

SURVEY OF RESIDENTS COMPLETING TRAINING IN NY IN 2023

YOUR INFORMATION

1. ACGME Residency Program Number:

Format: XXX-XX-XX-XXX _____

Last Name _____

First Name _____

2. Main hospital at which you did your training:

- Albany Medical Center
- Arnot Ogden Medical Center
- Bronx-Lebanon Hospital Center
- Brookdale University Hospital and Medical Center
- Brooklyn Hospital Center
- Coney Island Hospital
- Creedmoor Psychiatric Center
- Ellis Hospital
- Flushing Hospital Medical Center
- Garnet Health Medical Center
- Good Samaritan Hospital Medical Center
- Harlem Hospital Center
- Hospital for Special Surgery
- Icahn School of Medicine at Mount Sinai
- IFH Harlem Residency in Family Medicine
- Jacobi Medical Center
- Jamaica Hospital Medical Center
- Kingsbrook Jewish Medical Center
- Laser and Skin Surgery Center of New York
- Lenox Hill Hospital
- Lincoln Medical and Mental Health Center
- Maimonides Medical Center
- Mary Imogene Bassett Hospital
- Memorial-Sloan Kettering Cancer Center
- Metropolitan Hospital Center
- Mid-Hudson Family Health Services/Kingston Hospital
- Montefiore Medical Center/Albert Einstein College of Medicine
- Montefiore New Rochelle
- Mount Sinai – Beth Israel
- Mount Sinai – Morningside
- Mount Sinai South Nassau
- Mount Sinai West
- Nassau University Medical Center
- New York Blood Center
- New York City Department of Health and Mental Hygiene
- New York Hospital Queens
- New York Presbyterian Brooklyn Methodist Hospital
- New York Presbyterian Hospital-Columbia Campus
- New York Presbyterian Hospital-Cornell Campus
- New York Presbyterian Hospital-Westchester Division
- New York University Langone Medical Center
- Northwell Health - Forest Hills
- Northwell Health - Glen Cove
- Northwell Health - North Shore-LIJ
- Northwell Health - Plainview
- Northwell Health - Southside
- NYU Winthrop Hospital
- Office of Chief Medical Examiner-City of New York

- Richmond University Medical Center
- Rochester General Hospital
- St. Barnabas Hospital
- St. Elizabeth's Medical Center
- St. John's Episcopal Hospital, South Shore
- St. Joseph's Hospital Health Center
- St. Joseph's Medical Center
- Staten Island University Hospital
- Strong Memorial Hospital of the University of Rochester
- SUNY Health Science Center at Brooklyn
- SUNY Health Science Center at Stony Brook
- SUNY Health Science Center at Syracuse
- The Mount Vernon Hospital
- UHS Wilson Medical Center
- Univeristy of Buffalo Jacobs School of Medicine and Biomedical Sciences
- Westchester Medical Center
- Woodhull Medical and Mental Health Center
- Wyckoff Heights Medical Center
- Other: _____

BACKGROUND

3. Gender

- Female
- Male
- Nonbinary
- Prefer not to disclose
- Prefer to self-describe: _____

4. Age _____

5. Citizenship Status

- Native born US
- Naturalized US
- Permanent resident
- H-1, H-2, H-3 Temporary worker
- J-1, J-2 Exchange visitor

6. Are you of Hispanic/Latino origin?

- Yes
- No

7. What is your race? (Mark all that apply)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Other

8. Which best describes your current relationship status?

- Now Married
- In Long-term Relationship
- Divorced/Separated/Widowed (skip to Question 10)
- Never Married/Single (skip to Question 10)

9. Is your partner also a physician?

- Yes
- No
- Question does not apply

10. Do you have any dependent children?

- Yes
- No

11. Where did you live when you graduated from high school?

- New York
- Canada
- Other US state
- Other country

MEDICAL EDUCATION AND TRAINING

12. At the end of your current year of training, how many total years of post-graduate training will you have completed in the US?

