

[NOTE: This survey, which was administered to anesthesiology residency programs, was customized as appropriate for each of the following specialties: anesthesiology, emergency medicine, general surgery, internal medicine, obstetrics/gynecology, pediatrics, and psychiatry. For example, programs were queried according to the appropriate number of residency years according to specialty. This survey was administered online using Qualtrics. Programmed skip patterns are highlighted in blue and gray.]

Anesthesiology Residency Survey

General Information

Program name as listed in letter of accreditation _____

Sponsoring institution name as listed in letter of accreditation _____

Type of sponsoring institution:

- Community-based, non-affiliated
- Community-based, medical school affiliated
- Community-based, medical school administered
- Medical school-based
- Military program
- Other (specify): _____

Is the sponsoring institution a Federally Qualified Health Center (FQHC)?

- Yes
- No

Year of initial accreditation(s):

Year	Don't know
	<input type="radio"/>

Person to contact for questions about your program:

Name _____

Email _____

Phone _____

Is training future rural anesthesiologists part of your program's mission?

- Yes
- No

Does your program actively recruit residency applicants with an interest in rural practice?

- Yes
- No

Are any or all of your residents required to do rural training, such as through a rural track, rural continuity clinics, rural rotations, other formal rural training experiences, or by virtue of being located in a rural setting?

- Yes
- No

If No Is Selected, Then Skip to End

Is the required rural experience (whether for some or all of your residents) of at least 8 weeks' duration? This could include rural block rotations, longitudinal rural clinic sessions (e.g., 1 or 2 rural clinic sessions per week for at least 8 weeks), or full-time rural practice experiences.

- Yes
- No

If No Is Selected, Then Skip to End

Training Sites

Does your anesthesiology residency program include the PGY-1 transitional year?

- Yes
- No

Answer If Does your anesthesiology residency program include the PGY-1 transitional year?
Yes Is Selected

Please provide the following information for each program year. If you do not know the site ZIP code, please provide city/town and state instead.

	PGY-1	PGY-2	PGY-3	PGY-4
ZIP code of hospital for the majority of inpatient rotations				
ZIP code of the base program continuity clinic				

Answer If Does your anesthesiology residency program include the PGY-1 transitional year? No Is Selected

Please provide the following information for each program year. If you do not know the site ZIP code, please provide city/town and state instead.

	PGY-2	PGY-3	PGY-4
ZIP code of hospital for the majority of inpatient rotations			
ZIP code of the base program continuity clinic			

Does your program have required rural block rotations?

- Yes
 No

Answer If Does your program have required rural block rotations? No Is Not Selected and Does your anesthesiology residency program include the PGY-1 transitional year? Yes Is Selected

Please provide ZIP code(s) of required rural block rotations: (1- or 2-month rural block rotation(s)). If you do not know the site ZIP code, please provide city/town and state instead.

	PGY-1	PGY-2	PGY-3	PGY-4
ZIP code #1				
ZIP code #2				
ZIP code #3				
ZIP code #4				
ZIP code #5				

Answer If Does your program have required rural block rotations? No Is Not Selected and Does your anesthesiology residency program include the PGY-1 transitional year? No Is Selected

Please provide ZIP code(s) of required rural block rotations: (1- or 2-month rural block rotation(s)). If you do not know the site ZIP code, please provide city/town and state instead.

	PGY-2	PGY-3	PGY-4
ZIP code #1			
ZIP code #2			
ZIP code #3			
ZIP code #4			
ZIP code #5			

Answer If Does your program have required rural block rotations? No Is Not Selected and Does your anesthesiology residency program include the PGY-1 transitional year? Yes Is Selected
Average number of weeks of required rural block rotations during each program year:

	PGY-1	PGY-2	PGY-3	PGY-4
Number of weeks per year				

Answer If Does your program have required rural block rotations? No Is Not Selected And Does your anesthesiology residency program include the PGY-1 transitional year? No Is Selected
Average number of weeks of required rural block rotations during each program year:

	PGY-2	PGY-3	PGY-4
Number of weeks per year			

Answer If Does your anesthesiology residency program include the PGY-1 transitional year? Yes Is Selected

Average number of weeks of urban block rotations during each program year completed by residents that participate in any required rural training:

	PGY-1	PGY-2	PGY-3	PGY-4
Number of weeks per year				

Answer If Does your anesthesiology residency program include the PGY-1 transitional year? No Is Selected

Average number of weeks of urban block rotations during each program year completed by residents that participate in required rural training:

	PGY-2	PGY-3	PGY-4
Number of weeks per year			

Is your program based full-time in a rural area? (Training based full-time in rural practice)

- Yes
- No

Answer If Does your anesthesiology residency program include the PGY-1 transitional year? No Is Selected And Is your program based full-time in a rural area?(Training based full-time in rural practice) No Is Not Selected

Please provide ZIP code(s) of rural full-time training: (Training based full-time in rural practice) If you do not know the site ZIP code, please provide city/town and state instead.

	PGY-1	PGY-2	PGY-3	PGY-4
ZIP code #1				
ZIP code #2				
ZIP code #3				
ZIP code #4				
ZIP code #5				

Answer If Does your anesthesiology residency program include the PGY-1 transitional year? Yes Is Selected And Is your program based full-time in a rural area? (Training based full-time in rural practice) No Is Not Selected

Please provide ZIP code(s) of rural full-time training: (Training based full-time in rural practice) If you do not know the site ZIP code, please provide city/town and state instead.

