

Family Medicine

THE OFFICIAL JOURNAL OF THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

Appendix A. Physician Assessor Version of the Clinical Preparedness Survey

Clinical Preparedness Post Residency – Physician Assessor

Instructions: This survey was designed to be completed by a physician because we want to assess how well prepared new graduates from residency training are in providing independent clinical care. By independent we mean that new graduates are self-reliant in core skills (communication, history, physical exam and clinical decision making for common primary care professional areas). **You have been identified as a physician in a supervisory role able to assess the patient care skills of Dr. X. If you are not a physician or think this is an error, please contact XXX at XXX or XXX-XXX-XXXX.**

Please complete each question by choosing the response that best represents you or your opinions in the spaces provided This survey will take about 10 minutes to complete.

I. Characteristics of Dr. X's Job – to help us understand the contextual features of this hire

1.01. How long was the position that you hired Dr. X into open for recruitment?

- 0-3 Months
- 3-6 months
- 6-9 months
- 9-12 months
- 12+ months
- We always have clinician positions open in our practice

1.02. Did you advertise/conduct an open search for the position you hired Dr. X into? 1. Yes 2. No

1.03. If **Yes**, how many candidates did you interview for the position that Dr. X was hired into? _____

1.04. How long have you known Dr. X? _____ Years _____ Months

1.05. Is your practice the same practice Dr. X used for his/her continuity practice in residency? 1. Yes 2. No

1.06. If **Yes**, are you the residency director of that program? 1. Yes 2. No

1.07. If **No**, did Dr. X rotate to your practice during his/her residency? 1. Yes 2. No

1.08. Which of the following best describes your principal practice site:

1. Hospital/health system-owned medical practice (not including managed care or HMO)
2. Independently-owned medical practice
3. Managed care/ HMO practice
4. Academic health center/ faculty practice (residency or university teaching environment)
5. Federally Qualified Health Center or Look-Alike
6. Rural Health Clinic (federally qualified)
7. Indian Health Service
8. Government clinic, Non-Federal (e.g. state, county, city, maternal and child health, public health center, etc.)

9. Federal (Military, Veterans Administration/Department of Defense)
10. Work site clinic
11. Other, please specify _____

1.07 Which of the following describes your principal practice size?

1. Solo practice
2. 2-5 Providers
3. 6-20 Providers
4. >20 Providers

1.08 Which of the following describes the physician specialty mix of your principal practice?

1. Family medicine only
2. Primary care specialty mix (Family Medicine, Internal Medicine and/or Pediatrics)
3. Multiple specialties (not only primary care)

1.09 Did Dr. X have a physician mentor assigned to him/her during his/her early months with the practice?

1. Yes
2. No

1.10. **If Yes**, were you Dr. X's physician mentor when s/he first joined the practice? 1. Yes 2. No

1.11. How many half days is Dr. X in clinic?

- a. 1-3 half-days/week
- b. 4-6 half-days/week
- c. 7-10 half-days/week
- d. Other: _____

1.12. To what extent is Dr. X meeting your practice's clinical productivity standards?

1. Somewhat below standards
2. Meeting standards
- 3 Exceeding standards

II. How You Think About Independent Clinical Practice

Instructions: We want to understand how you think about readiness for independent practice. There are no 'correct' answers in the scenarios below, so please select the responses that best reflect your point of view.

2.01. If a new graduate of residency training *who joined your practice within the last three months* took 25 minutes to complete a visit with a toddler with an uncomplicated ear infection, is this:

1. Not at all a problem
2. Somewhat of a problem
3. A significant problem

2.02. If a new graduate from residency training *who joined your practice within the last three months* was referring many of his or her patients with vaginal bleeding to a gynecologist, is this:

1. Not at all a problem
2. Somewhat of a problem
3. A significant problem

2.03. If a new graduate from residency training *who joined your practice within the last three months* had difficulty initiating insulin therapy in the outpatient setting for a patient with diabetes, is this:

1. Not at all a problem
2. Somewhat of a problem
3. A significant problem

2.04. If a new graduate from residency training *who joined your practice within the last three months* was referring many of his or her patients who needed a shoulder joint injection to an orthopedist, to what extent is this a problem?

1. Not at all a problem
2. Somewhat of a problem
3. A significant problem

III. Assessment of Preparedness

Instructions: The next questions will help us understand, from your point of view, the preparedness of Dr. X for independent practice.

3.01. To what extent have you observed or learned about any challenges related to the following issues with Dr. X's patient care during his/her first three months in your practice:

| Preparedness Issues | Many Challenges | Some Challenges | No Challenges |
|---|--------------------------|--------------------------|--------------------------|
| Issues with <u>confidence</u> (e.g., self assurance arising from appreciation of their own abilities) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues with <u>speed/timing</u> related to healthcare visits (defined as: judgment of control needed to manage events) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues with <u>managing care in multiple settings simultaneously or back-to-back</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues with <u>over-referring patients</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues with working on a "time clock" or <u>being unprepared for practice demands unbounded by any duty hour restrictions</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.02. Instructions: Using the scale below, please indicate for each Professional Activity how well prepared for independent clinical practice Dr. X. is