- 1
- 2
- 3
- 4
- 5
- 6 or more

13. Type of Medical Education:

- Allopathic (MD)
- Osteopathic (DO)

14. Medical School Attended:

- New York (If yes, complete Question 15)
- Canada (If yes, skip to Question 16)
- Other state in the US (If yes, skip to Question 16)
- Other country (If yes, skip to Question 16)

15. Specify NY Medical School:

- Albany Medical College
- Albert Einstein College of Medicine of Yeshiva University
- Columbia University College of Physicians and Surgeons
- CUNY School of Medicine
- Hofstra North Shore-LIJ School of Medicine
- Icahn School of Medicine at Mount Sinai
- New York Medical College (Valhalla)
- NYIT College of Osteopathic Medicine
- New York University School of Medicine
- Stony Brook University Medical Center School of Medicine, SUNY
- SUNY Downstate Medical Center College of Medicine
- Touro College of Osteopathic Medicine
- University at Buffalo School of Medicine & Biomedical Sciences, SUNY
- University of Rochester School of Medicine & Dentistry
- Upstate Medical University, SUNY
- Weill Cornell Medical College

16. What is your current level of educational debt?

- None
- Less than \$50,000
- \$50,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000-\$249,999
- \$250,000-\$299,999
- \$300,000-\$349,999
- \$350,000-\$399,999
- \$400,000 and over

17. Specialty you are COMPLETING in 2023 (Mark only one):

- Allergy and Immunology
- Anesthesiology (General)
- Anesthesiology - Pain Management
- Other Anesthesiology Subspecialty-Specify:

- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine (General)
- Cardiology
- Critical Care Medicine
- Endocrinology and Metabolism
- Gastroenterology
- Geriatrics
- Hematology/Oncology
- Infectious Disease
- Nephrology
- Pulmonary Disease/CCM
- Rheumatology
- Other Internal Medicine Subspecialty-Specify:

- Internal Medicine and Pediatrics (Combined)
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology (General)
- Obstetrics and Gynecology (Subspecialty)-Specify:

- Pathology (General)
- Pathology (Subspecialty)-Specify:

- Pediatrics (General)
- Pediatrics (Subspecialty)-Specify:

- Physical Medicine and Rehabilitation
- Preventive Medicine/Public Health/Occupational Medicine
- Psychiatry
- Child and Adolescent Psychiatry
- Other Psychiatry Subspecialty-Specify:

- Radiology (Diagnostic)
- Radiology (Therapeutic)
- Surgery (General)
- Cardio-Thoracic Surgery
- Neurological Surgery
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Plastic Surgery
- Urology
- Other Surgical Subspecialty-Specify:

- Other-Specify:

18. What do you expect to be doing after completion of your current training program?

- | | |
|--|--|
| <input type="radio"/> Patient care/clinical practice (in non-training position) | <input type="radio"/> Teaching/research (in non-training position) |
| <input type="radio"/> Additional subspecialty training or fellowship (Specify specialty):
_____ | <input type="radio"/> Temporarily out of medicine |
| <input type="radio"/> Chief resident | <input type="radio"/> Other (Specify):
_____ |
| | <input type="radio"/> Undecided/don't know yet |

FUTURE PLANS

19. If you are going on for additional training/fellowship, please answer the following:

A. Why are you sub-specializing/continuing training? (Mark all that apply)

- | | |
|--|--|
| <input type="radio"/> To further your medical education | <input type="radio"/> Other (Specify):
_____ |
| <input type="radio"/> Unable to find a job you are happy with | <input type="radio"/> Always intended to subspecialize |
| <input type="radio"/> Unable to find any job | <input type="radio"/> Question does not apply |
| <input type="radio"/> To stay in the US (ie, due to visa status) | |

B. If you are leaving NY to continue your training, do you plan to return to NY to practice when your training is complete?

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know yet |
| <input type="radio"/> No | <input type="radio"/> Question does not apply |

20. Are you joining a medical school as a faculty member?

- Yes
- No

21. In your upcoming position, how many hours per week do you expect to spend in each of the following activities?

	None	1-9	10-19	20-29	30-39	40-49	50-59	60+
Direct patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering/ Community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Where is the location of your primary activity after completing your current training position?

