# Graduate Follow-up Survey -- Part 2 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.

Name.

23. Has the cost of malpractice insurance substantially influenced the way in which you practice medicine? (Only for physicians in private practice.) (Check all that apply.)

- ☐ a. No effect on my practice.
- ☐ b. Practice more defensively.
- ☐ c. Quit all OB.
- ☐ d. Increased my costs.
- ☐ e. Reduced OB practice.
- ☐ f. Increased workload.
- ☐ g. Quit surgical assisting.

24. Are you currently doing obstetrics?

25. If yes to 24 above, for how many patients do you personally provide for each of the following obstetrical services per year?

- a. Prenatal Care.
- b. Vaginal Delivery.
- c. C-Section (assistant)
- d. C-Section (primary surgeon).

26. If no to 24 above, why are you not doing obstetrics? Check all that apply.)

- ☐ a. Not interested.
- ☐ b. Too much call.
- ☐ c. Practice policy
- ☐ d. Malpractice insurance to high.

27. If malpractice insurance premiums came down, would you consider doing OB again?

28. Which best describes the military/civilian community in which you practice? (Check one only.)

- ☐ a. A community of less than 2,500 people.
- ☐ b. A small town of from 2,500 to 10,000 people.
- ☐ c. A medium-sized town of 10,000 to 25,000 people.
- ☐ d. A large town of from 25,000 to 50,000 people.
- ☐ e. A small city of from 50,000 to 100,000 people.
- ☐ f. Within a large city (over 100,000 people).
- ☐ g. A suburb of a large city.

29. What is your opinion of the availability of primary care medical services in your community? (Check one only.)

- ☐ a. Less than is needed.
- ☐ b. Greater than is needed.
- ☐ c. About right.

30. Do you currently have hospital privileges?

31. What is the size of your hospital? (If more than one, check only for your primary hospital practice.)

- ☐ a. 0 - 49 beds.
- ☐ b. 50 - 99 beds.
- ☐ c. 100 - 199 beds.
- ☐ d. 200 or more beds.
- ☐ e. No hospital practice.

32. Does your hospital have a clinical Family Medicine Department?

33. Is documentation now required for privileges in your hospital?

34. Are you satisfied with your hospital privileges on active staff?

35. Have you ever been denied privileges or have your privileges restricted?

36. If yes to 35 above, please describe briefly?

37. Do you have hospital privileges for the following admissions? (Check all that apply.)

- a. Intensive Care Unit.
- b. Coronary Care Unit.
- c. Pediatrics
- d. Reading ECG's.
- e. Psychiatry.
- f. Surgical procedures.

38. If you checked "surgical procedures" to question 37 above, please specify which ones.

39. Do you anticipate any major changes in your career over the next two years?

40. If yes to 39 above, briefly describe?

41. Are you a member of your state or Uniformed Services Academy of Family Physicians?

42. How satisfied are you with each of the following aspects of your life?

a. Chosen specialty (Family Medicine).

b. Profession (Medical Doctor).

c. Practice arrangement.

d. Community life.

e. Comments on dissatisfaction.

43. If you had it to do all over, would you still choose a career as a family physician?

This completes the "Graduate Follow-up 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 Email" button to e-mail this form at this time. Please return to our Web site and complete the "Evaluation of Residency Preparation for Practice Survey - Part 1". Again, thank you for taking time out of your busy schedule to complete this survey.

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