

# National Graduate Survey for year(s): 2021

The ABFM has partnered with the Association of Family Medicine Residency Directors (AFMRD) to conduct a standardized National Graduate Survey of ABFM certified physicians three years after residency completion. This report contains the responses of your graduates with national comparisons. The ABFM and AFMRD hope you will use these data to evaluate your program and take steps to address any gaps. This survey will fulfill ACGME Program Requirements.

A word about methodology. Each year, the survey is open from January to December and a new cohort of graduates will be surveyed. Each year's cohort graduated 3 years prior; for example, the 2020 data are from 2017 residency graduates. Reports will be available in April each year to allow time for the ABFM to clean the data and create the reports. Additionally, each year an AFMRD advisory committee will review data, survey performance, and content prior to the release of the reports.

To ensure ABFM Diplomate confidentiality, we have censored residency-specific reports in a given year when fewer than three eligible graduates from a residency respond. Residencies with fewer than three respondents will receive a report with the national averages.

## Methodology Notes

Responses to the "other, please specify" options on multiple questions will be monitored by the ABFM and AFMRD advisory committee and new categories may be added in future surveys. If you desire the responses for your graduates to these questions, please contact the ABFM via the Graduate Survey page in RTM.

## Practice Location

The actual primary practice address was collected, then geo-coded, and linked to the graduates' county and state of practice. We used data from the Area Health Resource File (<http://ahrf.hrsa.gov/>) to determine the county's status as a whole county HPSA and determined Urban and Rural Designation from the 2013 Rural Urban Continuum Code (RUCC). We collapsed the 9 category RUCC into 4 categories based on population size: 1-3 are Urban; 4-5 are Micropolitan; 6-7 are Large Rural; 8-9 are Small Rural. See the RUCC website for more information (<https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/>).

## Holding Certificate of Added Qualification

We used ABFM administrative data to determine whether respondents held an ABFM sponsored Certificate of Added Qualification (CAQ) or a Designated Focused Practice in Hospital Medicine.



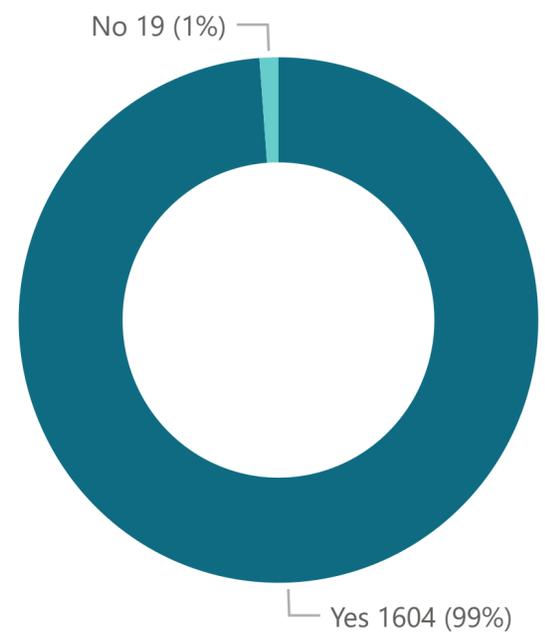
**American Board  
of Family Medicine**



Do you currently provide any direct patient care?

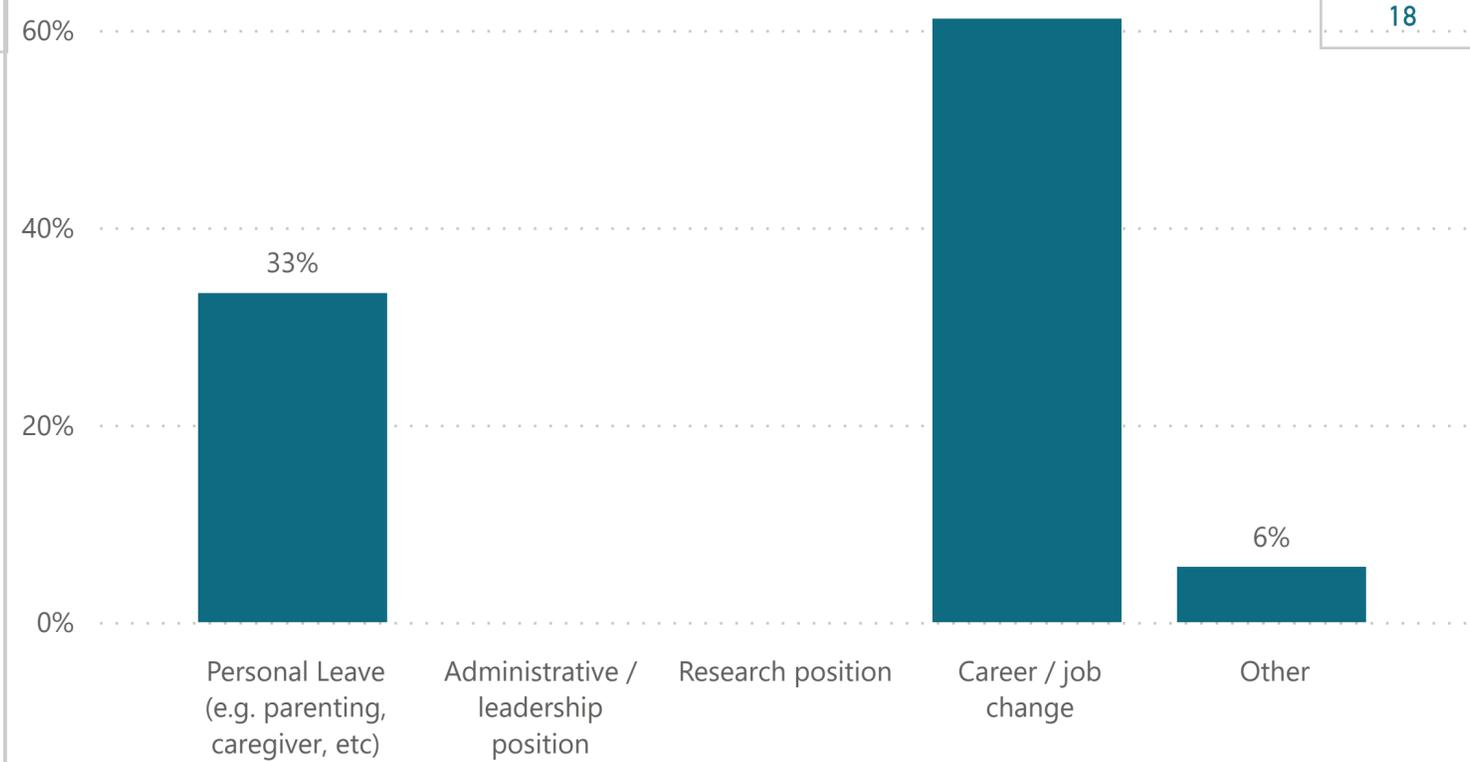
● Yes ● No

National N  
1623



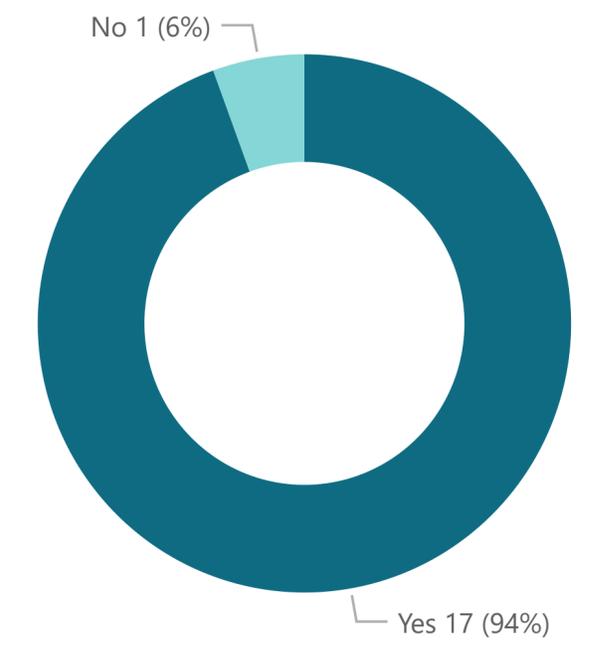
If you do not currently provide any direct patient care, check one reason why:

National N  
18



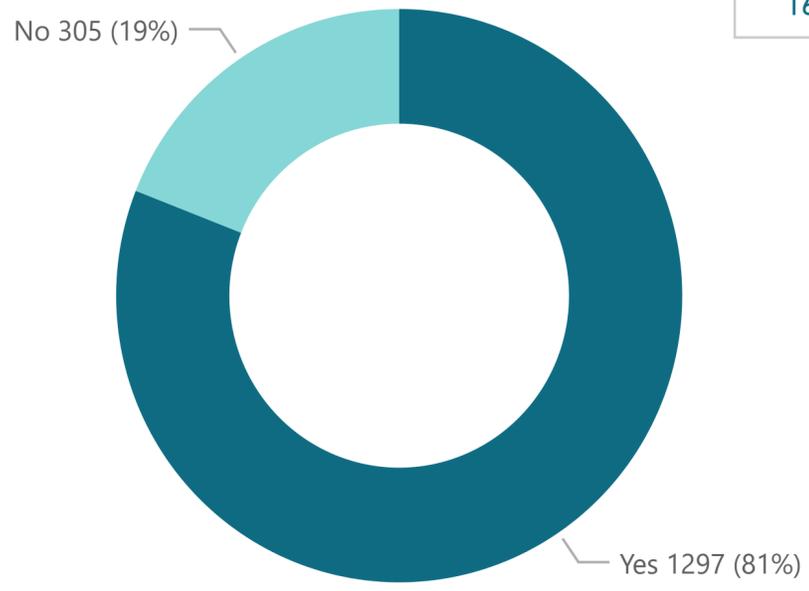
Do you intend to return to providing any direct patient care in the future?

National N  
18



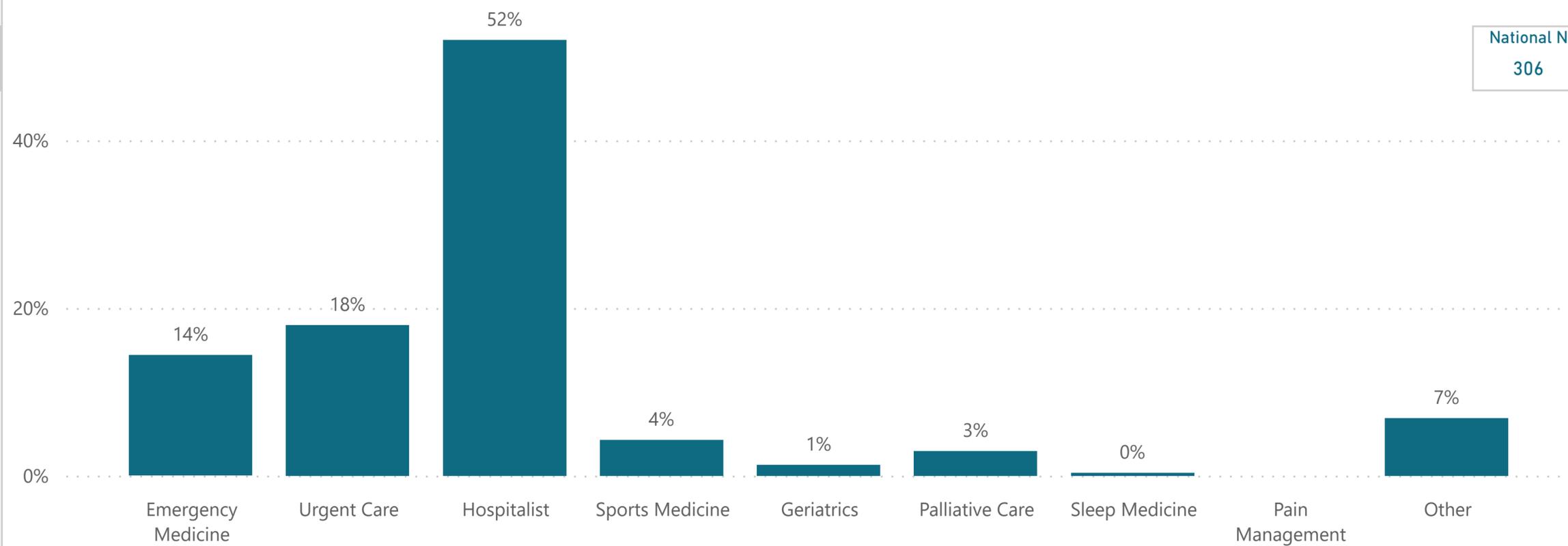
Are you currently practicing outpatient continuity care?

National N  
1602

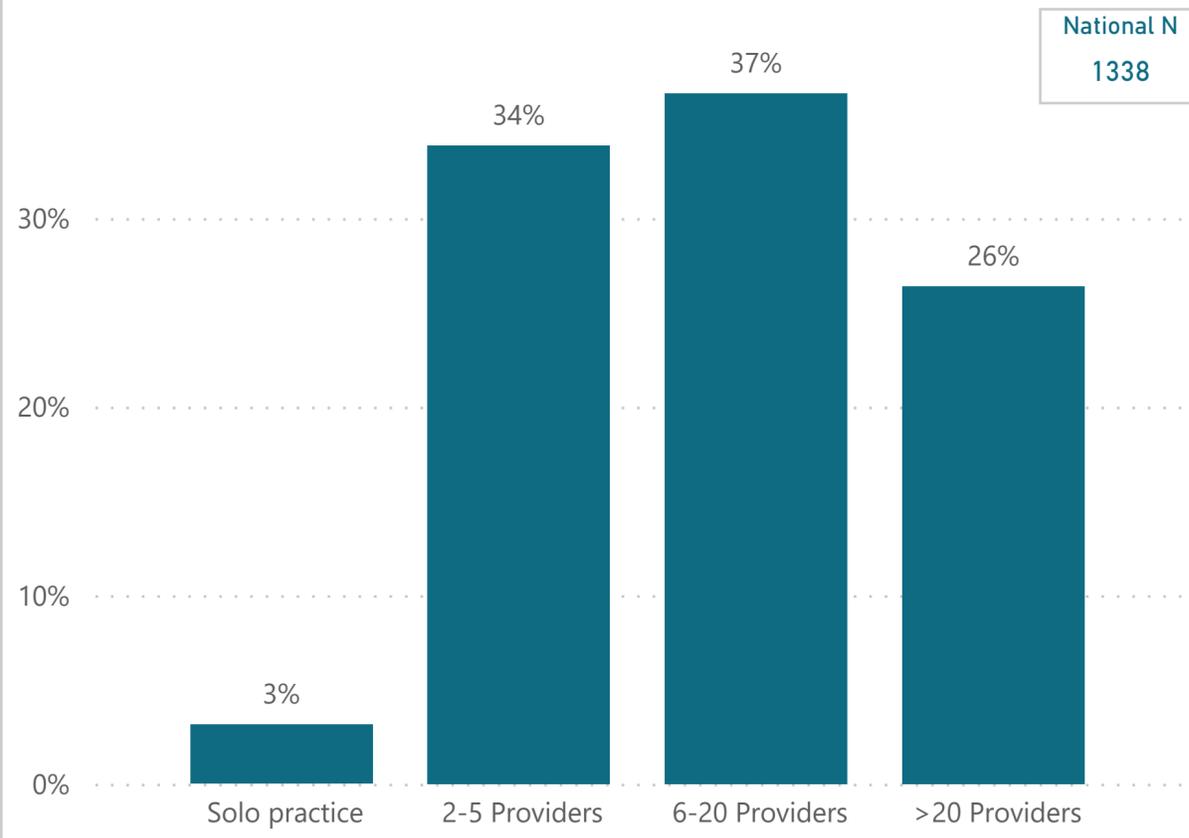


If you are not currently practicing outpatient continuity of care, check one principal professional activity from the list below.