- Same city/county as current training
- Other US state
- Same region within NY, but different city/county
- Outside the US
- Other area within NY
- Don't know yet

23. Do you have an obligation or visa requirement to work in a federally designated Health Professional Shortage Area?

- Yes
- No

24. How important is it for you to have control over the following job characteristics?

	Not Important at All	Of Little Importance	Important	Very Important
Start and end time each workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of each workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of overnight calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of weekend duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How important is it for you to have the following in a practice opportunity?

	Not Important at All	Of Little Importance	Important	Very Important
Workplace safety protocols, including access to personal protective equipment (PPE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for my mental health and emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An operations plan for emergency situations, such as pandemics, natural disasters, and the like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are planning to enter or have considered entering patient care/clinical practice:

26. Have you actively searched for a job?

- Yes
- No, not yet
- No, I will be self-employed

27. Have you been offered a job?

- Yes, and I have accepted an offer
- Yes, but I declined the offer(s) and am still searching (skip to Question 40)
- No, but I have not actively searched yet (skip to Question 40)
- No, I have not yet been offered a practice position (skip to Question 40)

PRACTICE PLANS

If you have accepted a position in patient care/clinical practice, please answer the following questions. If not, skip to Question 40.

28. Which best describes the type of patient care practice you will be entering?

	Principal Setting (Mark only one)	Secondary Setting (Mark all that apply)
Solo practice	<input type="radio"/>	<input type="radio"/>
Partnership (2 people)	<input type="radio"/>	<input type="radio"/>
Group practice (owner/partner)	<input type="radio"/>	<input type="radio"/>
Group practice (employee)	<input type="radio"/>	<input type="radio"/>
Hospital – Inpatient	<input type="radio"/>	<input type="radio"/>
Hospital – Ambulatory care	<input type="radio"/>	<input type="radio"/>
Hospital – Emergency room	<input type="radio"/>	<input type="radio"/>
Freestanding health center or clinic	<input type="radio"/>	<input type="radio"/>
Nursing home	<input type="radio"/>	<input type="radio"/>
Other (Complete Below)	<input type="radio"/>	<input type="radio"/>

Other (Specify): _____

29. What is the zip code of the principal practice address where you will be working? If zip code is unknown, please give city or town and state.

Zip Code _____

City/Town _____

State _____

30. Is this principal practice address located in a federally designed Health Professional Shortage Area?

- Yes
- No
- I don't know

31. If you are not going to practice in New York, please indicate the reasons why. In the left column, indicate all of the reasons why (mark all that apply). In the right column, indicate the main reason why (mark only one).

	Reasons Why I'm Leaving NY (Mark all that apply)	Main Reason I'm Leaving NY (Mark only one)
Practice Reasons	Overall lack of jobs/practice opportunities in New York	<input type="radio"/>
	Better jobs/practice opportunities in desired locations outside New York	<input type="radio"/>
	Better jobs/practice opportunities in desired practice setting (eg, hospital, group practice, etc.) outside New York	<input type="radio"/>
	Better jobs/practice opportunities outside New York that meet visa status requirements	<input type="radio"/>
Financial Reasons	Better salary/compensation offered outside New York	<input type="radio"/>
	Cost of malpractice insurance in New York	<input type="radio"/>
	Cost of establishing a medical practice in New York	<input type="radio"/>
	Taxes in New York	<input type="radio"/>
	Cost of living in New York	<input type="radio"/>
Personal Reasons	Proximity to family	<input type="radio"/>
	Better employment opportunities for spouse/partner outside New York	<input type="radio"/>
	Climate (eg, weather)	<input type="radio"/>
Other	Never intended to practice in New York	<input type="radio"/>
	Other reason	<input type="radio"/>

32. How many years do you expect to be at your principal practice?
- 1 4
- 2 5 or more
- 3
33. Which best describes the demographics of the area in which you will be practicing?
- Inner City Small city (population less than 50,000)
- Other area within major city Rural
- Suburban
34. Please identify all of the incentives you received for accepting this practice position (mark all that apply). Also, please indicate the most influential incentive in your decision to accept this practice position (mark only one).

