

Internal Medicine In-Training Examination® 2003 Residents Questionnaire

To the resident:

The Examination Committee needs your help to improve future examinations and residency training programs. Please complete this short questionnaire and turn it in at the completion of the examination. Your answers will be kept confidential.

Please use black or blue pen

CORRECT



INCORRECT



Start Here

- 1** In the boxes below, please write your identification number (on your examination green card). Under each box fill in the oval that corresponds to the digit in the box.

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

- 2** What is your PGY level?
- 1 2 3 4 Other

- 3** Please rate the amount of time allotted for completing the examination:

Very Insufficient Somewhat Insufficient Just Right Somewhat Excessive Very Excessive

-2 -1 0 1 2

- 4** For approximately how many items in each book did you randomly pick a response or not respond because you did not have time to complete the question?

- None
- 1-3 Items
- 4-6 Items
- 7-9 Items
- 10 or more Items

- 5** How difficult was the examination for you?

Much Too Elementary Somewhat Too Elementary Just Right Somewhat Too Advanced Much Too Advanced

-2 -1 0 1 2

- 6** How valuable was the experience of taking this examination?

Not Valuable Somewhat Valuable Moderately Valuable Quite Valuable Very Valuable

-2 -1 0 1 2

- 7** How well do you think you did on this examination?

Below Average Somewhat Below Average Average Somewhat Above Average Above Average

-2 -1 0 1 2

- 8** What is your ultimate career plan?

Choose one

- General Internal Medicine Hospitalist
- Subspecialty Undecided Other



- 9** (If Subspecialty in Q8) Which one do you plan to choose?

Choose one

- Cardiology Infectious Diseases
- Endocrinology Nephrology
- Gastroenterology Pulmonology/Critical Care
- Geriatrics Rheumatology
- Hematology/Oncology Other

- 10** (If Subspecialty in Q8) When you chose your residency program, how important to you was the program's potential to help you secure a fellowship position?

Very Unimportant Somewhat Unimportant Neither Unimportant nor Important Somewhat Important Very Important

-2 -1 0 1 2

MME

Please continue on the other side.

- 11 Did you make a change in your choice of career or subspecialty fellowship since the beginning of your residency?

No → Skip to Q14
 Yes

- 12 (If Yes) Please indicate whether or not each of the following was a reason you changed your career choice.

	Yes	No
Needed higher income	<input type="radio"/>	<input type="radio"/>
Preferred broader focus	<input type="radio"/>	<input type="radio"/>
Preferred more contact with hospitalized patients	<input type="radio"/>	<input type="radio"/>
Preferred narrower focus	<input type="radio"/>	<input type="radio"/>
Wanted more time with family	<input type="radio"/>	<input type="radio"/>

- 13 (If Yes) Did you make this change in your career because of educational debt?

No
 Yes

- 14 What is the approximate amount of your current educational debt?

None
 Less than \$50,000
 \$50,000 - \$99,999
 \$100,000 - \$150,000
 More than \$150,000
 Prefer not to answer

- 15 From the following list of options that could be implemented to help residents reduce their debt burden, select your top three choices.

Develop loan forgiveness program for services provided in inner city or rural areas after residency
 Decrease interest rates on loans during training
 Defer start of paying back loans until completion of training
 Extend length of loan repayment period
 Increase tax deductions for loan repayments
 Liberalize restrictions on moonlighting

- 16 Looking back, do you think you would have chosen to specialize in internal medicine if the residency had been four years instead of three?

No
 Yes

- 17 Which of the following electronic clinical resources do you use?

Choose all that apply.

E-Medicine
 Epocrates
 eSkolar
 Five Minute Clinical Consult
 Harrison's Online
 MD Consult
 Medscape
 Merck Medicus
 Micromedx
 MKSAP CD-ROM
 PIER
 PubMed/Medline
 UpToDate

- 18 Which of the resources below have you purchased or do you plan to purchase to prepare for the ABIM certification examination?

	Yes	No	Not Sure	Not Aware Of It
MKSAP (print)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MKSAP (CD-ROM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MKSAP Prep for Boards (print)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MKSAP Prep for Boards (CD-ROM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MKSAP Update CD-ROM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACP's Clinical Problem-Solving Cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedStudy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UpToDate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration for an ACP board review course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration for non-ACP board review course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 19 Additional Comments about the In-Training Examination: