The Sophie Davis 2012 Graduate Follow-Up Study

This study will profile the career development pathways of all Sophie Davis graduates since its founding in 1973 through 2005. The questions ask about your education, training, and work experiences after you left the school.

All data collected in this study questionnaire are strictly confidential and will be used for research purposes only. Information from the questionnaire will be aggregated in large groups so that no individual data can be identified.

INSTRUCTIONS

- Fill in the ovals completely like this: ●
- Please answer every question that applies to you.
- If none of the responses seem exactly right, choose the one that is nearest to being right.
- For some questions, you will be asked to write in a short answer or comment.

A. CURRENT WORK ACTIVITIES

1. In what type of setting do you work the most number of your compensated hours? (Please mark one)

   O Self-employed (owner, partner)
   O Government employee
   O For-profit organization employee
   O Not-for-profit organization employee
   O Fellowship program – as a fellow
   O Grant-funded employee – (E.g. ‘Soft money’: NIH, private foundation)
   O Other work setting: [____________________]

2. If you are not in a job at the present time, are you: (Please mark one)

   O Intern or resident
   O Full time student
   O Retired
   O On leave of absence
   O Seeking work
   O Caring for your child(ren) full time
   O Other: [____________________]

3. In what type of organization do you work the most number of your compensated hours? (Please mark one)

   O Private clinical practice – solo, partnership, group
   O Freestanding community health center/clinic
   O Managed care organization/HMO
   O Medical school
   O Teaching hospital
   O Non-teaching hospital
   O University – not at a medical school
   O Research institute or organization
   O Government health care agency
   O Health care industry (E.g. pharmaceutical)
   O Association (E.g. medical profession, policy)
   O Other: [____________________]

4. What is the number of hours you work per week? (Please estimate weekly averages)

   [____ ] Regular work hours – clinical
   [____ ] Regular work hours – non-clinical
   [____ ] Coverage hours – clinical
   [____ ] Coverage hours – non-clinical
   [____ ] Non-compensated professional time outside your regular work hours (E.g., reading professional literature, giving or attending lectures, teaching, etc.)

5. Approximately what percentage of your regular work hours (exclude coverage and non-compensated hours) is spent in the following activities? (Please total to 100%)

   [____ % Direct patient care and administration
   [____ % Teaching – clinical or basic science
   [____ % Research – clinical or basic science
   [____ % Public health or epidemiology
   [____ % Health care policy
   [____ % Medical/healthcare administration
   [____ % Other healthcare work: [____________________]
   [____ % Non-healthcare work: [____________________]

Equals 100% (Please specify)
B. CLINICAL PRACTICE

6. Do you currently have a clinical practice?

  O No
  If “No”: Please go to Question 7.
  O Yes
  If “Yes”: Please go to Question 8.

7. What is the reason you are not in a clinical practice at the present time? (Mark one)
   O I did not intend to practice because I had other career interests
   O I found that I did not like clinical practice
   O I did not find a clinical job or practice opportunity that was suitable for me.
   O I am not in a job at the present time (i.e., same reason as Question 2)
   O Other: [_______________________] (Please specify)
   Please go to Question 20 on Page 3.

8. In what state(s) do you hold a current license to practice medicine? (Please mark all that apply)
   O CA  O CT  O FL
   O NJ  O NY  O PA
   O Other: [______________________________] (Please list all additional states)

9. Do you have hospital privileges?
   O Yes  O No

Main Clinical Practice Organization

10. How many years have you been in your main clinical practice organization? (Please mark one)
    O Less than 1 year
    O 1 to 5 years
    O 6 to 10 years
    O 11 to 15 years
    O 16 or more years

11. In what type of setting is your main clinical practice? (Please mark one)
    O Solo practice
    O Partnership – two physicians
    O Group – as owner/partner
    O Group – as employee
    O Freestanding community health center/clinic
    O Managed care organization/HMO
    O Faculty/academic practice
    O Hospital group practice
    O Hospital – inpatient service/hospitalist
    O Hospital – ambulatory care
    O Hospital – emergency department
    O Military
    O Veterans Administration
    O Government – not military or VA
    O Private industry
    O Other: [____________________] (Please specify)

12. What was the most important characteristic that influenced your selection of this practice organization? (Please mark one)
    O Practice location
    O Patient profile
    O Hours
    O Colleague in organization
    O Organization quality
    O Financial potential
    O Other: [___________________________] (Please specify)
B. CLINICAL PRACTICE (Continued)

Main Clinical Practice Location

13. What is the Zip Code of your main clinical practice organization? |____|____|____|____|

14. Is your main practice located in a federally designated Health Professions Shortage Area?

O Yes  O No  O I don’t know

15. How many years have you practiced in this location? (Please mark one)

O Less than 1 year  O 1 to 5 years  O 6 to 10 years  O 11 to 15 years  O 16 or more years

16. What was the most important characteristic that influenced your selection of this practice location? (Please mark one)