	Incentives Received (Mark all that apply)	Most Influential Incentive (Mark only one)
H-1 visa sponsorship	<input type="radio"/>	<input type="radio"/>
J-1 visa waiver	<input type="radio"/>	<input type="radio"/>
Sign-on bonus	<input type="radio"/>	<input type="radio"/>
Income guarantees	<input type="radio"/>	<input type="radio"/>
On-call payments	<input type="radio"/>	<input type="radio"/>
Relocation allowances	<input type="radio"/>	<input type="radio"/>
Spouse/Partner job transition assistance	<input type="radio"/>	<input type="radio"/>
Support for maintenance of certification and continuing medical education	<input type="radio"/>	<input type="radio"/>
Career development opportunities	<input type="radio"/>	<input type="radio"/>
Educational loan repayment	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>

35. If you received any incentives, how important were they in your decision to accept this practice position?
- Not at all important Important
- Of little importance Very important

36. Expected gross income during first year of practice: Base Salary/Income

- | | |
|---|---|
| <input type="radio"/> Less than \$99,999 | <input type="radio"/> \$275,000-\$299,999 |
| <input type="radio"/> \$100,000-\$124,999 | <input type="radio"/> \$300,000-\$324,999 |
| <input type="radio"/> \$125,000-\$149,999 | <input type="radio"/> \$325,000-\$349,999 |
| <input type="radio"/> \$150,000-\$174,999 | <input type="radio"/> \$350,000-\$374,999 |
| <input type="radio"/> \$175,000-\$199,999 | <input type="radio"/> \$375,000-\$399,999 |
| <input type="radio"/> \$200,000-\$224,999 | <input type="radio"/> \$400,000 and over, please specify: |
| <input type="radio"/> \$225,000-\$249,999 | _____ |
| <input type="radio"/> \$250,000-\$274,999 | |

37. Expected gross income during first year of practice: Anticipated Additional Incentive Income

- | | |
|---|--|
| <input type="radio"/> None | <input type="radio"/> \$30,000-\$34,999 |
| <input type="radio"/> Less than \$5,000 | <input type="radio"/> \$35,000-\$39,999 |
| <input type="radio"/> \$5,000-\$9,999 | <input type="radio"/> \$40,000-\$44,999 |
| <input type="radio"/> \$10,000-\$14,999 | <input type="radio"/> \$45,000-\$49,999 |
| <input type="radio"/> \$15,000-\$19,999 | <input type="radio"/> \$50,000-\$54,999 |
| <input type="radio"/> \$20,000-\$24,999 | <input type="radio"/> \$55,000-\$59,999 |
| <input type="radio"/> \$25,000-\$29,999 | <input type="radio"/> \$60,000 and over, please specify: |
| | _____ |

38. For the practice position you accepted, did you accept the first salary or did you negotiate salary?

- Accepted first offer
- Negotiated salary

39. What is your level of satisfaction with your salary/compensation?

- | | |
|---|--|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Somewhat satisfied |
| <input type="radio"/> Somewhat dissatisfied | <input type="radio"/> Very satisfied |

EXPERIENCE IN JOB MARKET

If you are going into patient care or have considered going into patient care, please complete the following.

40. Did you have difficulty finding a practice position you were satisfied with?

- Yes
- No
- Haven't looked yet (skip to Question 43)

41. What would you say was the main reason?
- Overall lack of jobs/practice opportunities
 - Lack of jobs/practice opportunities that meet visa status requirements
 - Lack of jobs/practice opportunities in desired locations
 - Lack of jobs/practice opportunities in desired practice setting (eg, hospital, group practice)
 - Inadequate salary/compensation offered
 - Lack of employment opportunities for spouse/partner
 - Other (Specify): _____
42. Did you have to change your plans because of limited practice opportunities?
- Yes
 - No
 - Haven't looked yet
43. How many offers for practice positions did you receive (excluding fellowships, chief residency, and other training positions)?
- None
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6-10
 - Over 10
44. What is your overall assessment of practice opportunities in your specialty, and within 50 miles of the site where you trained?
- No jobs
 - Very few jobs
 - Few jobs
 - Some jobs
 - Many jobs
 - Unknown
45. What is your overall assessment of practice opportunities in your specialty nationally?
- No jobs
 - Very few jobs
 - Few jobs
 - Some jobs
 - Many jobs
 - Unknown

Thank you for completing this important survey!