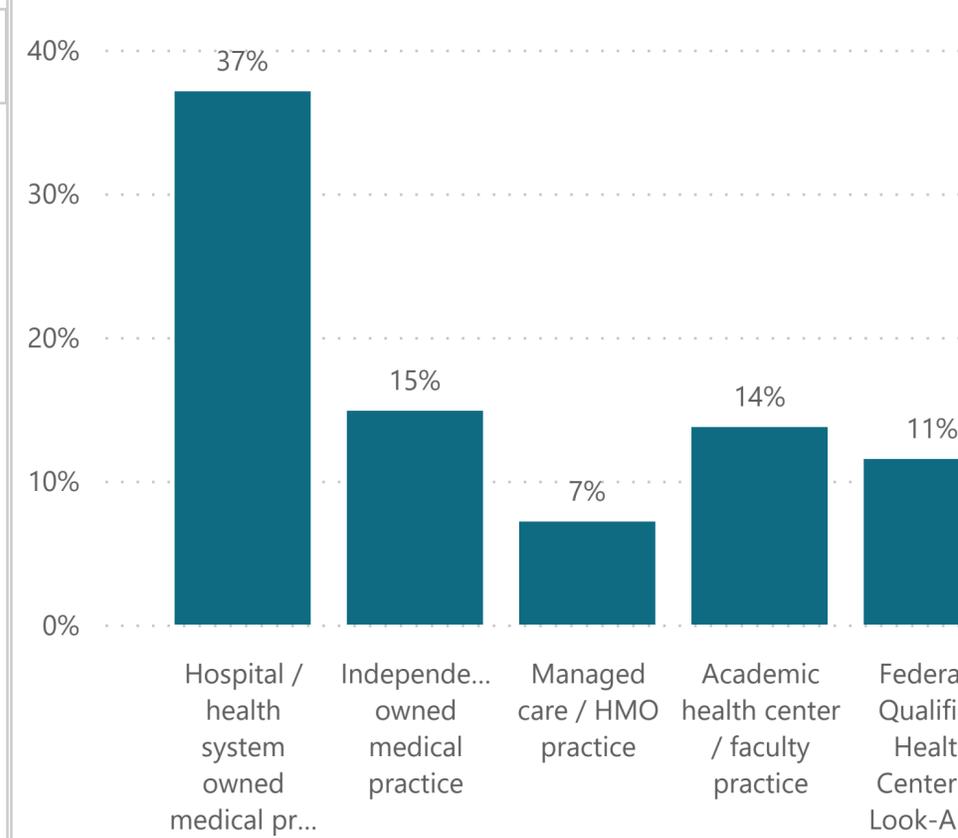
National N  
306



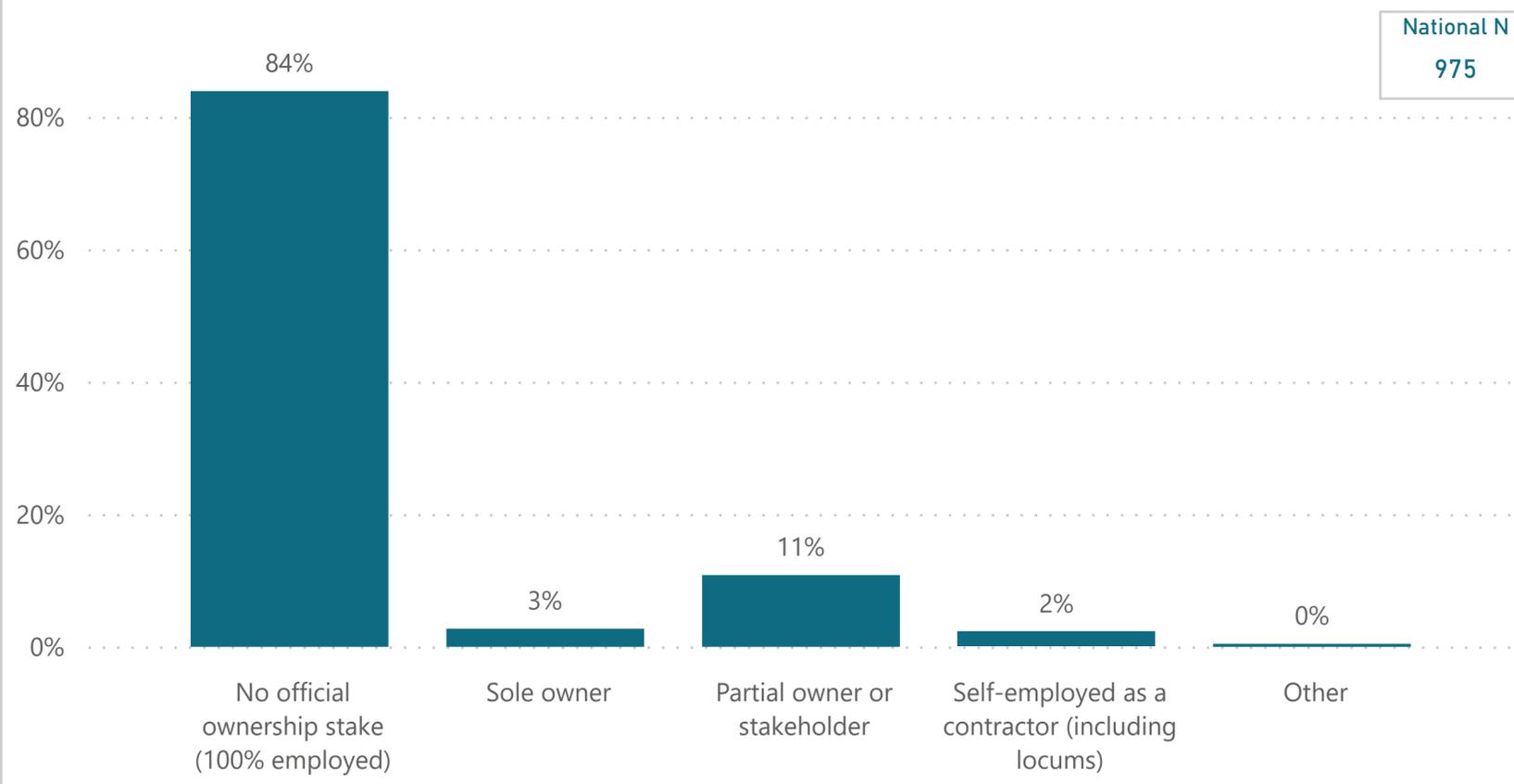
Which of the following describes your principal practice size?



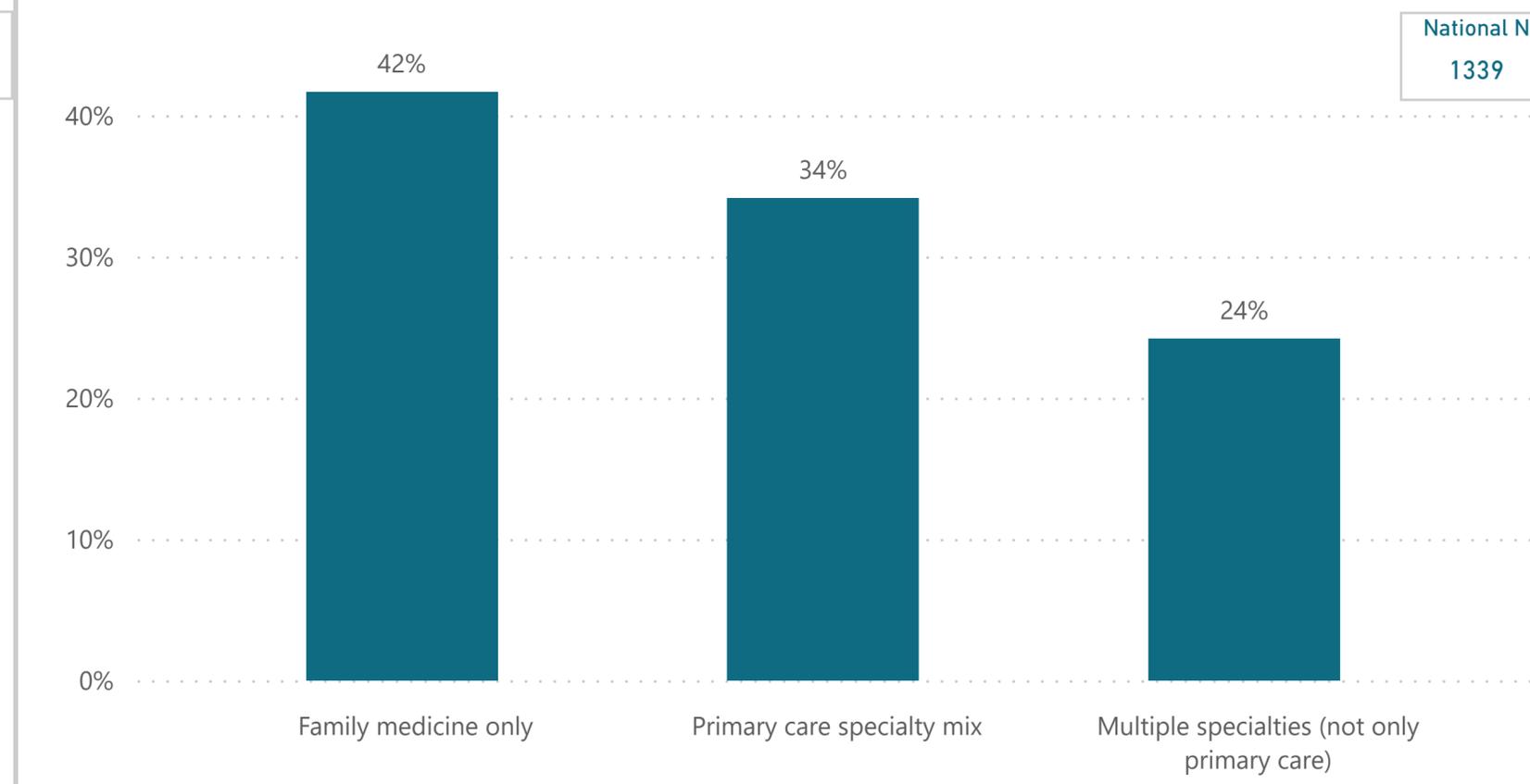
Which of the following describes your principal practice site?



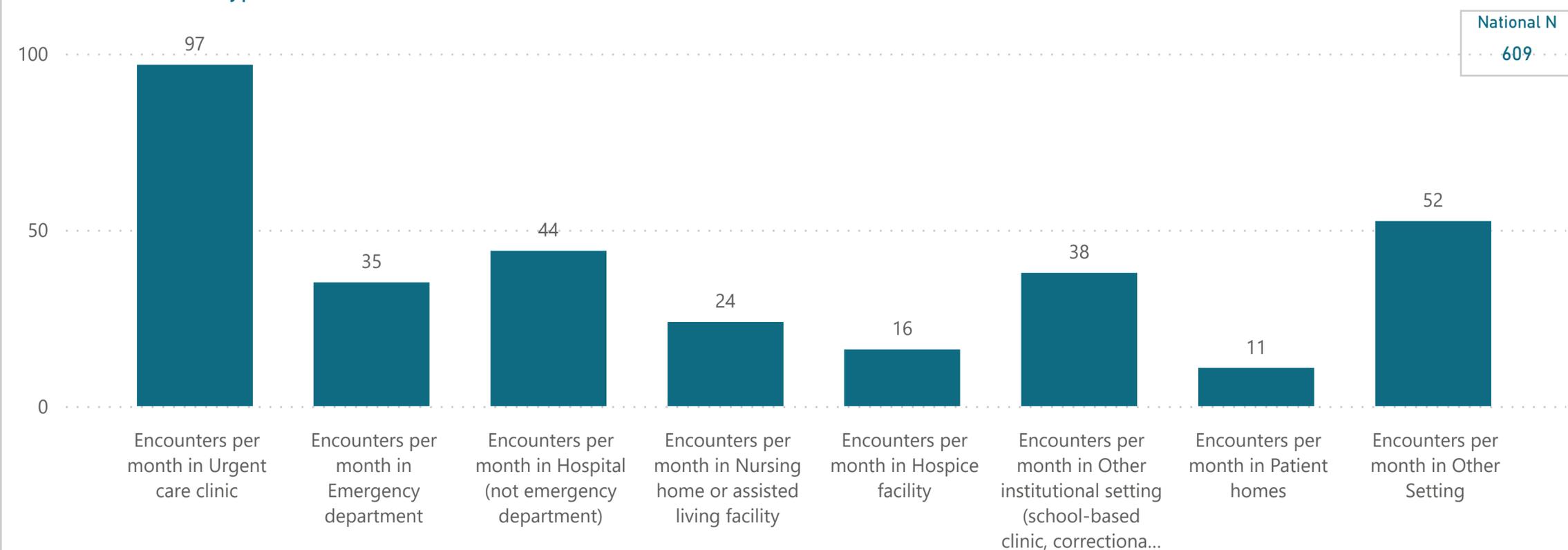
Which of the following best describes your role in the ownership of your principal practice?



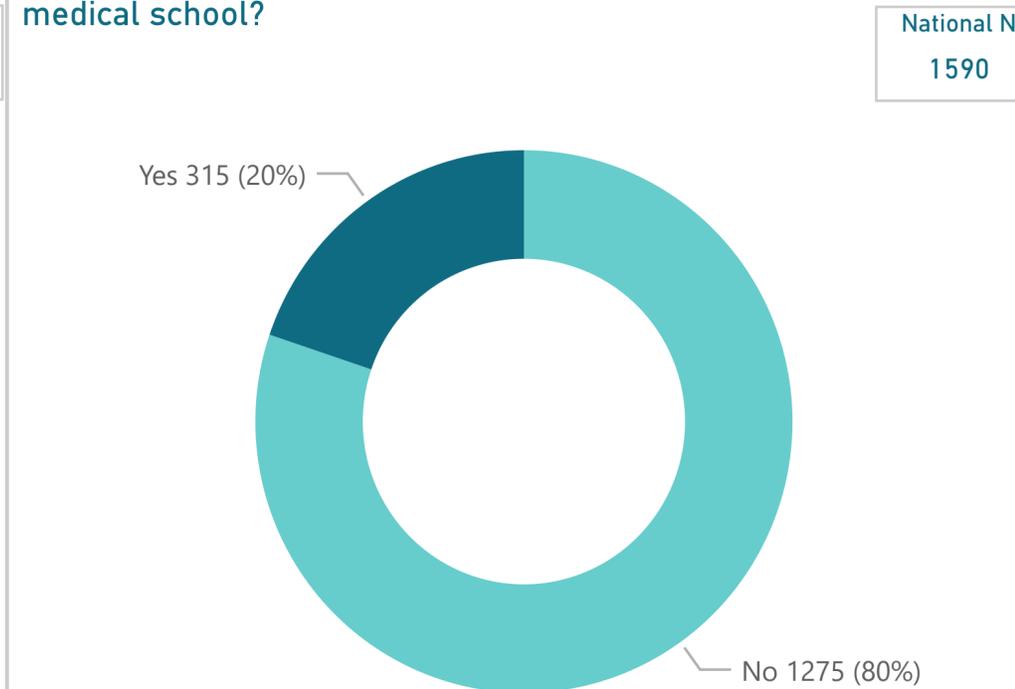
Which of the following describes the physician specialty mix of your principal practice?



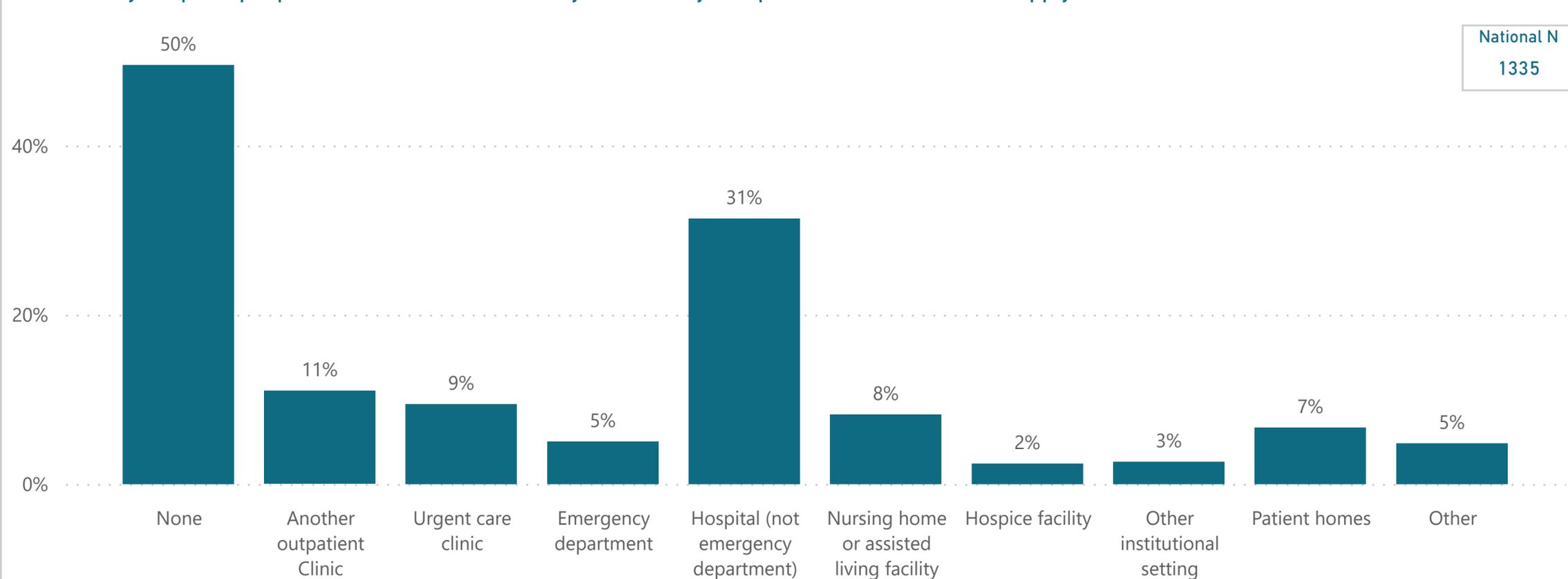
For the sites other than your principal practice where you routinely see patients, please indicate how many face-to-face patient encounters your have at the site in a typical month



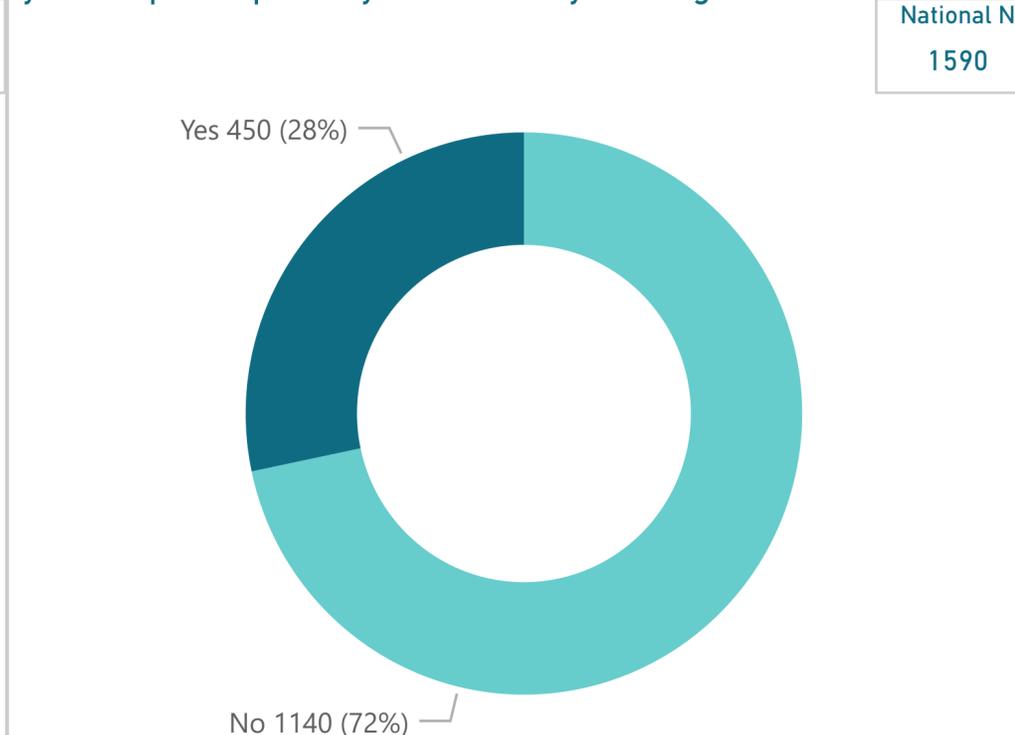
Do you currently work in a practice or for an organization where you completed a clerkship or another part of your training during medical school?



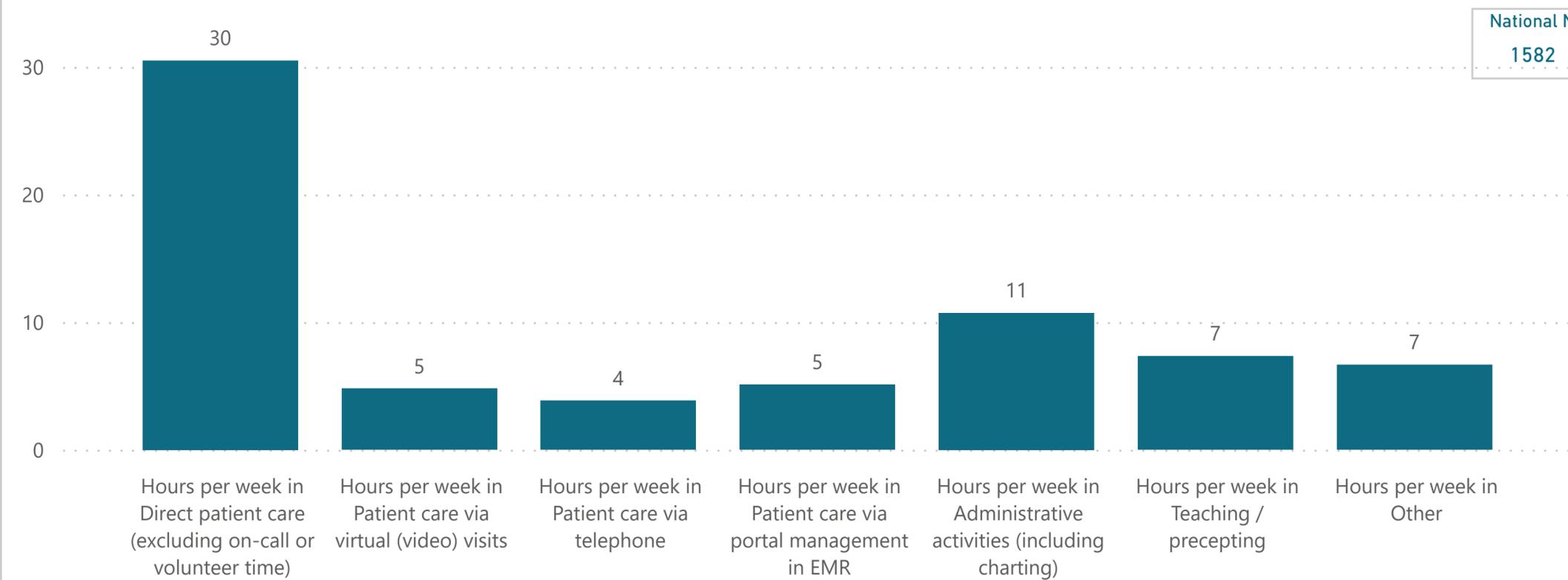
Other than your principal practice site, where else do you routinely see patients? (Select all that apply)



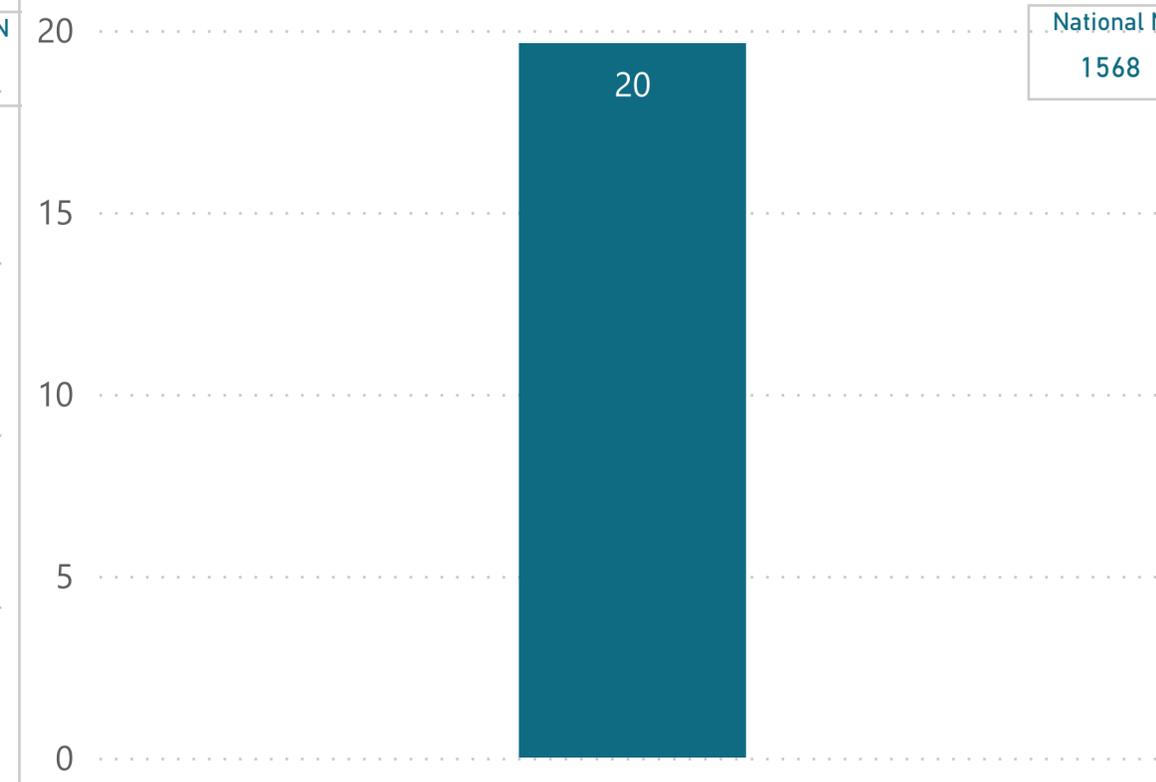
Do you currently work in a practice or for an organization where you completed part of your residency training?



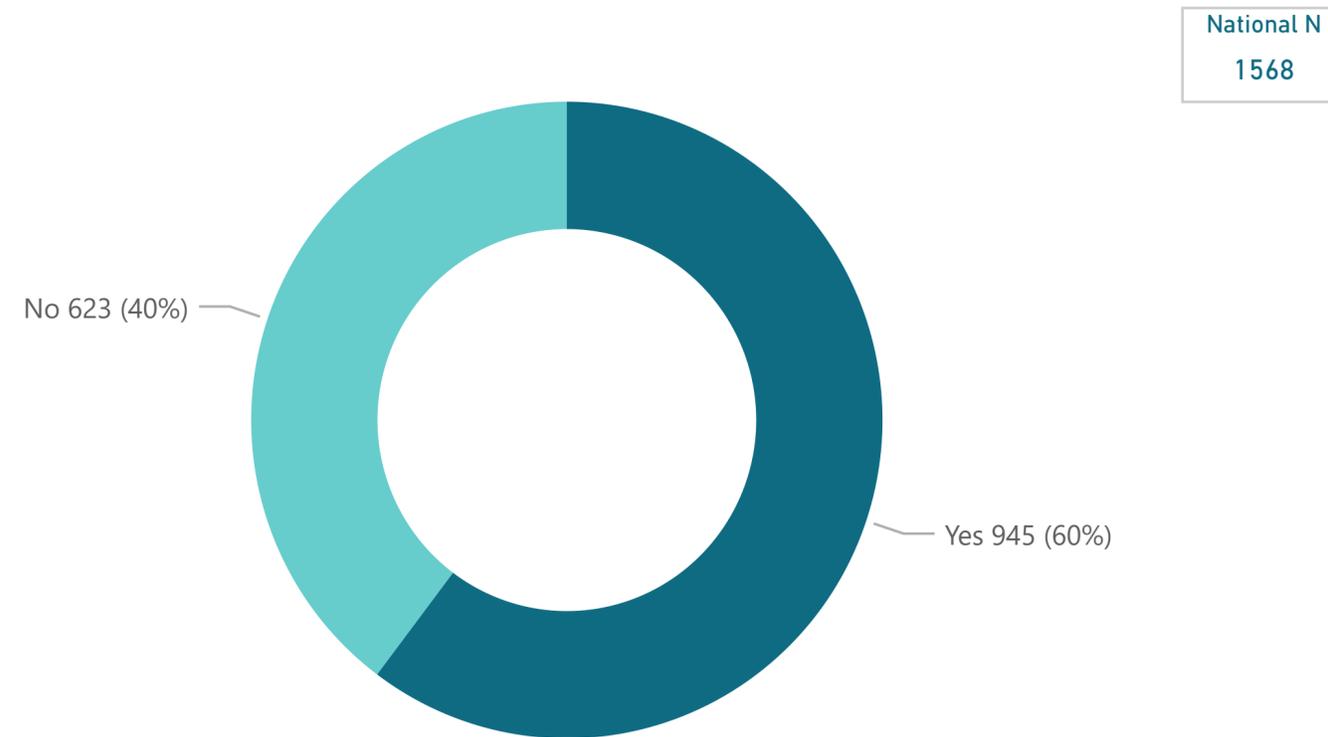
Please estimate your typical number of hours worked across all of your practice location in each of the categories below. This should sum to your typical total hours per week; please do not double count hours. Please do not include volunteer or call