| Professional Activity | Not Done in Practice | Cannot Assess at this Time | Not practicing very independently, frequently requests assistance | Practicing mostly independently, sometimes requests assistance | Practicing independently, rarely requests assistance |
|--|-----------------------------|-----------------------------------|--|---|---|
| Provide a usual source of comprehensive, longitudinal medical care for people of all ages. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care for patients and families in multiple settings. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide first-contact access to care for health issues and medical problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide care that speeds recovery from illness and improves function | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluate and manage undifferentiated symptoms and complex conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnose and manage chronic medical conditions and multiple co-morbidities. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnose and manage mental health conditions. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnose and manage acute illness and injury. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perform common procedures in the outpatient or inpatient setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage prenatal care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage labor, delivery, and postpartum care. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage end-of-life and palliative care. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage inpatient care, discharge planning, transitions of care. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage care for patients with medical emergencies. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Develop trusting relationships and sustained partnerships with patients, families, and communities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use data to optimize the care of individuals, families, and populations. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advocate for patients, families, and communities to optimize health care equity and minimize health outcome disparities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide leadership within interprofessional health care teams. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Coordinate care and evaluate specialty consultation as the condition of the patient requires. ^a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

^a Maps to variables included on the LoTP Grad survey

3.03. When completing the table above, which of the following sources of information did you use to rate Dr. X (*indicate all that apply*)?

1. Direct observations you have made
2. Interactions that occurred between you and Dr. X
3. Record review(s) routinely conducted
4. Special record review(s) conducted for evaluation purposes
5. Reports from other clinicians or staff
6. Reports from patients or families
7. Other (*please specify*): _____

3.04. Overall, how well trained do you think Dr. X is to independently practice family medicine?

| Not Well Trained | Somewhat Well Trained | Moderately Well Trained | Very Well Trained | Extremely Well Trained |
|------------------|-----------------------|-------------------------|-------------------|------------------------|
| 1 | 2 | 3 | 4 | 5 |

IV. Characteristics of You and Your Practice - to help us understand you and your practice

4.01. In what year were you born? _____

4.02. What is your gender? 1. Male 2. Female

4.03. What is your race (*Circle all that apply*)? 1. White

2. Black
3. Hispanic
4. Asian/Pacific Islander
5. American Indian or Alaska Native
6. Other (*please specify*): _____
7. More than one race

4.04. Are you board certified by any of the following?

- | | | |
|------|--------|-------|
| ABFM | 1. Yes | 2. No |
| ABIM | 1. Yes | 2. No |
| ABP | 1. Yes | 2. No |

Other board Certification: (Please specify:) _____

If **YES**, what was the year of your initial Certification? _____

4.05. Do you have a CAQ in:

| | | |
|----------------------------------|--------|-------|
| Adolescent Medicine? | 1. Yes | 2. No |
| Geriatrics? | 1. Yes | 2. No |
| Sports medicine? | 1. Yes | 2. No |
| Hospice and Palliative Medicine? | 1. Yes | 2. No |
| Sleep Medicine? | 1. Yes | 2. No |
| Pain Medicine? | 1. Yes | 2. No |
| Other CAQ? Please Specify: | | |

4.06. Did you complete a fellowship after residency training?

1. Yes 2. No



If **YES**, what type (*Circle all that apply*)?

1. Adolescent Medicine
2. Geriatrics
3. Hospice and Palliative Medicine
4. Sleep Medicine
5. Sports Medicine
6. Academic / Faculty Development
7. Addiction Medicine
8. Behavioral Medicine
9. Emergency Medicine
10. HIV Care
11. Hospital Medicine
12. Integrative Medicine
13. International / Global Health
14. Maternity Care / OB
15. Medical Informatics
16. Pain Management
17. Preventive Medicine
18. Research
19. Rural Health
20. Women's Health
21. Other (Please specify: _____)

4.07a. Have you obtained any other degrees, beyond your MD, such as an MPH, MS, MEd, MBA?

1. Yes 2. No



4.07b. If **YES**, type of degree earned: _____

4.08. How long have you been at your current practice location? _____ Years _____ Months

4.09. What percent of your time is spent in the direct care of patients? _____

4.10. Please indicate which of the following services you provide:

| | | |
|-----------------------------|--------|-------|
| a. Adult inpatient care | 1. Yes | 2. No |
| b. Adult ICU/CCU care | 1. Yes | 2. No |
| c. Nursing home care | 1. Yes | 2. No |
| d. Newborn nursery care | 1. Yes | 2. No |
| e. Pediatric inpatient care | 1. Yes | 2. No |
| f. Deliver babies | 1. Yes | 2. No |

4.12. Have you ever taught medical students, residents, or fellows? 1. Yes 2. No

4.12a. If **Yes**, are you currently teaching or precepting medical students, residents, or fellows?

1. Yes 2. No

4.12b. If you are not currently teaching/precepting, how recently have you undertaken teaching activities?

1. Within the last year
2. 2 to 3 years ago
3. 4 to 5 years ago
4. >5 years ago

4.13. How open are clinicians who work in your practice to consulting with each other?

| | | | |
|---|--|--|---------------------------------------|
| We all work pretty independently, consulting with each other is pretty rare | We consult with each other to a limited extent | We consult with each other only for very challenging cases | We consult with each other frequently |
|---|--|--|---------------------------------------|

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

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4.14. These final questions ask you about burnout. We know that wellness is an important issue for health professionals and contributes to the overall picture of the family medicine landscape for recent graduates. Your response to these items is optional.

| | Every day | A few times a week | Once a week | A few times a month | Once a month or less | A few times a year | Never |
|---|-----------|--------------------|-------------|---------------------|----------------------|--------------------|-------|
| I feel burned out from my work | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have become more callus toward people since I took this job | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

4.15. *Please provide any additional comments you would like to include below:*

Thank you for completing this survey!