

## Supplemental Digital Appendix 1

### Association of Program Directors in Internal Medicine 2014 Survey

*Q1 Program Administrators may complete Section I. Program Directors should review all answers for accuracy.*

*Q2 Dear Colleagues, In 2004, the APDIM Survey Committee was charged by Council to begin the complex task of developing a longitudinal database on graduate education in internal medicine. The survey serves multiple purposes including providing you all with information on the latest trends in internal medicine training. We hope this information can be used for your negotiation and program planning. Finally, the survey provides important feedback to the ACGME and other regulatory bodies about the perspectives and challenges of Internal Medicine PDs. Results of prior surveys have been presented by oral and poster presentations at the annual APDIM meetings. In addition, many manuscripts have resulted from these surveys. We encourage you to complete the survey in one sitting, but if you need to exit and return to the survey, your data will not be lost. You can return to the survey using your unique link and should be returned to the exact spot where you left off. PLEASE NOTE that your BROWSER back and forward buttons cannot be used to navigate within the survey. You must use the "BACK and NEXT" buttons at the bottom of each page of the survey to go back or forward. Please note the following issues with regard to survey completion:*

- 1. Time Frame - Unless otherwise specified, this survey applies to academic year (AY) 2013-14. Consider anyone enrolled or participating in the training program on December 31, 2013, as part of AY 2013-2014.*
- 2. Cohort - Questions apply to internal medicine residents in categorical, primary care, and combined training programs. Thus, unless otherwise specified, please do not include data for trainees enrolled in a transitional year program, preliminary program, subspecialty fellows or trainees from programs that are not included in your ACGME number.*
- 3. The questions in the first section primarily concern structural elements of residency and can be completed by you or your program administrator (or a key associate program director). If another program leader completes this section, please review the responses prior to submitting the survey. Having ready access to your program demographics may be helpful for completing the first section of the survey.*
- 4. The survey poses questions of a sensitive nature. APDIM WILL KEEP YOUR RESPONSES CONFIDENTIAL. WE WILL NOT REPORT ANY RESPONSES TO THE RRC. It is important to know which programs have responded to target follow-up requests. While de-identifying data will limit APDIM's ability to link survey responses to other databases, APDIM knows its continued ability to collect data from you rests on appropriate treatment of sensitive information. The Association appreciates your willingness to extend your trust to APDIM. If you are not comfortable with providing the sensitive information, please complete and return the remaining portions of the survey.*
- 5. As a note for filling out number fields, please ENTER ALL NUMBERS WITHOUT COMMAS to avoid truncation at the comma. We thank you for your participation in this important survey!*

**Q3 CORE: Program and Program Director Characteristics** (Please ENTER ALL NUMBERS WITHOUT COMMAS to avoid truncation at the comma.)

**Q4** Please indicate the total number of hospital beds for all hospitals at which residents in your program regularly spend more than 1 month during a 3-year training period (for example, if your residents rotate at 2 different hospitals, include number of beds in hospital number 1 plus number of beds in hospital number 2).

**Q5** The following questions apply only to PGY-1 trainees in your program during the 2013-14 academic year.

**Q6** Please fill in each cell of the following table with numbers of full-time equivalent (FTE) PGY-1s in your program. Residents in special tracks should be included in the Categorical count (ie, a physician-scientist, global health, women's health, social medicine, primary care, etc.). For the purpose of this survey, count combined program residents (ie, Medicine-Pediatrics) as 0.5 FTE.

	Categorical (1)	Preliminary (2)	Combined such as Medicine-Pediatrics, etc. (3)	Other-Combined (4)
PGY-1 - Total (1)	Q6_1_1_TEXT	Q6_1_2_TEXT	Q6_1_3_TEXT	Q6_1_4_TEXT
PGY-1 - IMG (2)	Q6_2_1_TEXT	Q6_2_2_TEXT	Q6_2_3_TEXT	Q6_2_4_TEXT
PGY-1- DO (3)	Q6_3_1_TEXT	Q6_3_2_TEXT	Q6_3_3_TEXT	Q6_3_4_TEXT
PGY-1 - URM (4)	Q6_4_1_TEXT	Q6_4_2_TEXT	Q6_4_3_TEXT	Q6_4_4_TEXT

