Graduate Follow-up Survey -- Part 1 of 2

Instructions. Please use the "Tab" key or "Mouse" to go from one question to the next and select your response and follow the instructions at the end of this questionnaire.

1. Name.

2. Year of graduation.

3. Are you board certified?

4. If yes above, in what area?

5. Are you board certified in Geriatric Certificate or Added Qualifications?

6. In what specialty do you currently practice?

7. If you selected "not presently practicing" or "other residency training in addition to Family Medicine" above please specify.

IF NOT PRACTICING MEDICINE, STOP HERE AND RETURN QUESTIONNAIRE BY CLICKING ON THE SUBMIT BY EMAIL BUTTON BELOW. IF STILL PRACTICING MEDICINE PLEASE CONTINUE WITH QUESTIONNAIRE.

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8. What best describes your practice?

9. What best describes your organization?

10. If you are in a partnership or group practice (excluding yourself) what are the specialties of the physicians with whom you practice and including the number of each?

a. Family or general practice.

b. General internal medicine.

c. Pediatrics.

d. Obstetrics/Gynecology.

e. General surgery.

11. Do any of the following non-physicians work within your office/practice?

a. Midlevel practitioner (i.e., formally trained PA, NP).

b. Psychologist.

c. Medical social worker.

d. Other(s)

12. How many face to face patient encounters do you have in an average week in each of the following settings?

a. Office.

b. Hospital

c. Nursing Home

d. Home Visits

e. Emergency Room.

13. Typically, how many time per month are you on call?

14. How many professional hours per week do you spend on:

a. Direct patient care.

b. Administration.

c. CME (courses, conferences, reading, etc.).

d. Other professional (i.e., research, teaching students/residents).

15. Do you participate in medical teaching?

16. If yes to 15 above, who and/or what do you teach?

17. Are you involved in office research?

18. If yes to 17 above, briefly describe.

19. Is a computer used in your medical practice?

20. If yes to 19 above, do you use your computer to:

a. Do billing and/or accounting?

b. Do patient reminder and/or surveillance?

c. Patient medical synopsis (problem list, medication list, etc.)?

d. Computerized medical record (problem list, progress notes, etc.)?

e. Practice profiles (demographics, diagnoses, etc.)?

f. Patient education?

g. Telecommunication with laboratory or hospital?

h. Access to national data banks (i.e., AMA, MINET, BRS, etc.)?

i. Continuing Medical Education?

21. Which of the following diagnostic procedures are performed in your office or hospital/clinic setting? (Check all that apply.)

- ☐ a. X-ray
- ☐ b. CBC
- ☐ c. UA
- ☐ d. Chemistries
- ☐ e. Pregnancy tests
- ☐ f. ECG (resting)
- ☐ g. ECG (treadmill)
- ☐ h. Colposcopy
- ☐ i. OB ultrasound
- ☐ j. Pulmonary function testing
- ☐ k. Audiometric screening
- ☐ l. Rapid Strep test
- ☐ m. Tympanometry
- ☐ n. Flexible sigmoidoscopy
- ☐ o. UGI Endoscopy

22. Which of the following procedures to you personally perform? (Check all that apply.)

- ☐ a. Appendectomy
- ☐ b. Breast biopsy
- ☐ c. Chest tube
- ☐ d. Forceps delivery
- ☐ e. Colposcopy
- ☐ f. Thoracentesis
- ☐ g. Toenail excision
- ☐ h. Treadmills
- ☐ i. UGI Endoscopy
- ☐ j. Vasectomy
- ☐ k. Vacuum extraction
- ☐ l. Endometrial biopsy
- ☐ m. Foreign body removal
- ☐ n. Flexible sigmoidoscopy
- ☐ o. Surgical first assist
- ☐ p. Posterior nasal pack
- ☐ q. Sigmoidoscopy w/biopsy
- ☐ r. Slit lamp examination
- ☐ s. Closed reduction (i.e., Colle's)

This completes Part 1 of the survey. Please save this form and attach it to an e-mail and send it to: tamc fm@amedd.army.mil. You can also print out this form using the "Print Form" button below to fax (808-433-1153) or mail your response back to us. Please do not use the "Submit by E-mail" button to e-mail this form at this time. Please return to our Web site to finish this survey and clicking on "Graduate Follow-up Survey -- Part 2". Again, thank you for taking time out of your busy schedule to complete this survey.

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