

Survey about specialty selection sent to fourth-year medical students

1. In order to maintain your confidentiality while we track paired responses over time, we ask that you create a unique ID. This ID will not be used to identify you. This ID is composed of six characters as follows:

- 1. First two letters of your mother's first name (e.g. Mary → MA)**
 - 2. First two letters of your father's last name (e.g. Smith → SM)**
 - 3. Two digit month of your birth (e.g. August → 08)**
- Your ID would thus be: MASM12 (not case sensitive)**

Please enter your unique ID below.

Free response.

2. What residency was your first choice in the match? Please list your first specialty choice even if you didn't receive it. Don't include a preliminary year (e.g. If you intend on completing a radiology residency after completing a preliminary year, select radiology). * For the rest of this survey, when we say "your specialty", we mean this first specialty choice *****

Anesthesia
Dermatology
Emergency Medicine
ENT
Family Medicine
General Surgery
Internal Medicine (General)
Internal Medicine (Sub-specialty)
Medicine-Pediatrics
Neurology
Neurosurgery
OB-GYN
Ophthalmology
Orthopedics
Pathology
Pediatrics
Physical Medicine and Rehab
Psychiatry
Radiology
Radiation Oncology
Urology

Other (please specify)

3. Which other specialties did you consider? Select up to three.

Same choices as above in three columns

No Other Specialties Considered

4. Which three specialties were you LEAST likely to choose or consider?

Same choices as above in three columns

5. BEFORE medical school, how much total time did you spend working with or shadowing a physician of ANY specialty in a clinical environment?

None

Single day

Two days to one week

More than a week to a month

More than a month

6. BEFORE medical school, how much total time did you spend working with or shadowing a physician of your chosen specialty in a clinical environment?

None

Single day

Two days to one week

More than a week to a month

More than a month

7. When someone says, "That specialty has a good lifestyle," what does that mean to you?

Free response.

8. In your opinion, how important are each of the following statements to having a good lifestyle as a physician?

Statements:

Financial Compensation

Having control of work schedule

Having enough time off work

Enjoying the work environment

Enjoying the type of work I am doing

Rating Scale:

Not important at all
Slightly important
Moderately important
Quite important
Extremely important

9. When considering what makes the lifestyle of a physician good, please select the factor you think is MOST important

Statements:

Financial Compensation
Having control of work schedule
Having enough time off work
Enjoying the work environment
Enjoying the type of work I am doing

10/11. Below are some factors that may be important when selecting a specialty. How important were the following factors when choosing your specialty? (Not your particular program choice).

Factors:

Perceived prestige of the field
Average salary earned by attending physicians in the specialty
Research opportunities
Teaching opportunities
Intellectual stimulation of the work I am doing
Opportunities to work with underserved populations
How often I would take overnight call
How often I would work a night shift
How often I would work weekends
Having predictable work hours
Leaving work at a predictable time every day

Being able to have a flexible schedule
Having time to spend with family
Having time for myself outside of work
Having a balance between work life and personal life
Having an enjoyable work day
Collegiality of coworkers
Having a low stress work day
Being satisfied with the job
Availability of practice locations in large, urban centers
Availability of practice locations in rural areas

Rating Scale:

Not important at all
Slightly important
Moderately important

Quite important
Extremely important

12. What is your current age?

Under 27
27-29
30-32
33 or older
Prefer not to answer

13. What is your gender?

Male
Female
Prefer not to answer

14. Please select your ethnic background. The categories in this list were taken from responses to the AAMC Matriculating Student Questionnaire chosen by more than 2% of respondents. (If more than one is applicable, please pick the one with which you most identify)

Asian Indian	White
Black or African-American	Other Asian
Chinese	Other Hispanic
Korean	Other, not listed
Mexican, Mexican American,	Prefer not to answer

15. What is your current marital status?

Never married
Married/Domestic Partner
Engaged
Separated/Divorced
Prefer not to answer

16. Do you have children?

Yes
No (Skip to 18)
Prefer not to answer (Skip to 18)

17. How many children do you have?

- 1
- 2 or more
- Prefer not to answer

18. Do you have a parent who is a physician?

- Yes, one
- Yes, both
- Neither (Skip 20)

19. Please specify your parent(s) specialty or specialties.

- List from question 2
- Prefer not to answer

20. Have you or someone close to you been significantly affected by illness or disability?

- Yes
- No
- Prefer not to answer

21. BEFORE medical school were you employed in a healthcare related field where you took care of patients?

- Yes
- No (Skip to 23)
- Prefer not to answer (Skip to 23)

22. Please specify the work you did.

- | | |
|-----------------------------|---------------------------------------|
| Dentistry | Physical Therapy/Occupational Therapy |
| EMT/Paramedic | Psychology/Social Work |
| Hospital Technician/Medical | Other, not listed |
| Assistant/Phlebotomy | Prefer not to answer |
| Nursing | |

23. How much time elapsed between the completion of your initial undergraduate degree and beginning of medical school?

- 0 years
- 1 year
- 2 years

3 years
>3 years
Prefer not to answer

24. Did you participate in volunteer work BEFORE medical school?

Yes
No (Skip to 26)
Prefer not to answer (Skip to 26)

25. How much total time did you spend volunteering BEFORE medical school?

Single day
Two days to one week
More than a week to a month
More than a month

26. Did you participate in volunteer work DURING medical school?

Yes
No (Skip to 28)
Prefer not to answer (Skip to 28)

27. How much total time did you spend volunteering DURING medical school?

Single day
Two days to one week
More than a week to a month
More than a month
I took a year off during medical school to volunteer
Other

28. Did you participate in research BEFORE medical school?

Yes
No (Skip to 29)
Prefer not to answer (Skip to 29)

28. How much total time did you spend in research BEFORE medical school?

Single day
Two days to one week
More than a week to a month
More than a month

29. Did you participate in research DURING medical school?

Yes

No (Skip to 31)

Prefer not to answer (Skip to 31)

30. How much total time did you spend in research DURING medical school?

Single day

Two days to one week

More than a week to a month

More than a month

I took a year off during medical school to volunteer

Other

31. How much debt do you have from your PREMEDICAL education?

\$0

\$1-14,999

\$15,000-\$29,000

\$30,000-\$99,999

>\$100,000

Prefer not to answer

32. How much debt do you have from your MEDICAL education?

\$0

\$1-\$99,999

\$100,000-\$149,000

\$150,000-\$199,999

>\$200,000

Prefer not to answer

51-75%

76-100%

Prefer not to answer

33. What percent of your medical school cost were covered by scholarships?

0-25%

26-50%

34. Did you participate in any programs to offset your medical school debt?

Medical Scientist Training Program

Military

National Health Service Corps

None

Prefer not to answer

Other (please specify)

Supplemental Digital Appendix 1 for Clinite KL, DeZee KJ, Durning SJ, Kogan JR, Blevins T, Chou CL, Diemer G, Dunne DW, Fagan MJ, Hartung PJ, Kazantsev SM, Mechaber HF, Paaauw, Wong JG, Reddy ST. Lifestyle Factors and Primary Care Specialty Selection: Comparing 2012-2013 Graduating and Matriculating Medical Students' Thoughts on Specialty Lifestyle. Acad Med.

**35. Do you plan to participate in any
loan repayment programs?**

Yes

No

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