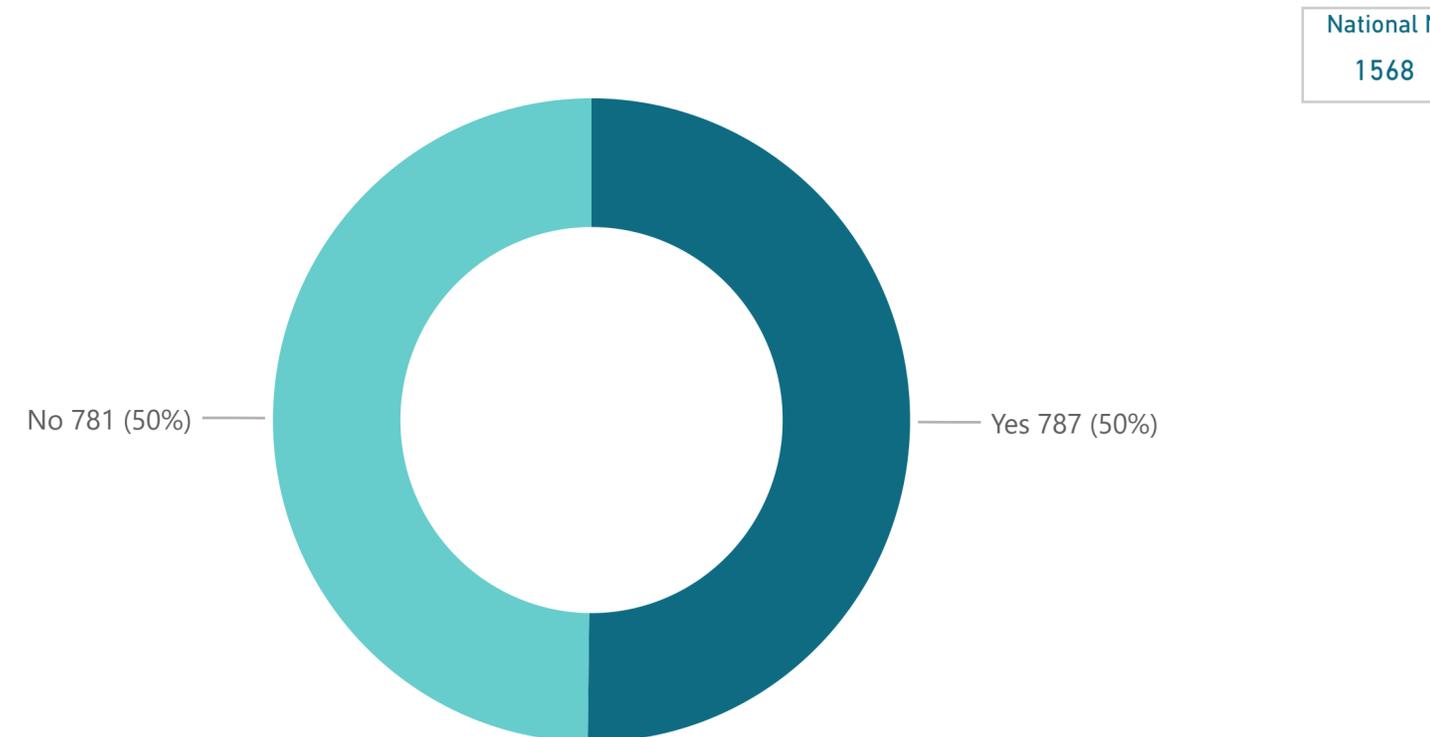
Number of patient encounters in a typical full day (if you only work half day increments, multiply by 2 to get full day number):



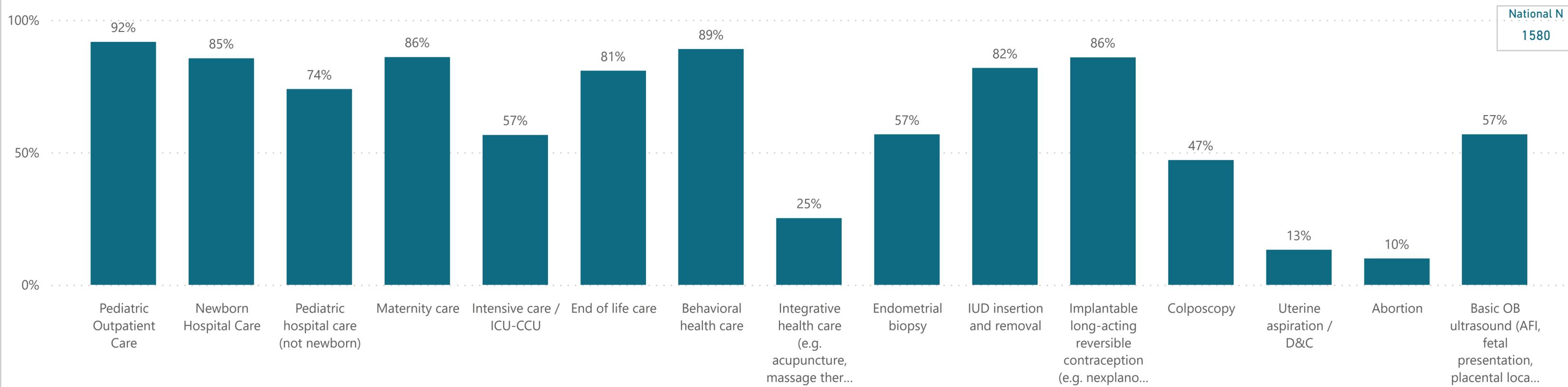
Do you take after-hours calls for your principal practice?



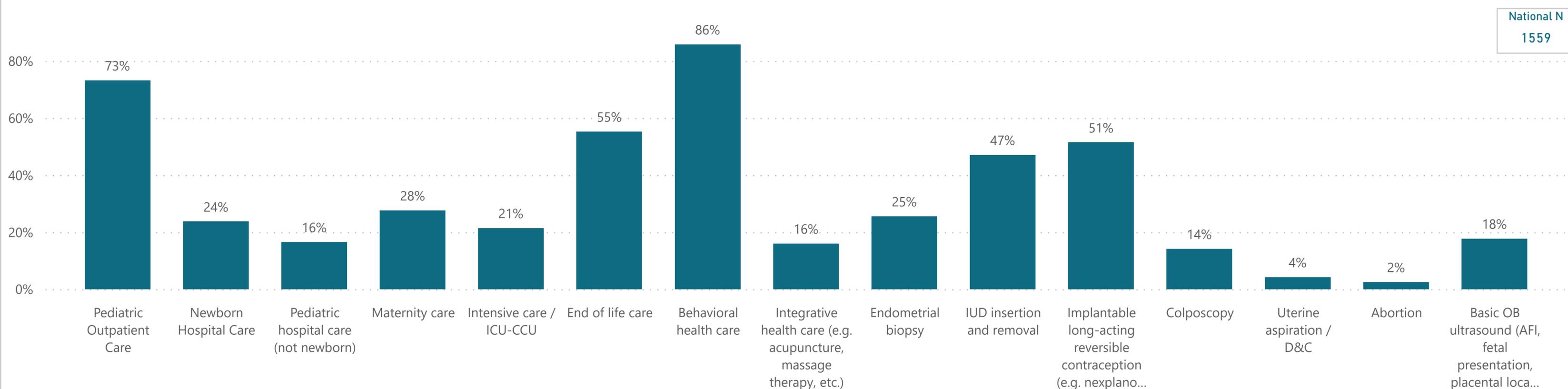
Do you see patients on weekends and / or evenings?



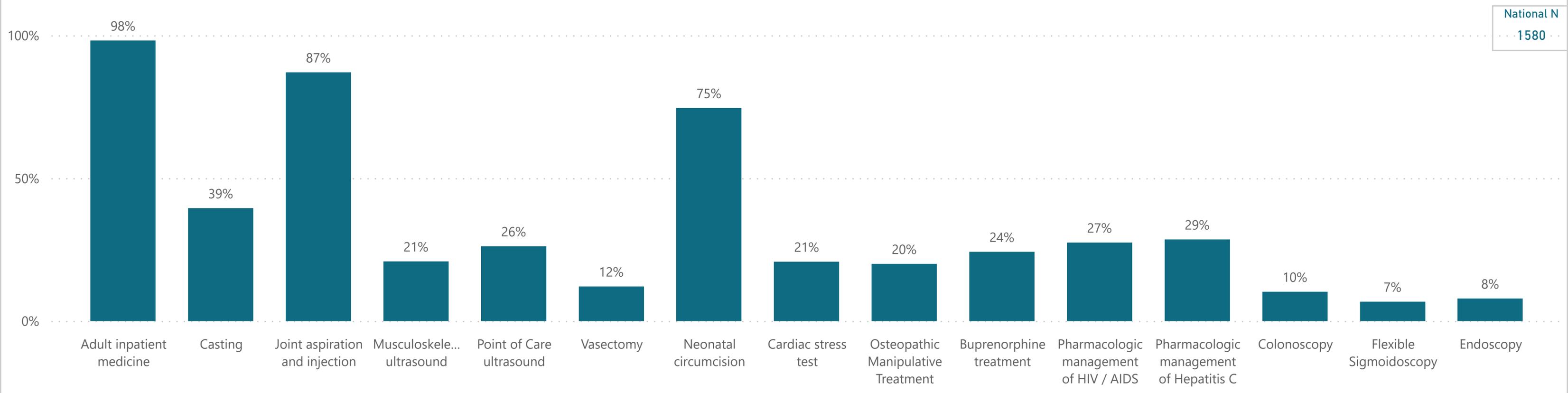
For each of the subject areas and procedures listed below, please indicate whether your residency training prepare you or not



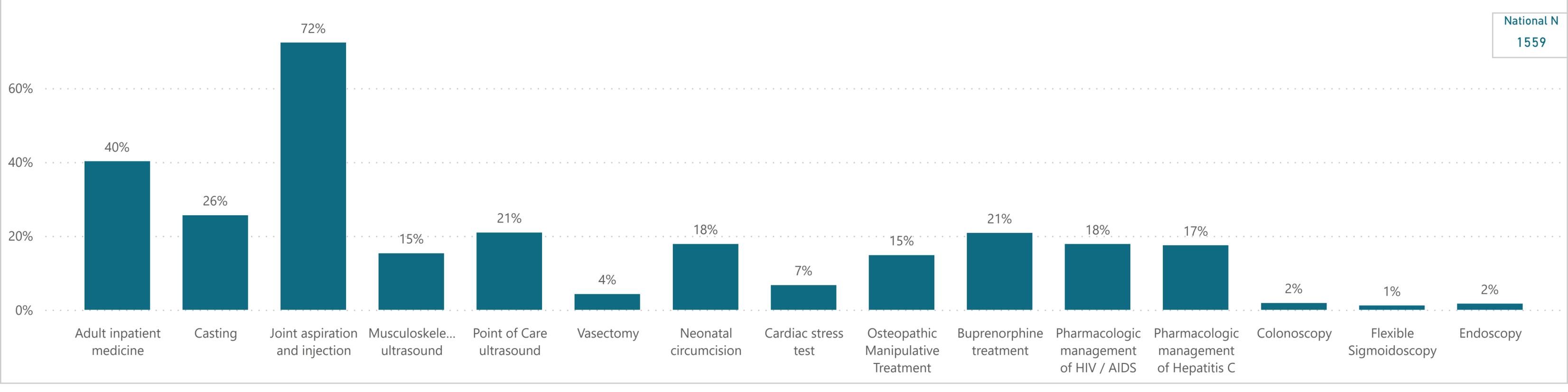
For each of the subject areas and procedures listed below, please indicate whether you are currently practicing



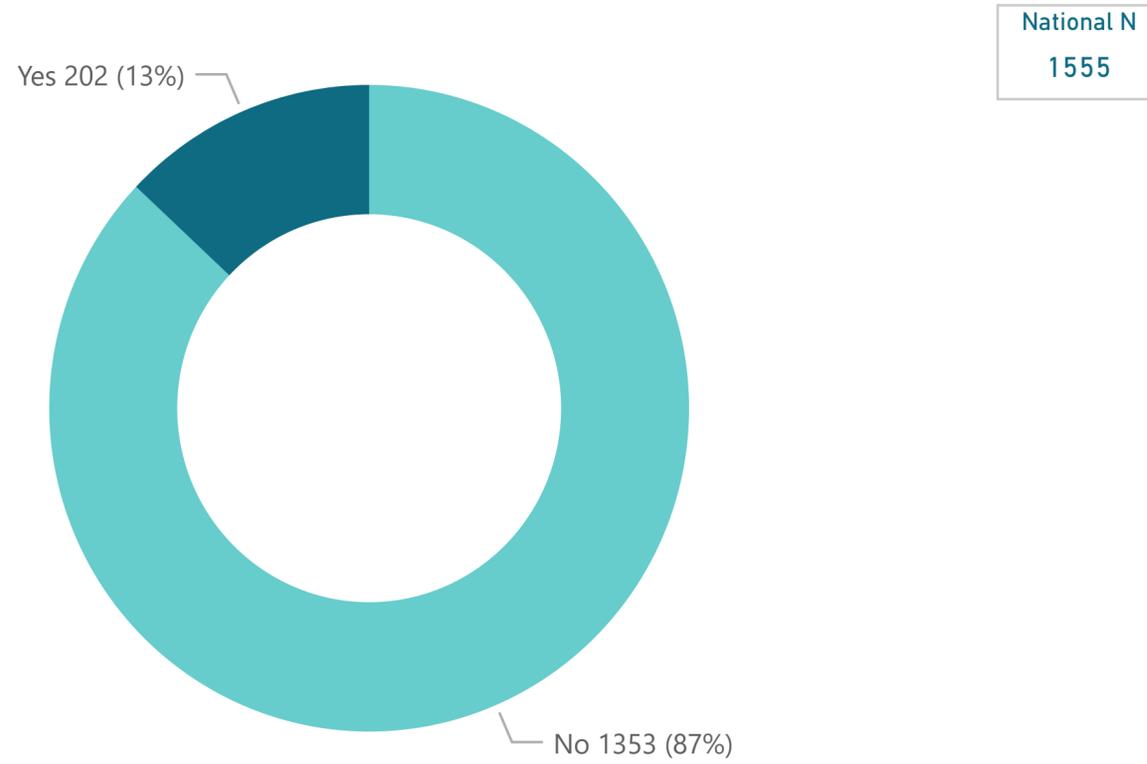
For each of the subject areas and procedures listed below, please indicate whether your residency training prepare you or not



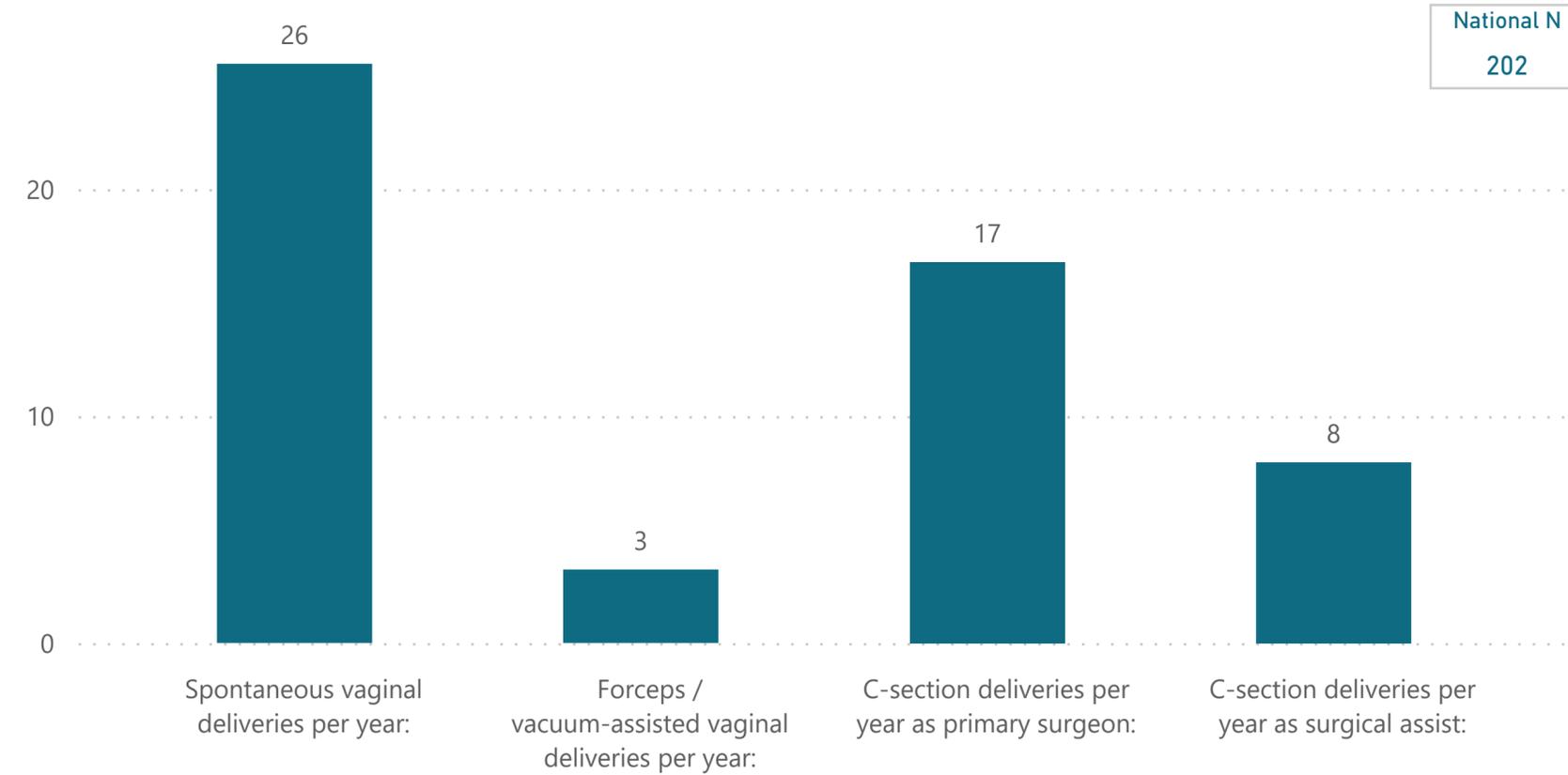
For each of the subject areas and procedures listed below, please indicate whether you are currently practicing