	PGY-2	PGY-3	PGY-4
ZIP code #1			
ZIP code #2			
ZIP code #3			
ZIP code #4			
ZIP code #5			

Please indicate if any of your program's rural training sites are of the following types (check all that apply):

- Critical Access Hospital
- Federally Qualified Health Center
- Federally Qualified Health Center Look-Alike
- Rural Health Clinic (federally qualified)
- Indian Health Service
- Title X
- None of the above
- Don't know

How much variability is there in the amount of time residents spend in rural training?

- Individual residents differ greatly from each other in the amount of time spent in rural training.
- Individual residents differ somewhat from each other in the amount of time spent in rural training.
- Individual residents differ little from each other in the amount of time spent in rural training.

Please clarify or elaborate on your response if needed: _____

Some residencies train physicians in specific skills relevant to practice in a rural setting. In which of the following core competencies* does your program provide training that is specific to practice in a rural setting? *ABMS/ACGME core competencies: <http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/>

			If yes, please list specific rural skills covered:
	Yes	No	
Practice-based Learning and Improvement	<input type="radio"/>	<input type="radio"/>	
Patient Care and Procedural Skills	<input type="radio"/>	<input type="radio"/>	
Systems-based Practice	<input type="radio"/>	<input type="radio"/>	
Medical Knowledge	<input type="radio"/>	<input type="radio"/>	
Interpersonal and Communication Skills	<input type="radio"/>	<input type="radio"/>	
Professionalism	<input type="radio"/>	<input type="radio"/>	
Are there any competencies other than these core competencies for which your program provides training that is specific to practice in a rural setting?	<input type="radio"/>	<input type="radio"/>	

The following questions will help us learn more about your residency's graduates.

In what year did or will your program graduate its first residents who participated in required rural training?

- 2007 or earlier
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013 or later
- Don't Know

If 2013 or later Is Selected, Then Skip To Thank you for taking the time to part...

Participants in rural training who graduated 2007 – 2012

The following information will be used to identify practice locations of rurally trained graduates. Name and graduation date are needed to identify graduate records in databases such as the American Medical Association Masterfile. No individual information will be shared outside the research team; only aggregate trends will be reported. Please list only graduates that participated in required rural experiences of at least 8 weeks' duration, such as rural continuity clinics, rural block rotations, or full-time rural training. Include graduates from 2007 through 2012. If more convenient, we will gladly accept a roster in any format (electronic or paper) with this information. You can upload a file directly to this survey by using the "Browse" button below and selecting your file. Please contact [study contact] or [email address] for assistance.

	Graduate #1	Graduate #2	Graduate #3	Graduate #4	Graduate #5	Graduate #6
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #7	Graduate #8	Graduate #9	Graduate #10	Graduate #11	Graduate #12
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #13	Graduate #14	Graduate #15	Graduate #16	Graduate #17	Graduate #18
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #19	Graduate #20	Graduate #21	Graduate #22	Graduate #23	Graduate #24
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #25	Graduate #26	Graduate #27	Graduate #28	Graduate #29	Graduate #30
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

Do you have more graduates to report?

Yes

No

If No Is Selected, Then Skip To Thank you for taking the time to part...

	Graduate #31	Graduate #32	Graduate #33	Graduate #34	Graduate #35	Graduate #36
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #37	Graduate #38	Graduate #39	Graduate #40	Graduate #41	Graduate #42
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #43	Graduate #44	Graduate #45	Graduate #46	Graduate #47	Graduate #48
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #49	Graduate #50	Graduate #51	Graduate #52	Graduate #53	Graduate #54
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #55	Graduate #56	Graduate #57	Graduate #58	Graduate #59	Graduate #60
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

Do you have more graduates to report?

- Yes
 No

If No Is Selected, Then Skip To Thank you for taking the time to part...

	Graduate #61	Graduate #62	Graduate #63	Graduate #64	Graduate #65	Graduate #66
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #67	Graduate #68	Graduate #69	Graduate #70	Graduate #71	Graduate #72
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #73	Graduate #74	Graduate #75	Graduate #76	Graduate #77	Graduate #78
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #79	Graduate #80	Graduate #81	Graduate #82	Graduate #83	Graduate #84
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #85	Graduate #86	Graduate #87	Graduate #88	Graduate #89	Graduate #90
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

Do you have more graduates to report?

- Yes
- No

If No Is Selected, Then Skip To Thank you for taking the time to part...

	Graduate #91	Graduate #92	Graduate #93	Graduate #94	Graduate #95	Graduate #96
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #97	Graduate #98	Graduate #99	Graduate #100	Graduate #101	Graduate #102
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #103	Graduate #104	Graduate #105	Graduate #106	Graduate #107	Graduate #108
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #109	Graduate #110	Graduate #111	Graduate #112	Graduate #113	Graduate #114
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

	Graduate #115	Graduate #116	Graduate #117	Graduate #118	Graduate #119	Graduate #120
Graduate's first name						
Graduate's last name						
Residency graduation date (MM/YY)						

Thank you for taking the time to participate in this survey! We welcome your comments about training anesthesiologists for rural practice:

If you have any questions about this questionnaire or the study, please contact Cynthia Coulthard, MPH, Research Coordinator, at 206.685.6610 or ccoult@uw.edu.