**Q7** *Categorical -- A resident who enters a program with the objective of completing the entire program. Preliminary -- Positions for residents who have or have not been accepted into another specialty, but who are completing prerequisites for that specialty. Medicine-Pediatrics -- Programs recognized by Medicine and Pediatrics specialty boards accredited separately by the ACGME at the same institution. Other-Combined programs -- Programs, other than Medicine-Pediatrics, recognized by 2 or more separate specialty boards accredited separately by the ACGME at the same institution. IMG -- International Medicine Graduate. A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). DO -- Doctor of osteopathy: a graduate from a school of osteopathy. URM -- Underrepresented minority: trainees who identify themselves as Blacks or African Americans, Hispanics or Latinos, Native Hawaiians or Pacific Islanders, American Indians, Alaska Natives, or mainland Puerto Ricans.*

**Q8** *The following questions apply only to ALL categorical trainees (ie, PGY-1, 2, and 3) in your program during the 2013-2014 academic year.*

**Q9** How many of the categorical internal medicine (IM) residents in your program during the 2013-2014 academic year were female?

**Q10** How many of the categorical IM residents in your program during the 2013-2014 academic year identified themselves as under-represented minorities (defined as Blacks or African Americans, Hispanics or Latinos, Native Hawaiians or Pacific Islanders, American Indians, Alaska Natives, and mainland Puerto Ricans)?

**Q11** *If you have a primary care track or program with specific rotations or experiences for those interested in primary care, please indicate the total number of residents who were in it as of December 2013 (PGY-1 + PGY-2 + PGY-3).*

Total number of residents: (1)	Number (1) <b>Q11#1_1_1_TEXT</b>	No track (1) <b>Q11#2_1_1</b>

**Q12** Please indicate how many residents graduated from your training program in June 2014.

**Q13** Please indicate how many of these chose a career in primary care and are working as attending primary care physicians.

**Q14** *What is the date of your birth (month and year only)? (Please enter a 4-digit number for year, eg, 2014.)*

	Month <b>Q14#1_1</b>												Year <b>Q14#2_1_1_TEXT</b>
	J (1)	F (2)	M (3)	A (4)	M (5)	J (6)	J (7)	A (8)	S (9)	O (10)	N (11)	D (12)	(1)
Date of birth: (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Q15** What is your gender?

- ☐ Male (1)
- ☐ Female (2)

**Q16** Are you an International Medical Graduate (IMG)?

- ☐ No (1)
- ☐ Yes (2)

**Q17** What year did you complete Internal Medicine training?(Please enter a 4-digit number for year, eg, 2014.)

**Q18** Were you a Chief Medical Resident?

- ☐ No (1)
- ☐ Yes (2)

**Q19** What is your academic rank? (Mark one.)

- ☐ None (1)
- ☐ Instructor (2)
- ☐ Assistant Professor (3)
- ☐ Associate Professor (4)
- ☐ Professor (5)

**Q20** What is your specialty, subspecialty, or career designation? **(Mark all that apply.)**

- ☐ Allergy/Immunology (1)
- ☐ Cardiology (2)
- ☐ Critical Care Medicine (3)
- ☐ Emergency Medicine (4)
- ☐ Endocrinology (5)
- ☐ Gastroenterology (6)
- ☐ General Internal Medicine - ambulatory only (7)
- ☐ General Internal Medicine - hospital and ambulatory (8)
- ☐ Geriatrics (9)
- ☐ Hematology (10)
- ☐ Hospice and Palliative Care (11)
- ☐ Hospitalist - General Internal Medicine (12)
- ☐ Hospitalist - Subspecialty (13)
- ☐ Infectious Diseases (14)
- ☐ Medicine - Pediatrics (15)
- ☐ Nephrology (16)
- ☐ Oncology (17)
- ☐ Preventive/Occupational Medicine (18)
- ☐ Pulmonology (19)
- ☐ Rheumatology (20)
- ☐ Sleep Medicine (21)

Other, please specify below: (22) \_\_\_\_\_ **Q20\_22\_TEXT** \_\_\_\_\_

**Q21** Did you complete ABIM-certified subspecialty training?

- ☐ No (1)
- ☐ Yes (2)

*Q22 Program Director -- The one physician designated with authority and accountability for the operation of the residency/fellowship program. Chief Medical Resident -- Typically, a position in the year after residency is completed.*

**Q23** What year did you complete your ABIM-certified subspecialty training?(Please enter a 4-digit number for year, eg, 2014.)

**Q24** For the most recent complete year, what was the program director's total annual salary (inclusive of all sources, do not limit to PD-related salary)?