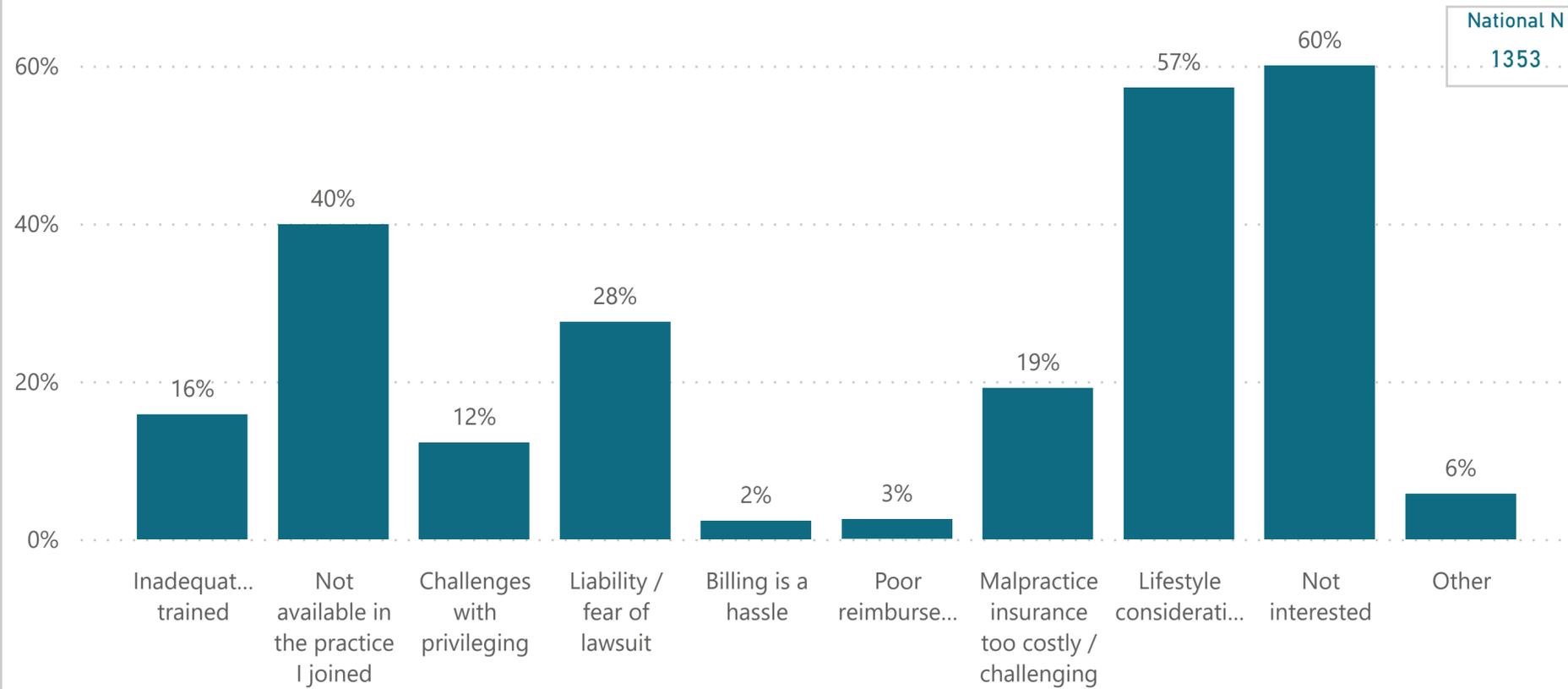
### Are you currently delivering babies?



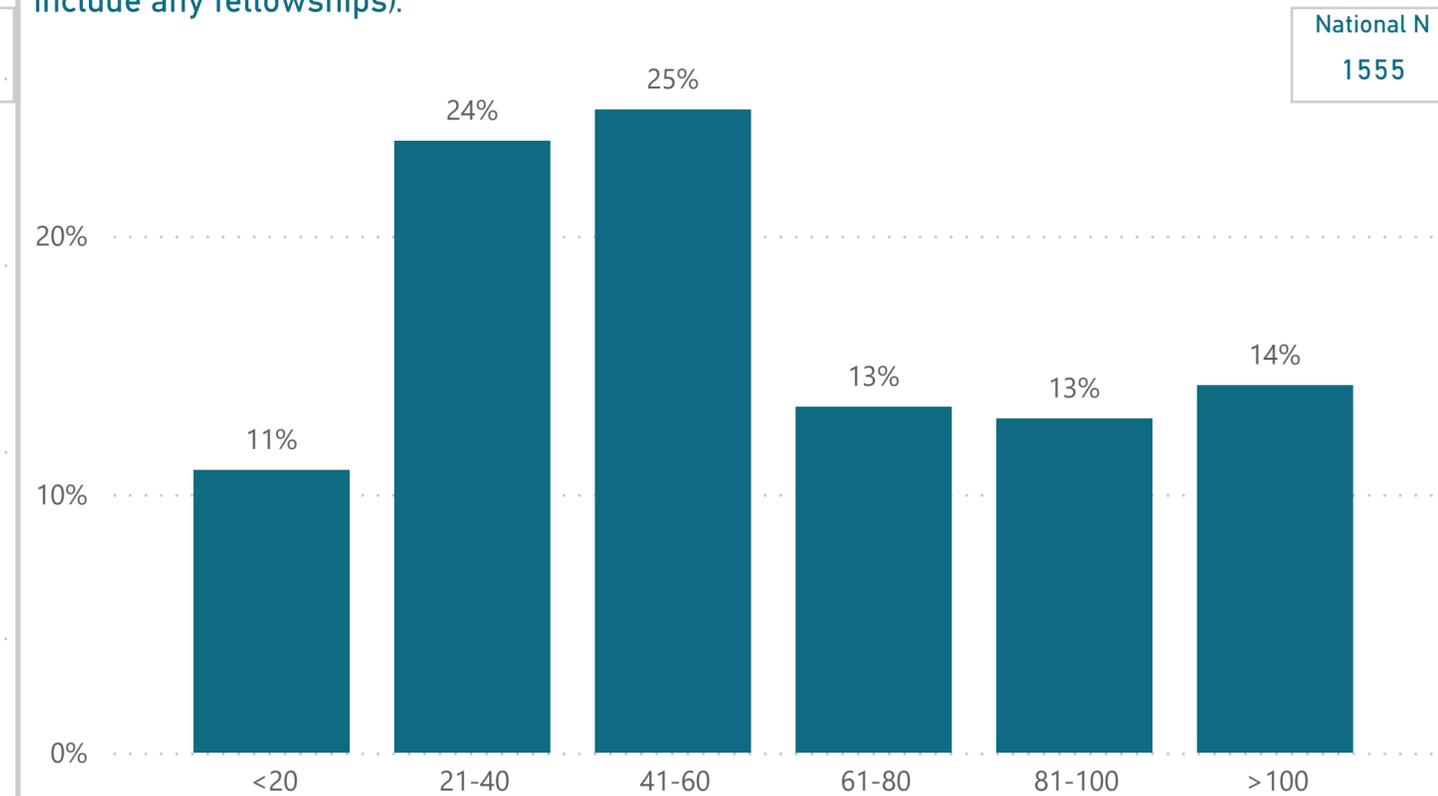
### If yes, please estimate how many deliveries you perform per year



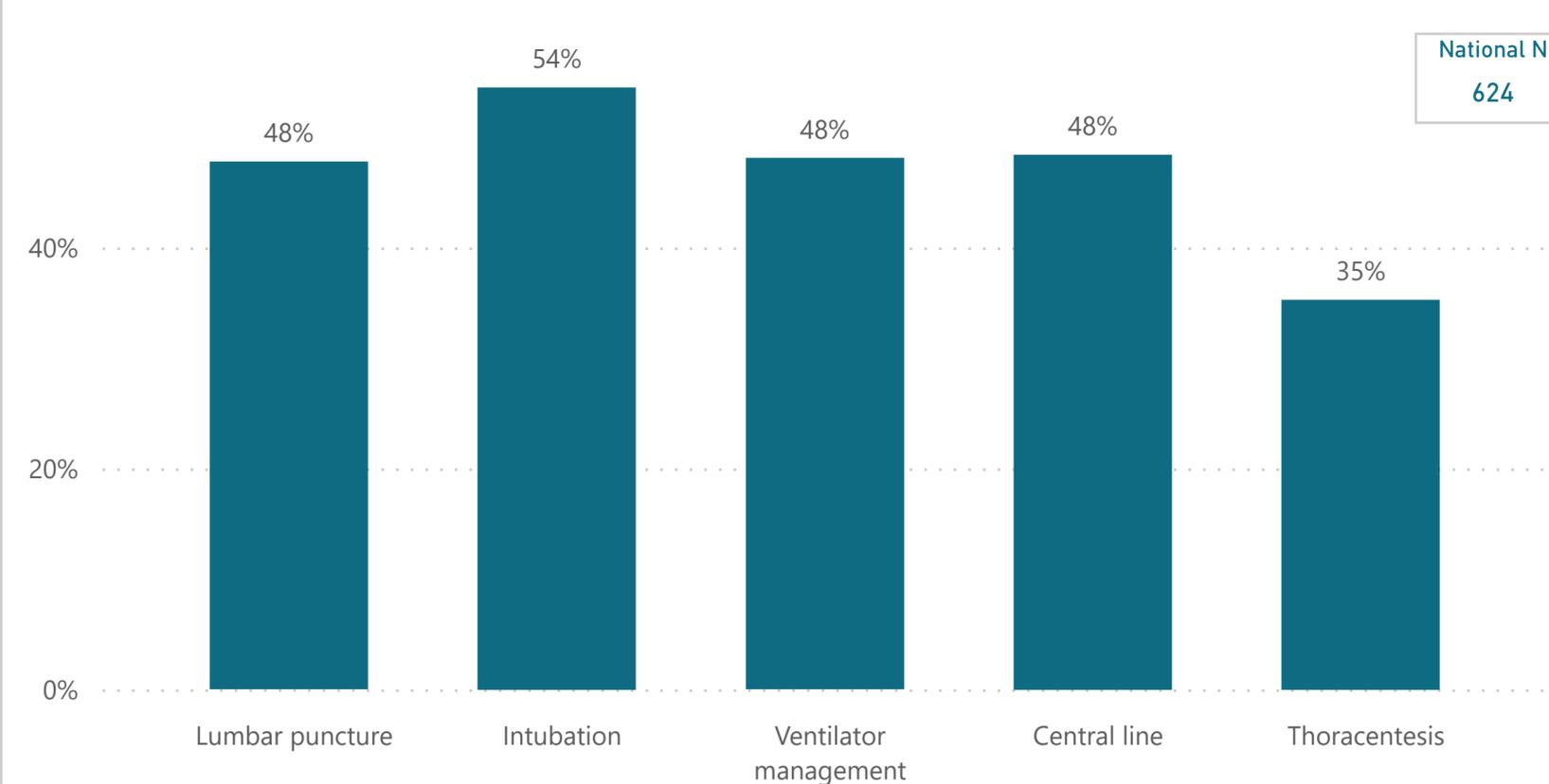
### If no, why not? (select all that apply)



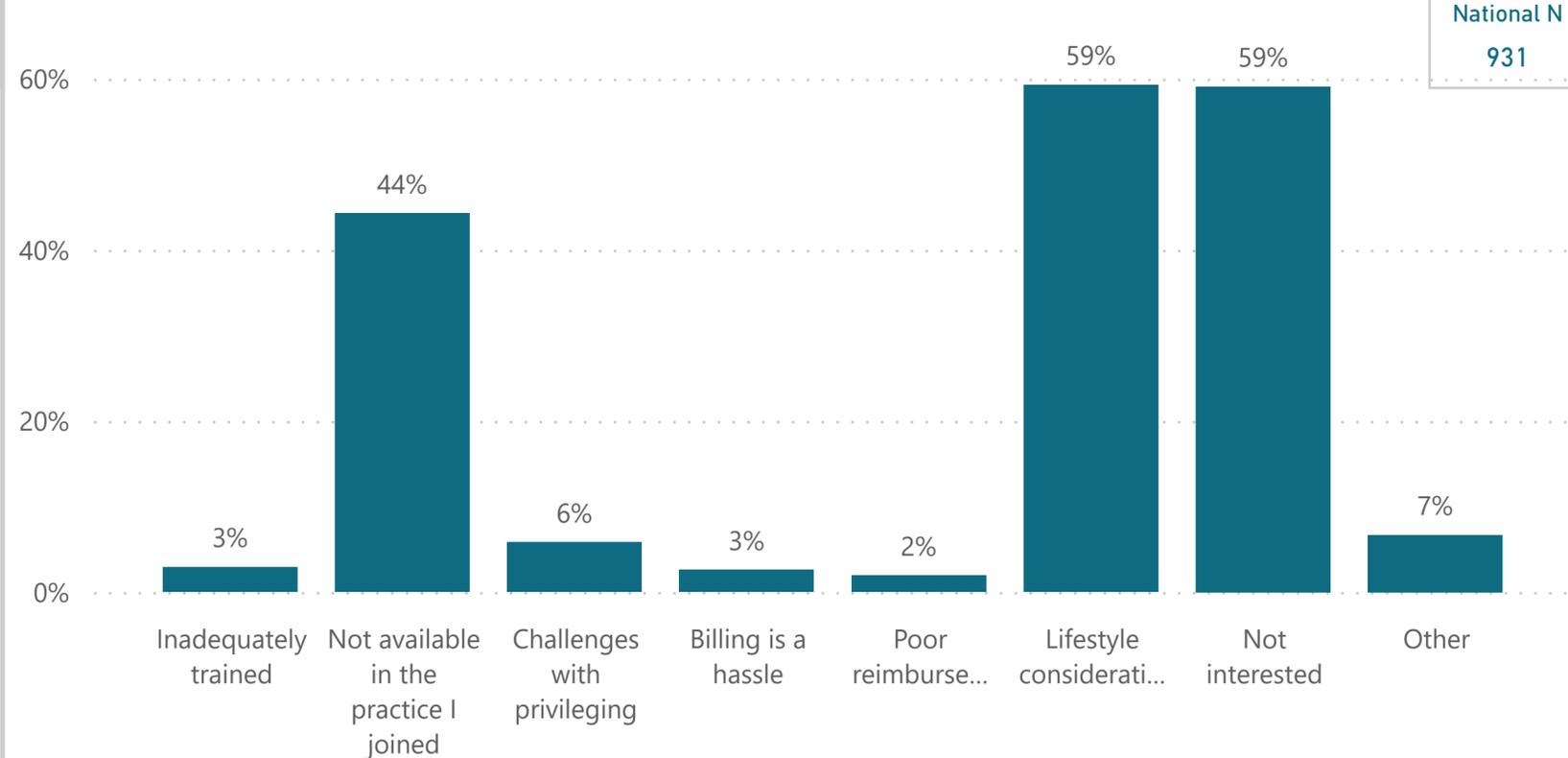
### Please estimate how many deliveries you performed during your residency training (do not include any fellowships):



