

Survey of Residents Completing Training in NY in 2015

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MARKING INSTRUCTIONS

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

CORRECT

INCORRECT

ACGME Residency Program # - - - For Office Use

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York in 2015 (excluding preliminary training positions).

LAST NAME

FIRST NAME

Main Hospital at Which You Did Your Training:

For each question *mark only one answer* unless otherwise directed.

A. BACKGROUND B. MEDICAL EDUCATION AND TRAINING

- 1.** Gender: Male Female
- 2.** Age:
- 3.** Citizenship Status:
 Native born U.S.
 Naturalized U.S.
 Permanent resident
 H-1, H-2, H-3 Temporary worker
 J-1, J-2 Exchange visitor
- 4.** A. Are you of Hispanic/Latino origin?
 Yes No
- B. What is your race? (mark all that apply)
 American Indian/Alaska Native
 Asian or Pacific Islander
 Black/African American
 White
 Other
- 5.** A. Which best describes your current relationship status?
 Now Married
 In Long-term Relationship
 Divorce/Separated (Skip to 6)
 Never Married/Single (Skip to 6)
- B. If currently married or in a long-term relationship, is your partner also a physician?
 Yes No Question does not apply
- 6.** Do you have any dependent children?
 Yes No
- 7.** Where did you live when you graduated from high school?
 New York Canada
 Other U.S. Other country

- 8.** At the end of your current year of training, how many total years of post-graduate training will you have completed in the U.S.?
 1 2 3 4 5 6 or more
- 9.** Type of Medical Education:
 Allopathic (M.D.) Osteopathic (D.O.)
- 10.** Medical School Attended:
 New York (if yes, complete below) Canada
 Other state in the U.S. Other country
 Specify if in NY:
 Albany Medical College
 Albert Einstein Col of Med of Yeshiva Univ
 Columbia University Col of Phys and Surg
 Hofstra North Shore-LIJ School of Medicine
 Mt. Sinai School of Medicine
 New York College of Osteo Med of NYIT
 New York Medical College (Valhalla)
 New York University Sch of Med
 Stony Brook Univ Med Ctr Sch of Med
 SUNY Buffalo Sch of Med & Biomed Sci
 SUNY Downstate Med Ctr Col of Med
 Touro College of Osteopathic Med
 University of Rochester
 Upstate Medical University, SUNY
 Weill Cornell Medical College
- 11.** What is your current level of educational debt?
 None \$150,000-\$174,999
 Less than \$25,000 \$175,000-\$199,999
 \$25,000-\$49,999 \$200,000-\$224,999
 \$50,000-\$74,999 \$225,000-\$249,999
 \$75,000-\$99,999 \$250,000-\$274,999
 \$100,000-\$124,999 \$275,000-\$299,999
 \$125,000-\$149,999 \$300,000 and over

continue . . . Page 1



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

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12. Specialty you are COMPLETING in 2015

(select 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: _____

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

Primary Activity (mark only one)

- Patient care/clinical practice (in non-training position)
- Additional subspecialty training or fellowship (specify specialty): _____
- Chief resident
- Teaching/research (in non-training position)
- Temporarily out of medicine
- Other (specify): _____
- Undecided/don't know yet

C. FUTURE PLANS

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

A. Why are you subspecializing/continuing training? (mark all that apply)

- To further your medical education
- Unable to find a job you are happy with
- Unable to find any job
- To stay in the U.S. (i.e., due to visa status)
- Other (specify): _____
- Always intended to subspecialize
- Question does not apply

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

- Yes
- Don't know yet
- No
- Question does not apply

15. 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"/>
Teaching	<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"/>

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

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

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

- Yes
- No

18. How important is it for you to have control over the following job characteristics:

	Not important at all	Of little importance	Important	Very important
Predictable 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"/>

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

A. Have you actively searched for a job?

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

B. 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 27)
- No, but I have not actively searched yet (Skip to Question 27)
- No, I have not yet been offered a practice position (Skip to Question 27)

D. PRACTICE PLANS

If you have accepted a position in patient care/clinical practice please answer the following questions, if not, skip to Question 27.

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

Principal Practice Setting (mark only one)	Secondary Practice Setting(s) (mark all that apply)
<input type="radio"/>	<input type="radio"/> 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: _____

21. A. 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.

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

← Principal Practice Zip Code

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City/Town

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State

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

- Yes
- No
- I don't know

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

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

22. How many years do you expect to be at your principal practice?
 1 2 3 4 5 or more

23. Which best describes the demographics of the area in which you will be practicing?
 Inner city
 Other area within major city
 Suburban
 Small city (population less than 50,000)
 Rural

24. A. 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	Most Influential Incentive
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"/>

B. 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

25. Expected gross income during first year of practice:

A. Base Salary/Income	B. Anticipated Additional Incentive Income
<input type="radio"/> Less than \$75,000	<input type="radio"/> None
<input type="radio"/> \$75,000–\$99,999	<input type="radio"/> Less than \$5,000
<input type="radio"/> \$100,000–\$124,999	<input type="radio"/> \$5,000–\$9,999
<input type="radio"/> \$125,000–\$149,999	<input type="radio"/> \$10,000–\$14,999
<input type="radio"/> \$150,000–\$174,999	<input type="radio"/> \$15,000–\$19,999
<input type="radio"/> \$175,000–\$199,999	<input type="radio"/> \$20,000–\$24,999
<input type="radio"/> \$200,000–\$224,999	<input type="radio"/> \$25,000–\$29,999
<input type="radio"/> \$225,000–\$249,999	<input type="radio"/> \$30,000–\$34,999
<input type="radio"/> \$250,000–\$274,999	<input type="radio"/> \$35,000–\$39,999
<input type="radio"/> \$275,000–\$299,999	<input type="radio"/> \$40,000–\$44,999
<input type="radio"/> \$300,000–\$324,999	<input type="radio"/> \$45,000–\$49,999
<input type="radio"/> \$325,000–\$349,999	<input type="radio"/> \$50,000–\$54,999
<input type="radio"/> \$350,000–\$374,999	<input type="radio"/> \$55,000–\$59,999
<input type="radio"/> \$375,000 and over	<input type="radio"/> \$60,000 and over

26. What is your level of satisfaction with your salary/compensation?
 Very dissatisfied Somewhat satisfied
 Somewhat dissatisfied Very satisfied

E. EXPERIENCE IN JOB MARKET

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

27. A. Did you have difficulty finding a practice position you were satisfied with?
 Yes No Haven't looked yet
 (Skip to Question #30)

B. If Yes, what would you say was the main reason? (*mark only one*)
 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 (e.g., hospital, group practice, etc.)
 Inadequate salary/compensation offered
 Lack of employment opportunities for spouse/partner
 Other (specify): _____

28. Did you have to change your plans because of limited practice opportunities?
 Yes No Haven't looked yet
 (Skip to Question #30)

29. 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

30. What is your overall assessment of practice opportunities in your specialty, and within 50 miles of the site where you trained?
 No jobs Some jobs
 Very few jobs Many jobs
 Few jobs Unknown

31. What is your overall assessment of practice opportunities in your specialty nationally?
 No jobs Some jobs
 Very few jobs Many jobs
 Few jobs Unknown

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.