O Satisfied service commitment @ SBE  O Qualified for loan repayment or other incentive program  O Community recruitment  O Highly desired practice organization  O Financial potential  O Patient population  O Other: [______________________]

Total Clinical Practice Patient Profile

17. Approximately how many patients do you treat in your total practice on a yearly basis? (Please mark one)

O Fewer than 1,000  O 1,000 – 1,999  O 2,000 – 2,999  O 3,000 – 3,999  O 4,000 – 4,999  O 5,000 or more

18. What is the approximate percentage of your total patients in each payment group? (Please total to 100%)

[_____]% Fee-for-service/PPO  [_____]% Managed Care Organization/HMO  [_____]% Medicaid  [_____]% Medicare  [_____]% Worker’s compensation  [_____]% Uniformed Services/VA/IHS  [_____]% Self-pay  [_____]% Donated/Charity services  [_____]% Other: [______________________]

Total=100% (Please specify)

19. Among the patients in your total practice, what is the approximate percentage of patients in each ethnicity group? (Please total to 100%)

[_____]% White, non-Hispanic  [_____]% African American/Black, non-Hispanic  [_____]% Latino or Hispanic  [_____]% Native American, Alaskan Native or Hawaiian  [_____]% Pacific Islander  [_____]% Asian: [______________________]  [_____]% Other: [______________________]

Total=100% (Please specify)

C. CAREER CHOICE

20. What residency programs and additional postgraduate years did you complete? (Write in “Same” for multi-years) Use BLUE Code Sheet

<table>
<thead>
<tr>
<th>I completed PGY# in year:</th>
<th>Graduate Medicine Program Enter Program# from code sheet or write in program name</th>
<th>Sponsoring Organization Enter Sponsor# from code sheet or write in sponsoring organization name</th>
<th>City</th>
<th>State</th>
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<td>I did not do residency training:</td>
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21. What specialty or subspecialty certifications do you currently hold?  
*Enter Specialty# from the Specialty & Subspecialty code sheet OR write in specialty/subspecialty name.*  
a. [_____________________]  
b. [_____________________]  
c. [_____________________]  
d. [_____________________]  
e. [_____________________]  
f. [_____________________]  

22. Do you have a special area of interest in your clinical training or practice? *(E.g., interest in treating a particular disease)* *(Please specify)*.  

______________________________________________________________________________________________

23. What was the most important characteristic of the clinical specialty/subspecialty that influenced your selection? *(Please mark one)*  
- Flexibility in scheduling hours  
- Financial opportunities  
- No dependence on referrals  
- Substantive content of the field  
- Need where you intended to practice  
- Type of patient problems encountered  
- Other: [________________________] *(Please specify)*

### INITIAL WORK EXPERIENCE  
*(Immediately After Residency Training Years)*

24. Please indicate the first three jobs you held right after your residency training. Be as specific as possible.

<table>
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<tr>
<th>Dates (MM/YY)</th>
<th>Institution (Full Name)</th>
<th>Address</th>
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- In-patient  
- Ambulatory  
- FQHC  
- CHC  
- Other  
- □ FT  
- □ PT

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- In-patient  
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- In-patient  
- Ambulatory  
- FQHC  
- CHC  
- Other  
- □ FT  
- □ PT

- Use YELLOW Code Sheet
25. Who supported your decision to attend the Sophie Davis School?  
(Please mark all that apply)  
O Parent(s)  
O School advisor(s)  
O Teachers  
O Friends  
O Other: [____________________]  
(Please specify)  

26. When did you receive your M.D. degree?  
Year: [_______]  
Medical school: [_______________________]  

27. Have you completed an advanced degree other than an M.D.?  
O No  
O Yes  
If “Yes”: Please go to Question 28.  

28. What other degree did you receive?  
(Please mark all that apply)  
O Masters in Public Health  
O Masters in Business Administration  
O Masters in Public Policy  
O Law degree  
O Ph.D. in: [____________________]  
O Other degree: [____________________]  
(Please specify)  

30. What is your current academic rank?  
(Please mark one)  
O Professor  
O Associate Professor  
O Assistant Professor  
O Instructor or other: [________________]  
(Please specify)  

31. What is your current academic track?  
(Please mark one)  
O Traditional/tenure track  
O Clinical track – non-tenure  
O Research track – non-tenure  

32. What is the department for your primary faculty appointment?  
(Please mark one)  
O Basic science department in medicine  
O Clinical department in medicine  
O Public health department  
O Other: [____________________]  
(Please specify)  

33. Do you currently hold an administrative appointment in addition to your faculty appointment?  
(Please mark all that apply and specify)  
O Dean or sub-dean: [_______________]  
O Department chair: [_______________]  
O Director of: [_____________________]  
O Committee chair: [__________________]  
O Other: [__________________________]  

O I do not hold an administrative appointment at this time.
E. RESEARCH TRAINING/EXPERIENCE AND TEACHING

34. Did you participate in any research projects when you were a student at the Sophie Davis School or at your Medical School or during residency?