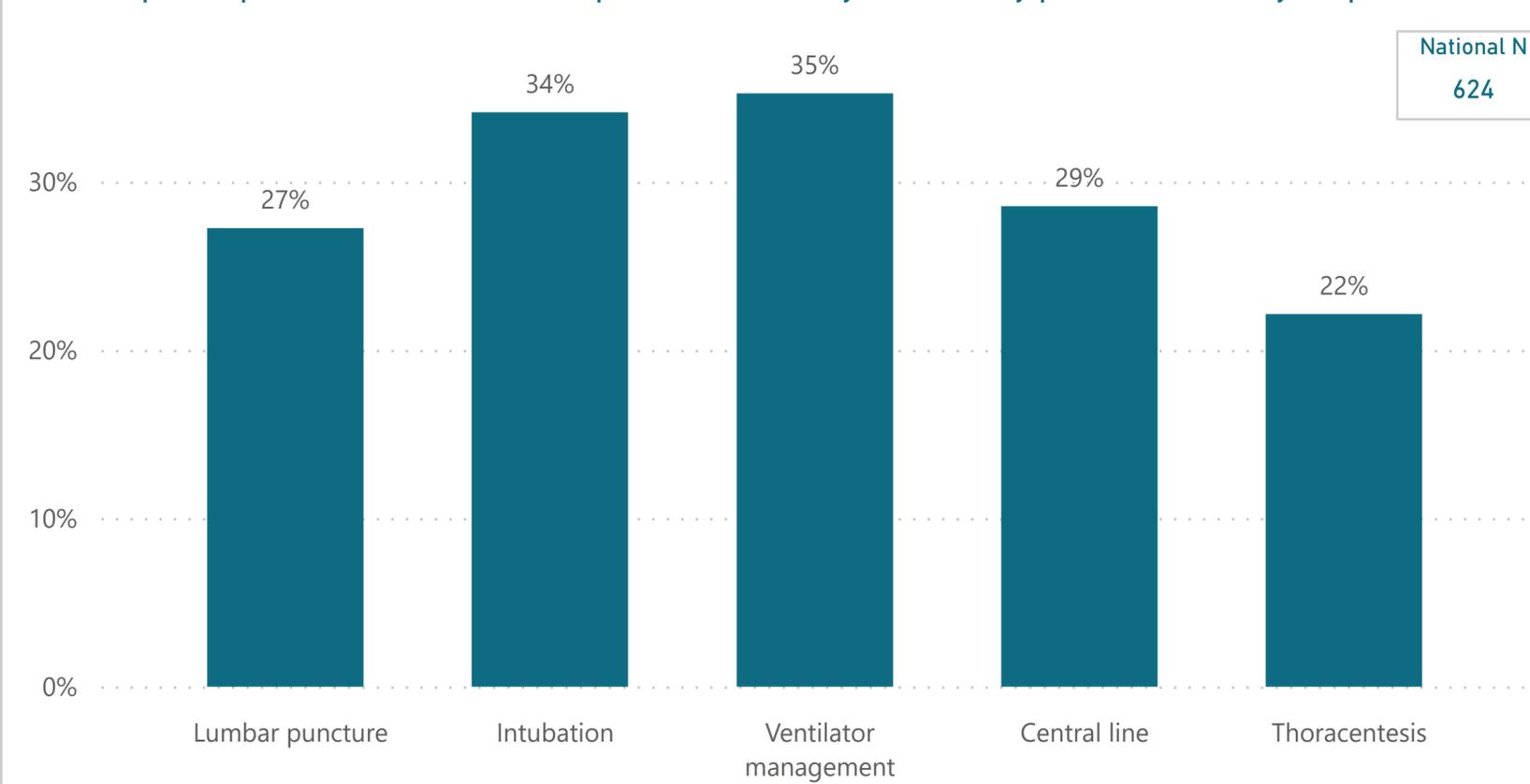
For the specific procedures listed below, please indicate Residency adequately prepared you



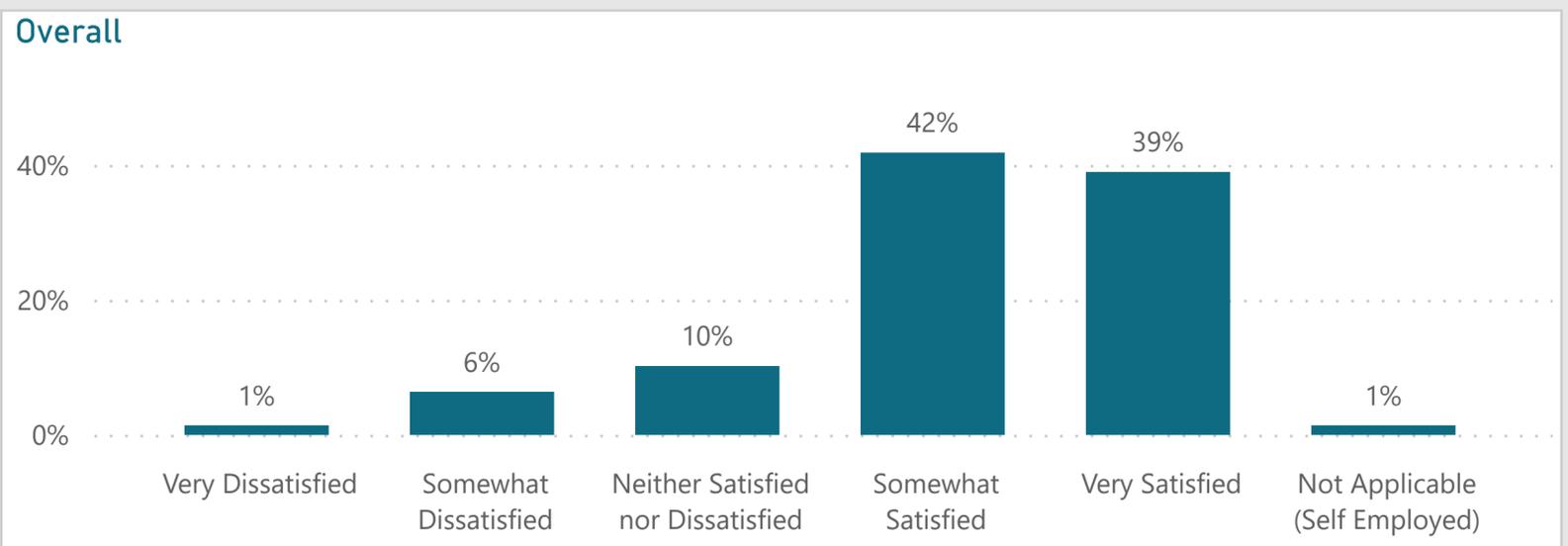
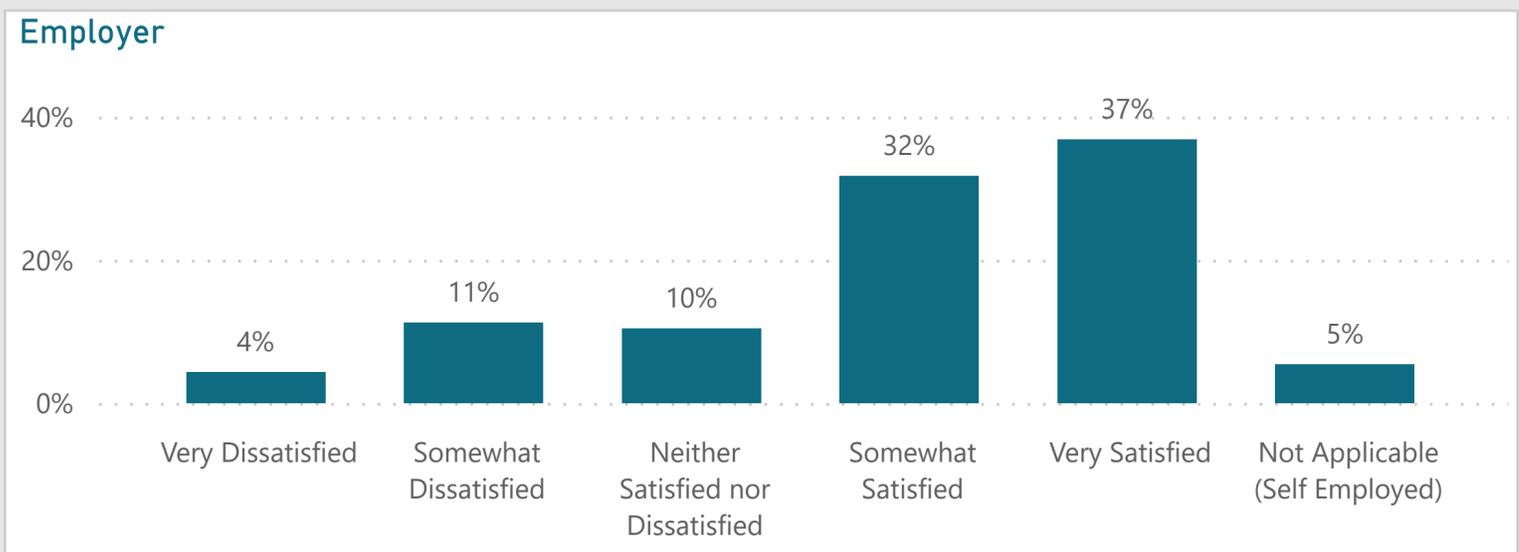
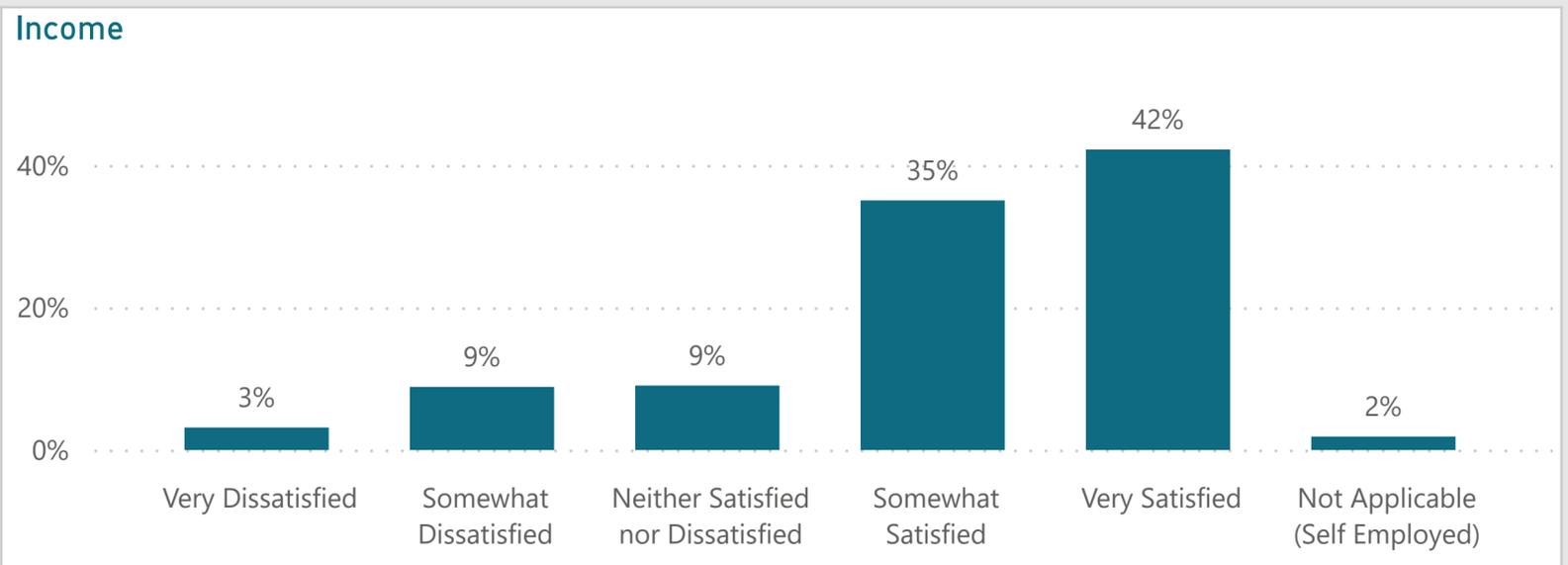
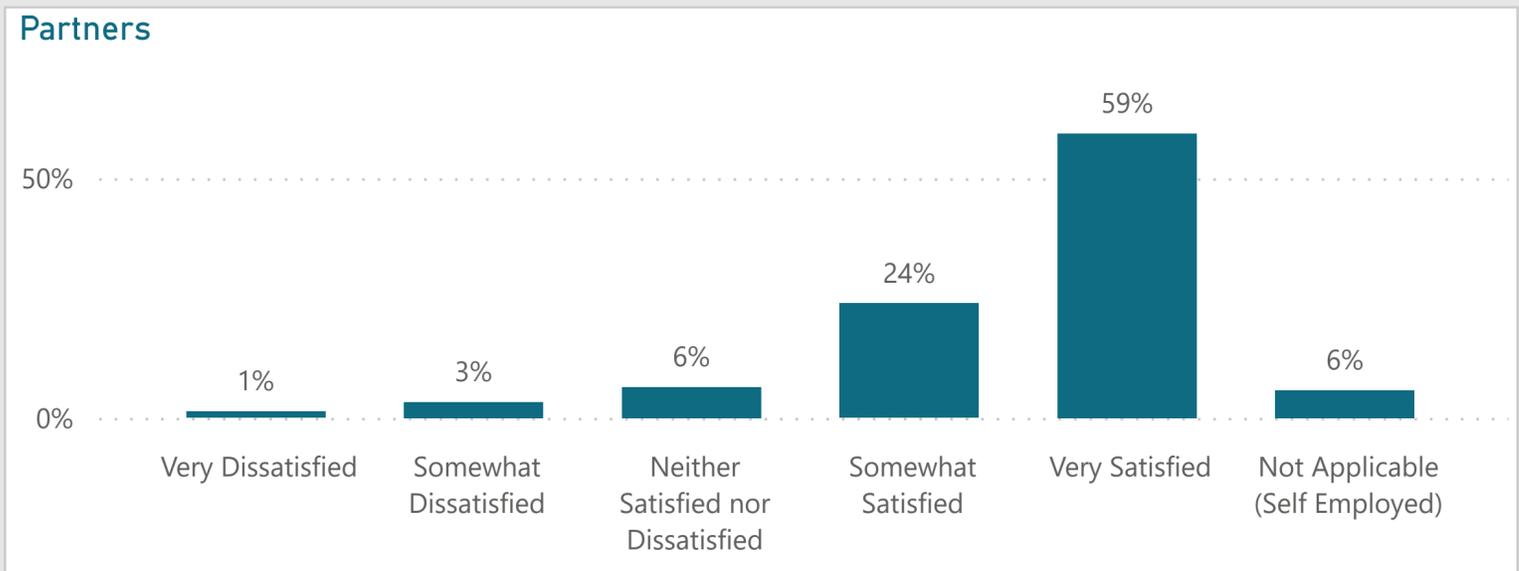
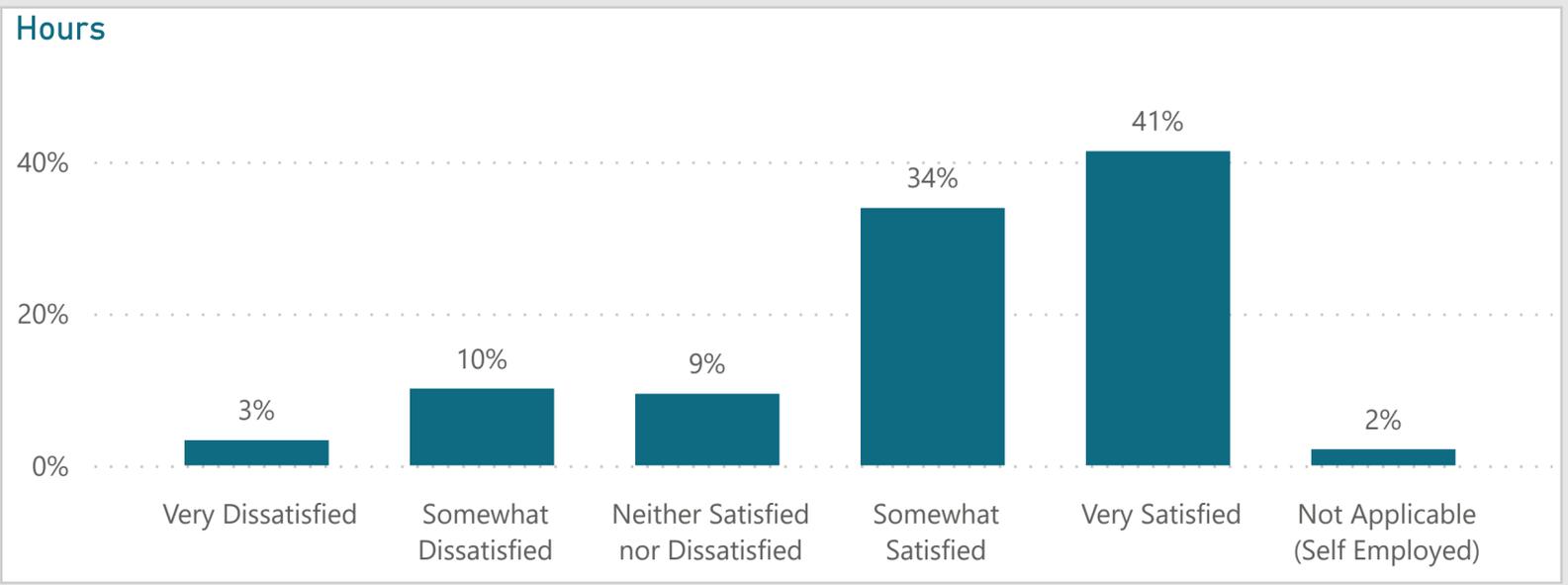
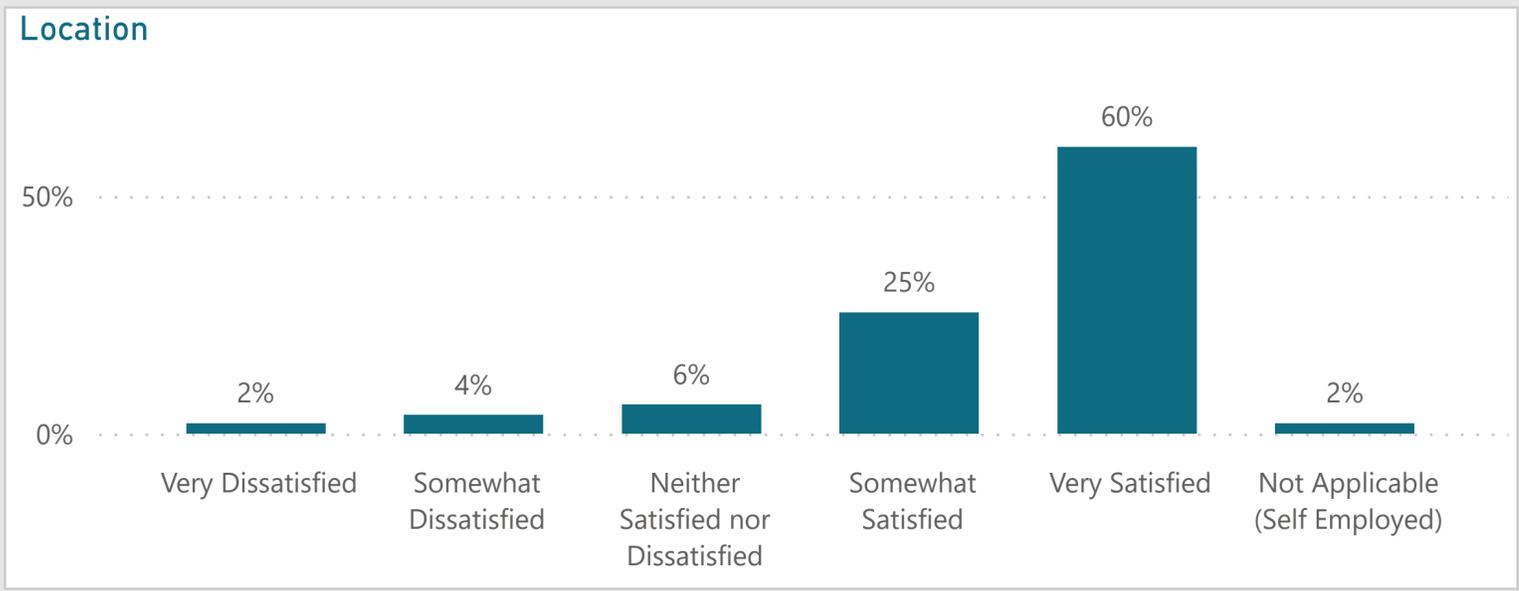
Please Select all the reasons why you do not provide inpatient care for your hospitalized adult medicine patients: (Select all that apply)