- ☐ \$75,000 or less (1)
- ☐ \$75,001 to \$100,000 (2)
- ☐ \$100,001 to \$125,000 (3)
- ☐ \$125,001 to \$150,000 (4)
- ☐ \$150,001 to \$175,000 (5)
- ☐ \$175,001 to \$200,000 (6)
- ☐ \$200,001 to \$225,000 (7)
- ☐ \$225,001 to \$250,000 (8)
- ☐ \$250,001 to \$275,000 (9)
- ☐ \$275,001 to \$300,000 (10)
- ☐ \$300,001 to \$325,000 (11)
- ☐ \$325,001 to \$350,000 (12)
- ☐ \$350,001 to \$375,000 (13)
- ☐ \$375,001 to \$400,000 (14)
- ☐ Over \$400,000 (15)

**Q25** If you feel comfortable, please indicate the exact total annual salary.

*Q26 Please estimate the percentage time (%FTE, eg, 0.2 FTE would be 20%) over the year you are spending in the following activities: (Sum should equal 100%)*

	%FTE (1)
Clinical time: Inpatient time with residents (1)	<b>Q26_1_1</b>
Clinical time: Inpatient time without residents (2)	<b>Q26_2_1</b>
Clinical time: Outpatient time with residents (3)	<b>Q26_3_1</b>
Clinical time: Outpatient time without residents (4)	<b>Q26_4_1</b>
Research (5)	<b>Q26_5_1</b>
Other nonclinical protected time (eg, didactic teaching or administrative time) (6)	<b>Q26_6_1</b>

**Q27** How many Associate Program Directors (APDs) are associated with your Internal Medicine Residency Program?

*Q28 How much nonclinical time (%FTE, eg, 0.2 time would be 20%) does (do) your APD(s) get for residency administration (do not include hospital or clinic supervisory assignments)? (The least and greatest values reflect the fact that in some programs, not all APDs get the same amount of protected time from the program. For instance, a program with several APDs may give between 20% and 40% FTE to their several APDs. If all your APDs get the same amount of protected time, please list that value for both the least and greatest entries below.)*

**Q28\_1\_TEXT** Least %FTE given to any APD in your program: (1)

**Q28\_2\_TEXT** Greatest %FTE given to any APD in your program: (2)

**Q29** What is the total number of FTE secretarial/support staff (excluding program administrators) for the program director and associate program directors in your program?

**Q30** How many chief medical residents who have completed residency training are associated with your training program per year (ie, do not count "concurrent" chiefs)?

**Q31** What is the total number of FTE paid clinical faculty in your training program (total all institutions affiliated with your program)?

**Q32** What is the total number of FTE for core faculty in your training program?

**Q33** What is the total number of FTE for volunteer faculty in your training program (total all institutions affiliated with your program)?

*Q34 Associate Program Director -- Faculty who assist the program director in administrative, educational, and clinical oversight of program; dedicate an average of at least 20 hours per week to educational aspects (as defined by Residency Review Committee for Internal Medicine). Paid Clinical Faculty -- Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty. Core Faculty -- Expert competency evaluators who work closely with the program director and associate program directors, who assist in developing and implementing the evaluation system, and who teach and advise residents. Core faculty dedicate an average of at least 15 hours per week to residency training. They must be specifically trained in the evaluation and assessment of the ACGME competencies, spend significant time in the evaluation of residents, and advise residents with respect to their career and educational goals. Volunteer Faculty -- Any individuals who have received a formal assignment to teach resident/fellow physicians, but are not part of the paid faculty as defined above.*

**Q35** How often do you feel...

	Never (1)	A few times a year or less (2)	Once a month (3)	A few times a month (4)	Once a week (5)	A few times a week (6)	Every day (7)
burned out from work? (1) <b>Q35_1</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you've become more callous toward people since you took this job? (2) <b>Q35_2</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q36** In the past year, have you considered resigning as program director?

- ☐ No (1)  
☐ Yes (2)

**Q37** Did your Program Administrator (or other designated program representative other than the PD) assist with the completion of any part of this section of the survey?

- ☐ No (1)  
☐ Yes (2)

**Q38** You have completed 1 of 5 sections.

**Q106 SECTION IV: High Value Care/Cost-Conscious Care** (Please ENTER ALL NUMBERS WITHOUT COMMAS to avoid truncation at the comma.)