O No  
If “No”: Please go to Question 36.

O Yes  
If “Yes”: Please go to Question 35.

35. What research area(s)?  
(Please mark all that apply)

O Biomedical science  
O Clinical  
O Community/Social medicine/Epidemiology  
O Health services  
O Other: [______________________]  
(Please specify)

36. Have you participated in a full-time research training program?

O No  
If “No”: Please go to Question 38.

O Yes  
If “Yes”: Please go to Question 37.

37. Program/Funder: [______________________]

38. Are you currently participating in a research project?

O Yes  
O No

39. Have you ever been the Principal Investigator on a funded research grant?

O Yes  
O No

40. Please indicate the number of your publications by type of work:

<table>
<thead>
<tr>
<th>Publications</th>
<th>0-1</th>
<th>2-4</th>
<th>5-9</th>
<th>10 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-reviewed journal paper(s)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Abstract(s)</td>
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<td>Book(s) - Author</td>
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<td>Book(s) - Editor</td>
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<td>Book chapter(s)</td>
<td>O</td>
<td>O</td>
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</table>

41. Are you currently teaching in medicine?

O No  
If “No”: Please go to Question 44 in the next page.

O Yes  
If “Yes”: Please go to Question 42.

42. What are your teaching activities?  
(Please mark all that apply)

O Office preceptor  
O Lecturer  
O Small group instruction  
O Attending  
O Clinical preceptor in medical center  
O Course director  
O Other: [______________________]  
(Please specify)

43. What setting(s) are you teaching medicine in?  
(Please mark all that apply)

O Medical school – basic science  
O Medical school – clinical  
O Medical school – socio-medical  
O Graduate medical education – didactics  
O Graduate medical education – clinical  
O Faculty development  
O Continuing medical education  
O Public health, health policy or services  
O Other teaching setting: [______________________]  
(Please specify)
F. COMPENSATION

Again, please be assured that all data in this questionnaire are confidential. You do not have to respond to any item, but we hope that you will feel assured enough to complete Question 44.

44. What was your gross income from your professional work in 2010? (i.e., after deducting office and other professional expenses, but before deducting taxes and retirement contributions) (Please mark one)

- $500,000 or more
- $400,000 – 499,999
- $300,000 – 399,999
- $200,000 – 299,999
- $100,000 – 199,999
- Less than $100,000

45. Has your income met or exceeded your financial expectations? (Please mark one)

- I did not focus on financial expectations
- My income is much more than I expected
- My income is more than I expected
- My income is about what I expected
- My income is less than I expected
- My income is much less than I expected

G. AWARDS, HONORS and ELECTED POSITIONS

46. Award and Honors

<table>
<thead>
<tr>
<th>Name of Award or Honor</th>
<th>Organization</th>
<th>Year</th>
</tr>
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<tbody>
<tr>
<td>(E.g., AOA, chief resident, teaching award, civic award)</td>
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</table>

47. Professional Organization Offices and Roles

<table>
<thead>
<tr>
<th>Name of Office</th>
<th>Organization</th>
<th>Year</th>
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<tbody>
<tr>
<td>(E.g., President, Treasurer, Fellow)</td>
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H. SUMMARY

48. Thinking about your career, do you think you made the right choice when you decided to go to medical school? (Please mark one)

- Yes, it was a right choice
- It was a moderately right choice
- I have a mixed opinion about my career choice
- It was a moderately wrong choice
- No, it was a wrong choice

49. Please write any additional comments:

______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
I. DEMOGRAPHICS

50. What was your marital status when you selected your residency program?  
(Please mark one)
- Single
- Married or cohabitating
- Separated or previously married

51. What is your current family status?  
(Please mark one)
- Child(ren) under the age of 6 living at home
- Child(ren) between the ages of 6 and 17 living at home
- No children under the age of 18 living at home

52. How do you identify yourself?  
(Please mark one)
- White, non-Hispanic
- African American/Black, non-Hispanic
- Latino or Hispanic
- Native American, Alaskan or Pacific Islander
- Asian: (_______________________)  
(Please specify)
- Other: (_______________________)  
(Please specify)

53. Where were you born?  
(Please mark one)
- United States
- U.S. territory (Specify:_______________________)
- Foreign country (Specify:_______________________)

54. What was the highest education attainment of your parents? (Please mark one)
- Neither parent had a diploma or degree
- At least one parent received a high school diploma
- At least one parent graduated from college
- At least one parent received a master's degree
- At least one parent received an M.D., D.D.S., Ph.D. or other doctoral level degree
- At least one parent had a health degree (_______________________)  
(Please specify)
- At least one parent received a law degree
- Other: (_______________________)  
(Please specify)

J. Mailing questionnaire

Please return your completed questionnaire in the stamped return envelope by:  
March 15, 2012

Thank you for completing this questionnaire.

Return to:  
Ana Motta-Moss, Ph.D.
160 Convent Avenue, H-106-C
New York, NY 10031
Telephone: 212-650-7698
amotta@med.cuny.edu