thead>
<tr>
<th>Training is/was available</th>
<th>Intend to provide care for the following in my medical practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonates (&lt;1 month)</td>
<td></td>
</tr>
</tbody>
</table>
Training is/was available | Intend to provide care for the following in my medical practice:
---|---
Infants (1-12 months) | □ | □
Children (1-11 years) | □ | □
Adolescents (12-19 years) | □ | □
Women | □ | □
Pregnant women | □ | □
Men | □ | □
Seniors (65+ years) | □ | □
Other group (please specify below) | □ | □

If you indicated 'other group' above, please specify: __________

12. Do you feel that your residency training will provide you with the knowledge and skill required to care for the following?

**Knowledge**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>A wide range of common problems in patients in the community</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Less common, but life threatening and treatable emergencies in patients in all age groups</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**Skill**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>A wide range of common problems in patients in the community</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Less common, but life threatening and treatable emergencies in patients in all age groups</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

13. To what extent would you agree or disagree with this statement: "the academic and the clinical service components of your residency program are balanced"?

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

C. FUTURE PRACTICE

14. Once you complete your family medicine residency training, do you plan to:

a.i) Continue beyond your residency by undertaking a fellowship position?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know yet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

a.ii) Continue your residency by undertaking a third year training position?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know yet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

a.iii) Please indicate which of the following third year training programs you have applied to/ been accepted to:

<table>
<thead>
<tr>
<th></th>
<th>Applied</th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Care of the elderly</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Palliative medicine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Research</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other enhanced skills programs (please specify below)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

If you indicated 'other enhanced skills programs' above, please specify: __________
14. Once you complete your family medicine residency training, do you plan to:
(continued)
b.i) Practice as a family physician (general practitioner)?
( ) Yes
( ) No
( ) Don’t know yet

b.ii) Specialize within an area of family medicine?
( ) Yes
( ) No
( ) Don’t know yet
If yes, please specify: __________

14. Once you complete your family medicine residency training, do you plan to:
(continued)
c. Join or set up a practice?
( ) I intend to set up a practice
( ) I intend to join a practice
( ) I do not intend to join or set up a practice
c.i) If you intend to join or set up a practice what type of practice set-up would you prefer?
Note that a solo or group practice could also include a nurse who does not have her/his own caseload.
( ) Solo practice
( ) Group practice - association (i.e., fee/cost-sharing relationship)
( ) Group practice - partnership (i.e., fee/cost-sharing; income sharing and financial/medical liability sharing)
( ) Interprofessional practice (physician(s) and other health professional(s) who have their own caseloads)
( ) Other (Please specify below.)
( ) Don’t know yet
If you indicated 'other' above, please specify: __________

14. Once you complete your family medicine residency training, do you plan to:
(continued)
d. Have call responsibilities?
( ) Yes
( ) No
( ) Don’t know yet
e. Practice as a locum?
( ) Yes
( ) No
( ) Don’t know yet
e.i) Indicate your reasons for wanting to practice as a locum tenens. Check ALL that apply.
[ ] Financial reasons
[ ] To assess potential future practice location
[ ] Clinical variety
[ ] Filling a service need
[ ] Flexibility/ability to set own schedule
[ ] Other, please specify: __________
e.ii) For which patient population(s) do you intend to provide locum tenens care? Check ALL that apply.
[ ] Inner city
[ ] Urban/ Suburban
[ ] Small town
[ ] Rural
[ ] Geographically isolated/ Remote
[ ] Other, please specify: __________
[ ] Don’t know yet
14. Once you complete your family medicine residency training, do you plan to:
(continued)
f. Practice in a hospital setting?
() Yes
() No
() Don’t know yet
g. Seek an administrative (non-patient care) position?
() Yes
() No
() Don’t know yet
h. Apply for (a) hospital appointment(s)?
() Yes
() No
() Don’t know yet
i. Apply for (a) faculty appointment(s)?
() Yes
() No
() Don’t know yet
14. Once you complete your family medicine residency training, do you plan to:
(continued)
j. Practice within the same province in which you are currently training?
() Yes
() No
() Don’t know yet
k. Practice in another province or territory in Canada?
() Yes
() No
() Don’t know yet
If yes, which province(s)/territory(ies)? Check all that apply.
[] BC
[] AB
[] SK
[] MB
[] ON
[] QC
[] NB
[] NS
[] PE
[] NL
[] NT
[] YT
[] NU
l. Leave Canada to practice in another country?
() Yes
() No
() Don’t know yet
If yes, please specify country:
() USA
() Other, please specify: __________

15a. Are you being actively recruited for a practice location?
() Yes
() No
15b. Where are you being recruited to?
- The community where you are doing your residency
- Other community within the same province
- Other province or territory within Canada
- Canadian Forces Health Services
- USA
- Other, please specify: __________

16a. What language(s) can you speak with your patients? Please check all that apply.
- English
- French
- Other(s), please specify: __________

16b. Please describe the population PRIMARILY served by the practice you intend to undertake after completion of residency. Please check ONLY ONE.
- Inner city
- Urban/Suburban
- Small town
- Rural
- Geographically isolated/Remote
- Cannot identify a primary population
- Other (Please specify below.)
- Don’t know yet
- I don’t intend to be involved in patient care
If you indicated 'other' above, please specify: __________