*Q107 High value, cost conscious care is care that balances the potential benefits of a given intervention with its harms and costs in order to improve patient outcomes.*

**Q108** Does your program have a formal curriculum on high value, cost-conscious care?

- ☐ Yes (1)
- ☐ No (2)
- ☐ No, but we are working on it (3)

**Q109** Which of the following initiatives promoting high value, cost-conscious care are offered at your institution? **(Mark all that apply.)**

- ☐ Modules during orientation for all trainees (1)
- ☐ Incentive program for resident performance (2)
- ☐ Incentive program for attending physician performance (3)
- ☐ Institutional competitions targeted at trainees to reduce waste (4)
- ☐ Resource stewardship programs (5)
- ☐ Decision support tools (6)
- ☐ Grand rounds (7)
- ☐ Resident conferences (8)
- Other, please specify below: (9) \_\_\_\_\_ **Q109\_9\_TEXT** \_\_\_\_\_
- ☐ I don't know (10)

**Q110** Is faculty development on high value, cost-conscious care offered at your institution?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)

**Q111** If high value, cost-conscious care is offered at your institution, please list what is offered.



**Q112** How does your institution's leadership support efforts to improve high value, cost conscious care? **(Mark all that apply.)**

- ☐ Provides faculty development programs (1)
- ☐ Provides financial support for implementation of a high value, cost-conscious care curriculum (2)
- ☐ Provides cost information (such as cost of specific tests/procedures) to our program (3)
- ☐ Provides physician performance data with respect to costs of care (4)
- ☐ Provides cost information systematically at the point of care (eg, when ordering tests in the EHR) (5)
- ☐ Provides decision support tools (6)
- ☐ Requires oversight of tests ordered to reduce unnecessary testing (7)
- ☐ Specific medications require attending approval prior to ordering (8)
- ☐ Supports the construct without providing resources (9)
- ☐ No support provided (10)

Other, please specify below: (11) \_\_\_\_ **Q112\_11\_TEXT** \_\_\_\_

**Q113** Which of the following methods does your residency program utilize to assess residents' performance in high value, cost-conscious care? **(Mark all that apply.)**

- ☐ None (1)
- ☐ Attitudinal surveys (2)
- ☐ Results on the ACP-ITE (3)
- ☐ Departmentally-developed knowledge tests (4)
- ☐ Supervising faculty evaluations (5)
- ☐ Medical student evaluations (6)
- ☐ Resident self-assessment (7)
- ☐ Performance assessment using ACP's high value care (HVC) audit tool (8)
- ☐ Performance assessment using internally developed chart audit tool (9)
- ☐ Structured direct observation of skills (eg, OSCE) (10)
- ☐ Peer assessment (11)
- ☐ The HVC impact survey (12)
- ☐ Number of resident quality improvement projects addressing high value, cost conscious care (13)

Other, please specify below: (14) \_\_\_\_ **Q113\_14\_TEXT** \_\_\_\_

**Q114** Residents in my program are comfortable teaching medical students about high value, cost conscious care.

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Neutral (3)
- ☐ Somewhat agree (4)
- ☐ Strongly agree (5)

**Q115** Please estimate the number of quality improvement projects developed in the past year that focused on high value, cost-conscious care.

*Q116 Of those...*

	Percent: (1)	Not applicable (1)
What percent are resident initiated and/or led? (1)	<b>Q116#1_1_1_TEXT</b>	<b>Q116#2_1</b>
What percent are faculty initiated but include residents? (3)	<b>Q116#1_3_1_TEXT</b>	<b>Q116#2_3</b>

**Q117** Are you using resources from the ACP's High Value Care (HVC) program director's toolbox?

- ☐ Yes (1)
- ☐ No (2)

**Q118** If you are using resources from the ACP's High Value Care program director's toolbox, which ones are you using? **(Mark all that apply.)**

- ☐ HVC milestones (1)
- ☐ HVC milestone-based resident evaluation form (2)
- ☐ HVC curriculum impact survey (3)
- ☐ HVC educational prescription (4)
- ☐ HVC audit and feedback (5)
- ☐ HVC critical appraisal of an economic analysis (6)
- ☐ Examples of quality improvement project presentations (7)
- ☐ Encouraging residents to submit to the JAMA Internal Medicine HVC Teachable Moments series (8)

**Q119** What would you like to see added to the program director's toolbox to further your program's curricular efforts in teaching high, value cost-conscious care?

*Q120 You have completed 4 of 5 sections.*