

Internal Medicine In-Training Examination® 2005 Residents Questionnaire

Dear 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.**

CORRECT 	INCORRECT   
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Please use black or blue **pen**

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.

6						
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input checked="" type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

5 How difficult was the examination for you?

Much Too Elementary	Somewhat Too Elementary	Just Right	Somewhat Too Advanced	Much Too Advanced
<input type="radio"/> -2	<input type="radio"/> -1	<input type="radio"/> 0	<input type="radio"/> +1	<input type="radio"/> +2

6 What is your ultimate career plan?

Choose one

- | | |
|---|--------------------------------------|
| <input type="radio"/> General Internal Medicine | <input type="radio"/> Med/Peds |
| <input type="radio"/> Hospitalist | <input type="radio"/> Undecided |
| <input type="radio"/> Subspecialty | <input type="radio"/> Other (not IM) |



7 (If Subspecialty in Q6) Which one do you plan to choose?

Choose one

- | | |
|---|---|
| <input type="radio"/> Cardiology | <input type="radio"/> Nephrology |
| <input type="radio"/> Endocrinology | <input type="radio"/> Pulmonology/Critical Care |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Rheumatology |
| <input type="radio"/> Geriatrics | <input type="radio"/> Other subspecialty |
| <input type="radio"/> Hematology/Oncology | <input type="radio"/> Undecided subspecialty |
| <input type="radio"/> Infectious Diseases | |

8 How important was each of the following in your career decision (indicated in Questions 6-7)?

	Very Low Importance	Moderately Low Importance	Medium Importance	Moderately High Importance	Very High Importance
Broad area of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to provide a needed service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial considerations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job opportunities after training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term relationships with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time available for non-work activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type/number of clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 What is your PGY level?

- PGY1
- PGY2
- PGY3
- PGY4
- Other

3 Please rate the amount of time allotted for completing the examination.

Very Insufficient	Somewhat Insufficient	Just Right	Somewhat Excessive	Very Excessive
<input type="radio"/> -2	<input type="radio"/> -1	<input type="radio"/> 0	<input type="radio"/> +1	<input type="radio"/> +2

4 Approximately how many questions in each book did you leave blank or randomly pick a response because you did not have time to read the question?

	<u>Book A</u>	<u>Book B</u>
None	<input type="radio"/>	<input type="radio"/>
1-9	<input type="radio"/>	<input type="radio"/>
10-19	<input type="radio"/>	<input type="radio"/>
20-34	<input type="radio"/>	<input type="radio"/>
35-44	<input type="radio"/>	<input type="radio"/>
45 or more	<input type="radio"/>	<input type="radio"/>

LHL

Please continue on the other side.

9 Which of the following best describes the degree of certainty that you will pursue your ultimate career plan (indicated in Questions 6-7)?

- Very Certain
- Somewhat Certain
- Neither Certain nor Uncertain
- Somewhat Uncertain
- Very Uncertain

10 When did you achieve the degree of certainty about your ultimate career plan noted in Question 9?

- Before Medical School
- During Medical School
- PGY1 (July – Dec)
- PGY1 (Jan – June)
- PGY2 (July – Dec)
- PGY2 (Jan – June)
- PGY3 (July – Oct)
- Not applicable

11 In your opinion, what is the optimum number of years of internal medicine residency training (not including subspecialty fellowship training) needed to adequately prepare you for your ultimate career plan (indicated in Questions 6-7)?

- 2
- 3
- 4

12 How satisfied are you with the quality of your training in internal medicine?

- | | | | | |
|-------------------|-----------------------|---------|--------------------|----------------|
| Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| -2 | -1 | 0 | +1 | +2 |

13 In your opinion, how important are each of the following components to the quality of your residency training?

	Very Low Importance	Moderately Low Importance	Medium Importance	Moderately High Importance	Very High Importance
Having a mentor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of duty hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to teach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of teaching faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time for study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time with attending physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14 Are you aware of any of the following uses of IM-ITE scores?

	Yes	No	Uncertain
Promotion to next PGY level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scores provided to fellowship programs by residency program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scores provided to fellowship programs by applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fellowship program requesting scores with application materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fellowship program requesting scores during interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15 What is the approximate amount of your current educational debt?

- None
- \$1 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$150,000
- More than \$150,000

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

Choose all that apply

- Prep for Boards
- MKSAP
- ACP Medicine
- MedStudy Core Curriculum
- MedStudy Board Style Questions & Answers
- UpToDate
- Registration for an ACP board review course

17 When you need to answer a question about the care of one of your patients, which of the following do you use first?

Choose one

- Literature search (e.g. Medline/PubMed/Google)
- Physician consult
- Textbook
- UpToDate
- Other

18 Additional Comments about the In-Training Examination:

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