For the specific procedures listed below, please indicate if you currently provide these in your practice



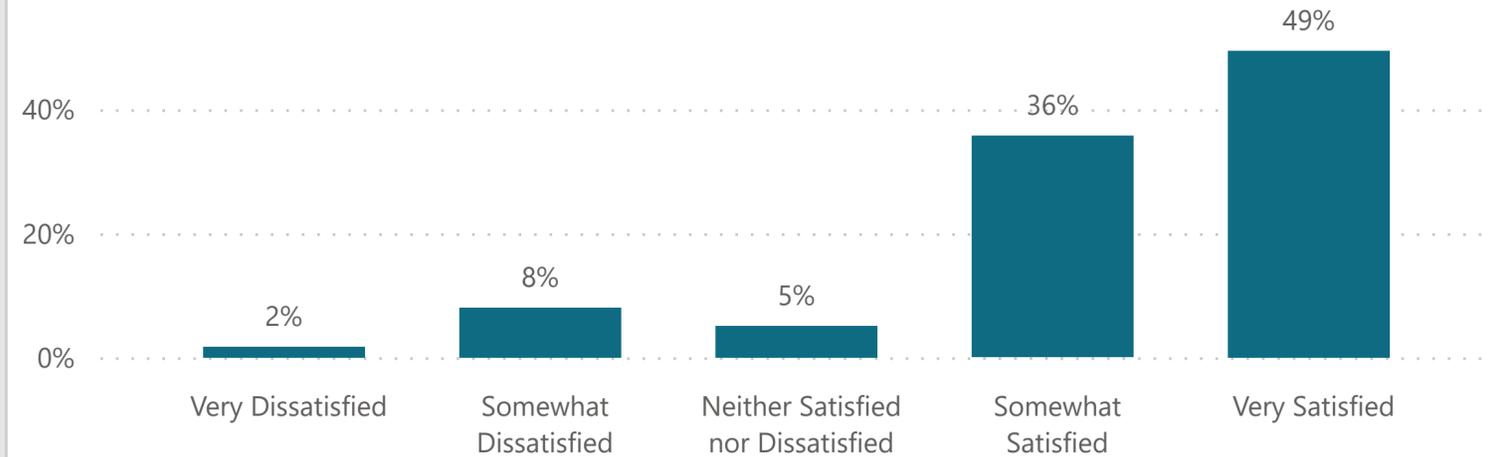
# How satisfied are you with the following elements of your principal practice



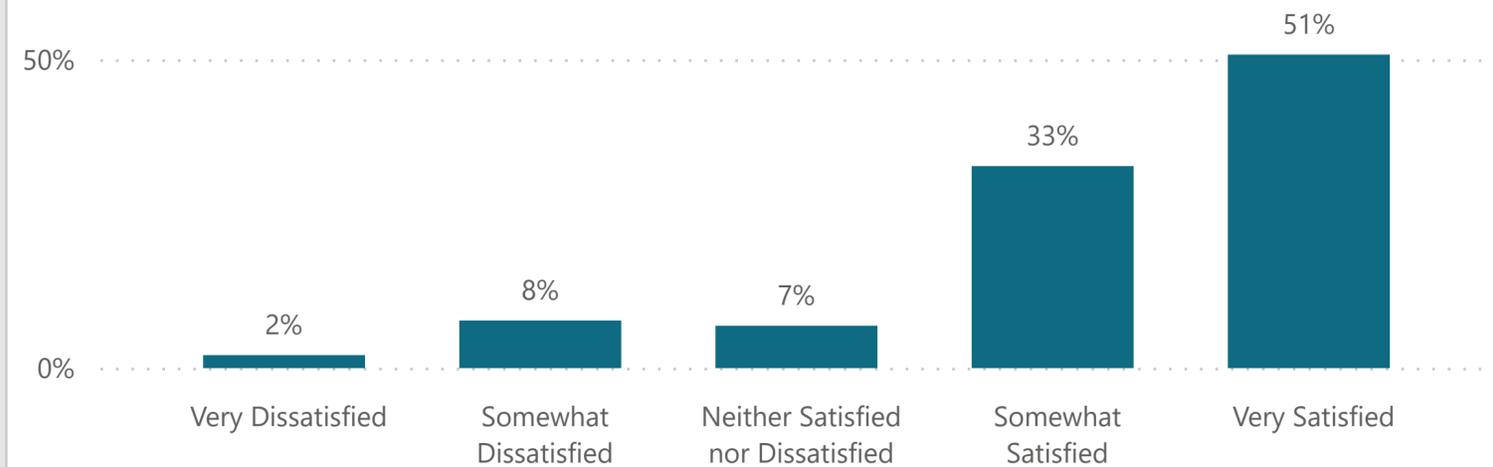
# How satisfied are you with your Training and your Profession