17. Please indicate the types of health care providers with whom you regularly interact. Please check ALL that apply.
- Family Physicians
- Addiction counsellors
- Chiropodists
- Chiropractors
- Complementary/alternative medicine providers (e.g., acupuncturists, homeopaths)
- Dentists
- Dietitians/nutritionists
- Mental health counsellors
- Midwives
- Nurse practitioners
- Psychiatric nurses
- Other nurses (RN, LPN, RPN)
- Occupational therapists
- Optometrists
- Pharmacists
- Physician assistants
- Physiotherapists
- Psychologists
- Social workers
- Speech-language pathologists

Other medical specialists. Please specify the three main specialist types with whom you regularly interact:
1. __________
2. __________
3. __________

18a. What do you think will be factors in having a satisfying and successful medical practice? 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 electronic health records.
J. Availability of medical support systems/resources
K. Availability of relevant patient information at the point of care
L. Ability to access appropriate care facilities for my patients (e.g., hospital beds, long-term care beds)
M. Other, please specify: __________

18b. Please indicate which of the factors in 18a. 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
   ( ) M

D. TIME ALLOCATION

19. 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.
   ( ) Teaching/ Education
   ( ) Research (including management of research and publications)
   ( ) Administration (i.e., management of university program, chief of staff, department head, Ministry of Health, etc.)
   ( ) None of the above

E. INFORMATION TECHNOLOGY

20a. Have you used or been exposed to electronic medical records to enter/retrieve patient clinical notes during your clinical training?
   ( ) Yes
   ( ) No

20b. If yes, please indicate in which setting(s). Please check all that apply.
   ( ) Hospital
   ( ) Physician office/clinic setting
   ( ) Other, please specify: __________

21. Would you expect to use electronic medical records to enter/retrieve patient clinical notes instead of paper when you enter into practice?
   ( ) Yes
   ( ) No
   ( ) N/A – do not intend to provide patient care

22. What websites do you use for access to research or clinical information? Check ALL that apply.
Medical organizations'/Schools' websites:
   ( ) CFPC website
   ( ) Royal College website
   ( ) CMA website
   ( ) Specialty society website(s)
   ( ) Medical school/university website(s)
   ( ) Resident/student associations (e.g., CAIR, CFMS, FAÉMQ, FMRQ website(s))
   ( ) Other, please specify: __________
Information retrieval websites:
   ( ) Medline
Peer-reviewed medical journals:

- [ ] CFP
- [ ] CMAJ
- [ ] Other, please specify: __________
- [ ] Clinical practice guidelines

**F. PROFESSIONAL INCOME**

23. 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

**G. FINANCES**

24. Please indicate how much education-related debt you incurred during each of the following timeframes, and how much debt you estimate you will have after the completion of your residency.

a. Debt incurred during your education prior to 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

b. Debt incurred during 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

c. Debt incurred during residency training (to date)

() 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 $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

Please check ONLY ONE.
d. Estimated debt upon completion of residency

- 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 do not wish to provide any of this information

24e. If you indicated debt incurred during medical school, did your debt influence your choice of medical specialty in any of the ways listed below? Check ALL that apply.

- I purposely chose a short residency program
- I purposely chose a specialty that I believe to have a high earning potential
- No influence
- Not applicable (no debt prior to residency)

24f. If you expect to have debt upon completion of residency, do you intend to do any of the following to pay off the debts you have accumulated in your pre-medical and medical training? Check all that apply.

- Fulfill a return of service obligation
- Practice as a locum tenens
- Practice where I am offered a financial recruitment incentive
- Practice in the United States
- None of the above
- Not applicable (no debt estimated upon completion of residency)

25. Have you received scholarships or other financial support that does not require repayment for your post-secondary education?

() Yes
() No

If yes, how much?

() <$10,000
() 10,001-20,000
() 20,001-40,000
() >40,000

26. Is there a return of service agreement associated with your postgraduate medical education?

() Yes
() No

27. 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
28. What proportion of your financial debt is through personal loans, bank loans, and government loans?
% Personal loans (e.g., from family members) ___________
% Bank loans __________
% Government loans __________
Total % of debt=100

H. DEMOGRAPHICS

29a. Where were you born?
() Canada
() USA
() Other country, please specify: __________

29b. Please indicate your status in Canada.
() Canadian citizen
() Permanent resident (landed immigrant)
() Visa trainee
() Other, please specify: __________

30. Where 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
[] USA
[] Other

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/suburban/ inner city
() Exclusively/ predominantly remote/isolated
() Mixture of environments

32. Current marital status.
() Married/living with partner
() Single
() Separated/Divorced
() Widowed

33. Do you have children (including stepchildren)?
[] Yes - Age of the youngest (in years): __________
[] No
[] Currently expecting a child

Comments __________

Direct quotes that represent a concept expressed by many respondents may be used in publications and presentations, however, these quotes will not be attributed to any specific individuals.

We greatly appreciate the time you have given us to complete this important survey.
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.