National N  
1573

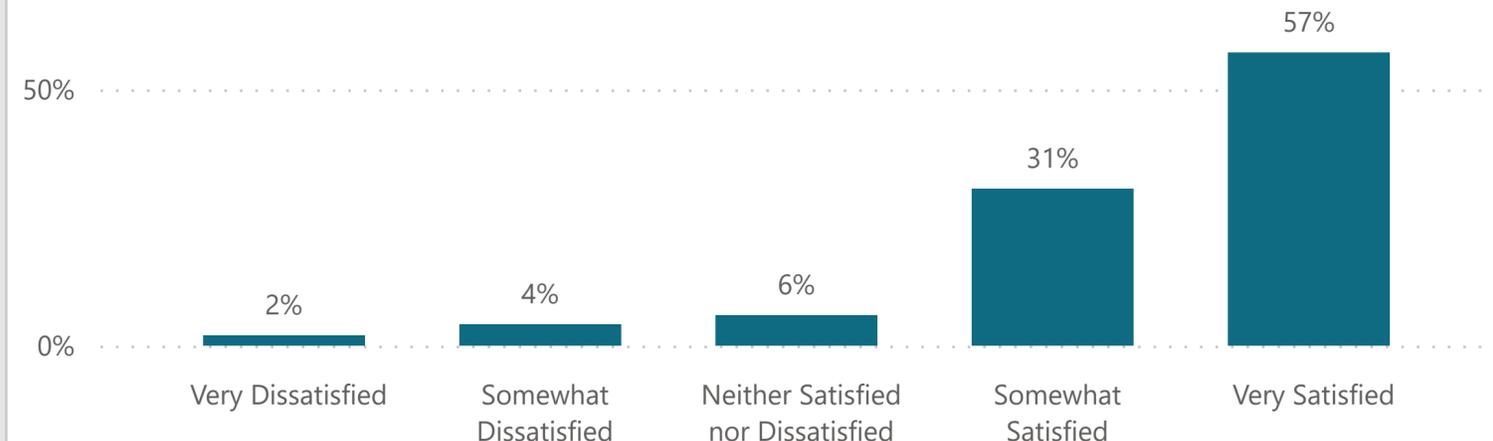
## Choice of medicine as a profession



## Choice of family medicine as a specialty



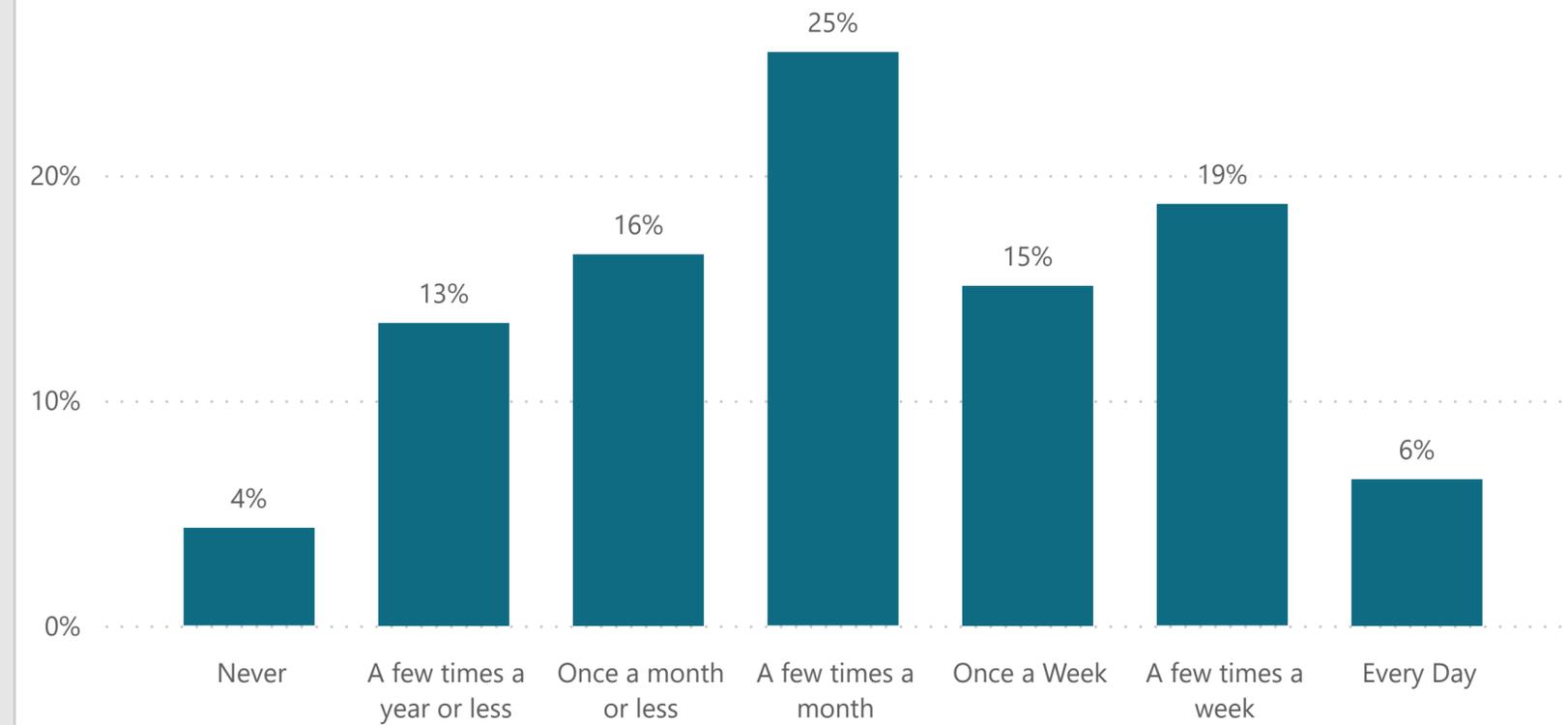
## Residency training



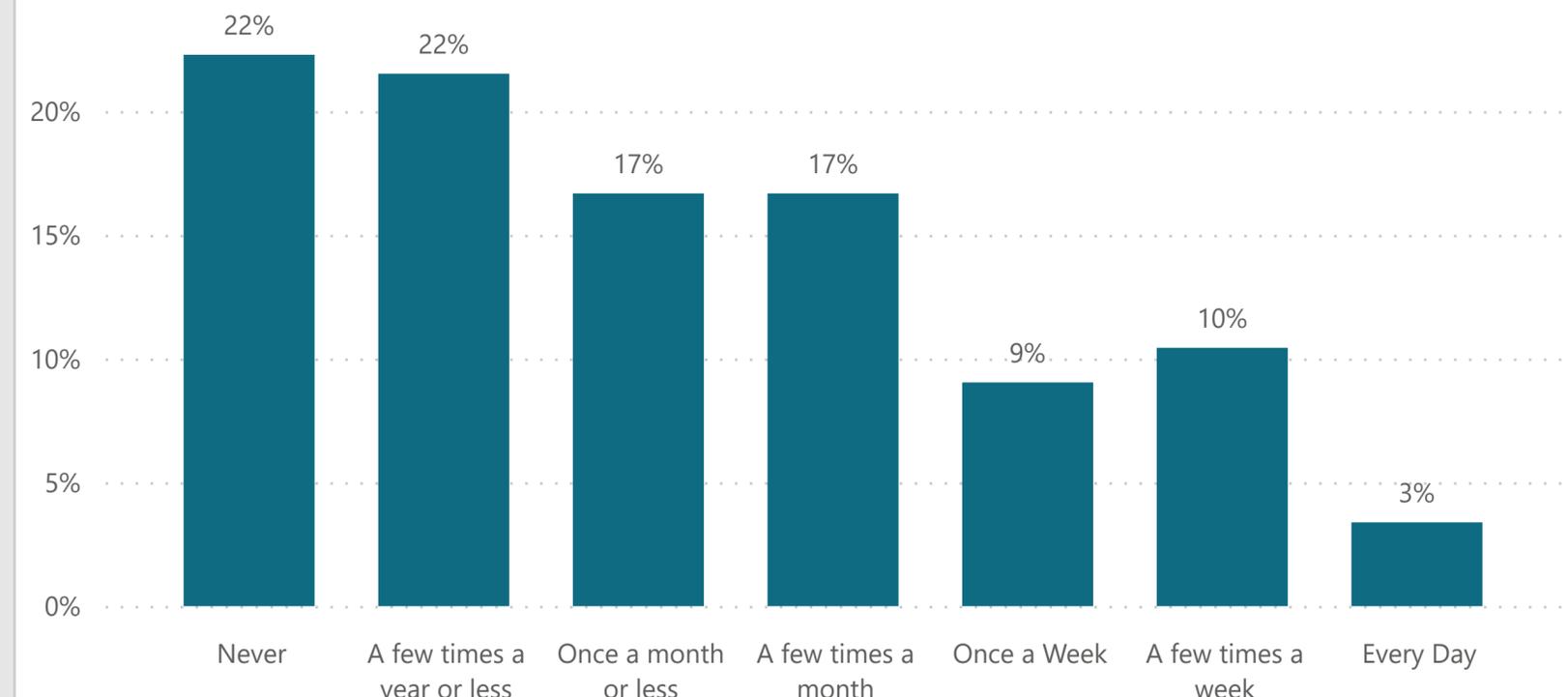
# Please indicate how often you agree with the following statements

National N  
1571

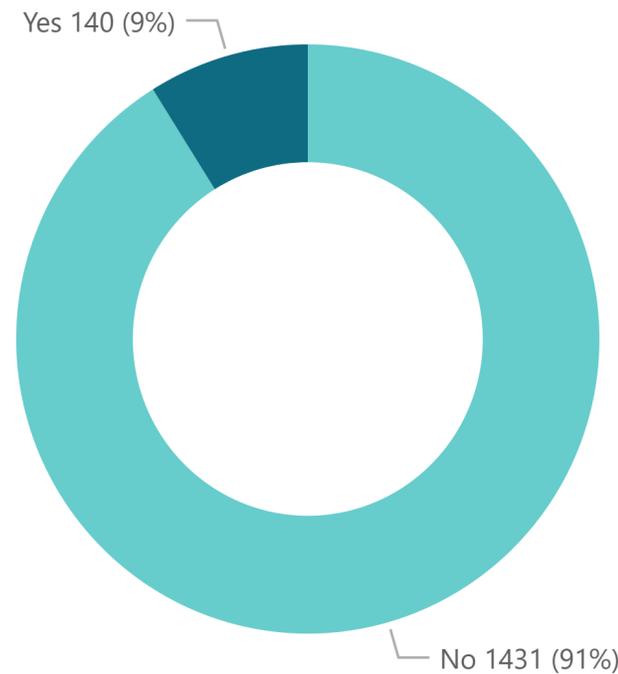
## I feel burned out from my work



## I have become more callous toward people since I took this job

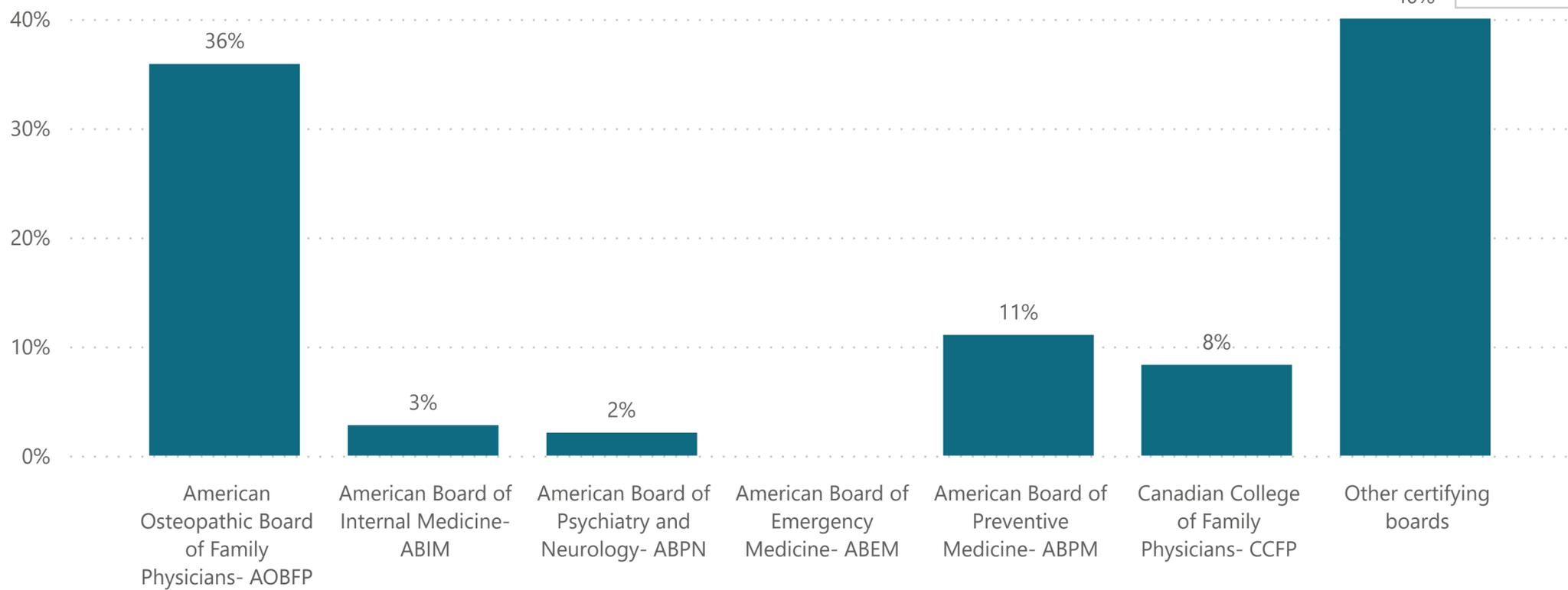


Are you certified by any other boards besides ABFM (not including Certificates of Added Qualifications / CAQs)?



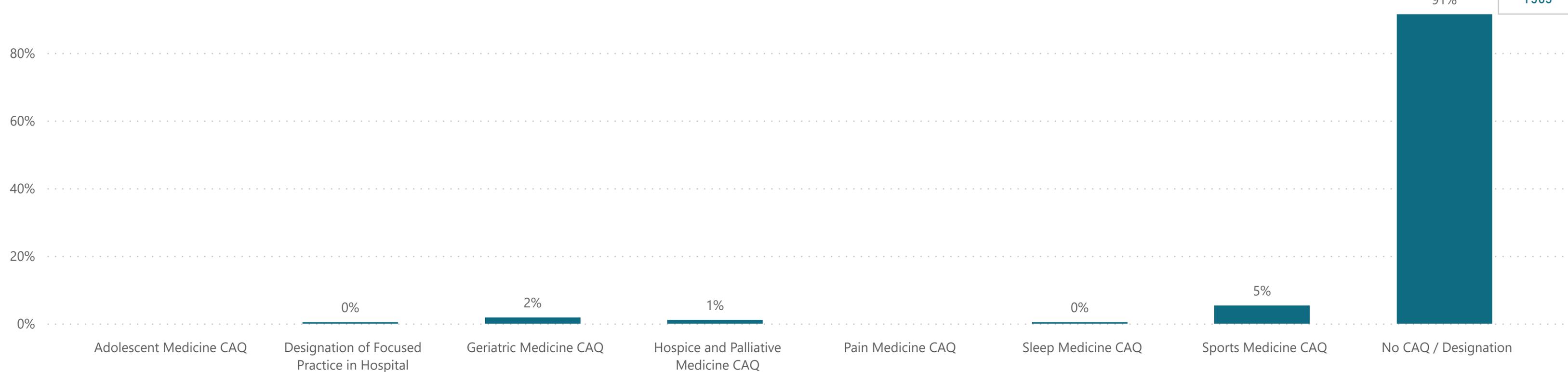
National N  
1571

If yes, which? (Check all that apply)

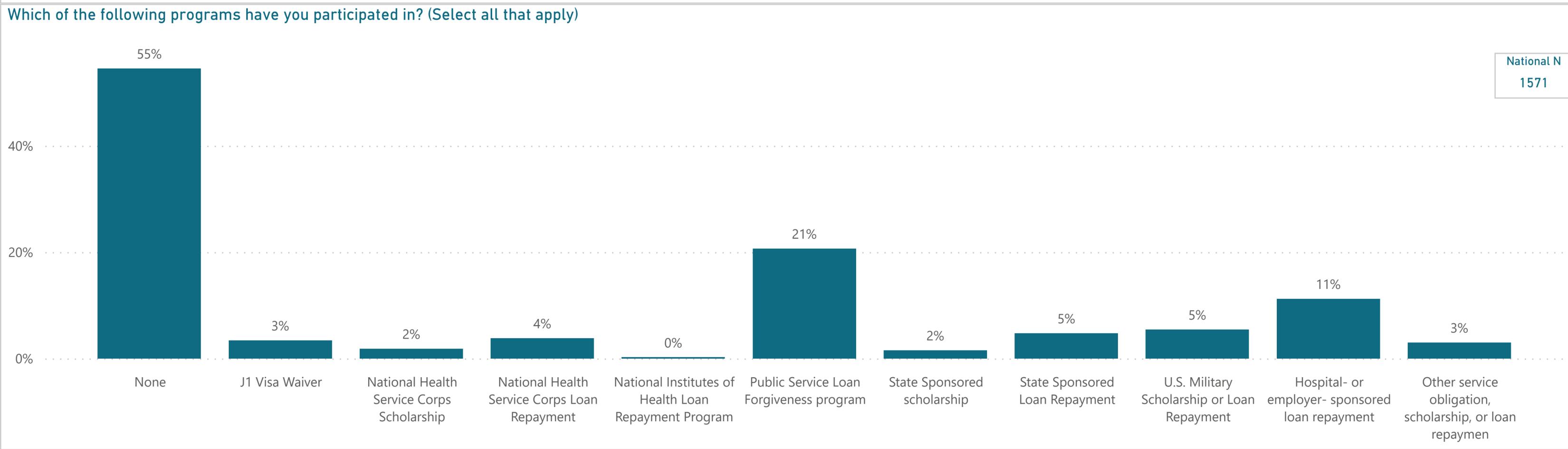
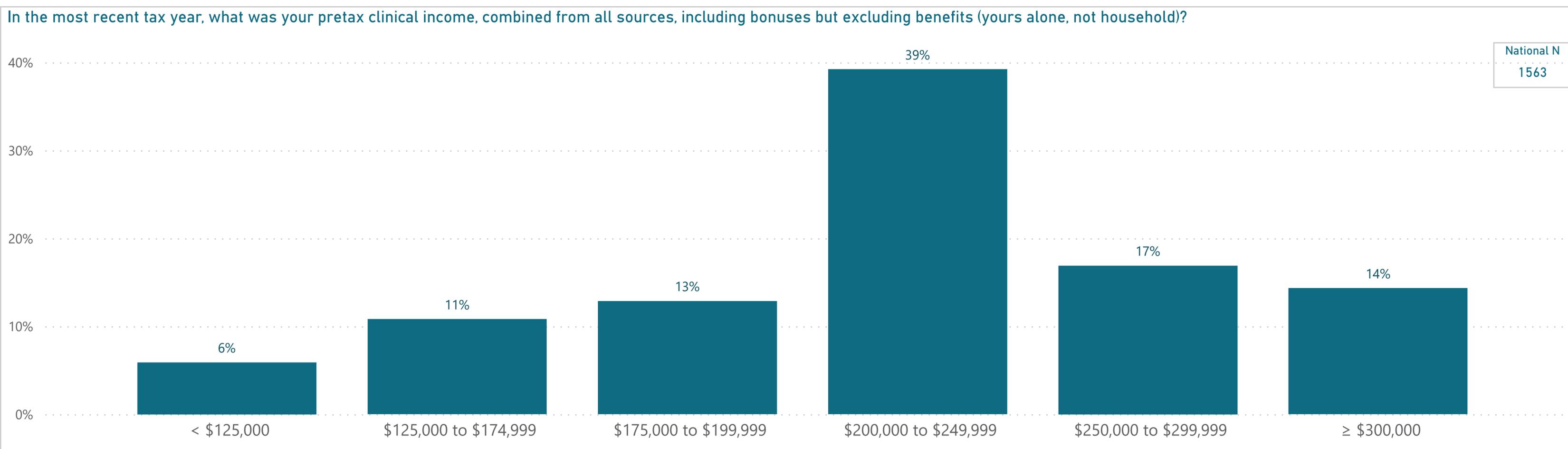


National N  
140

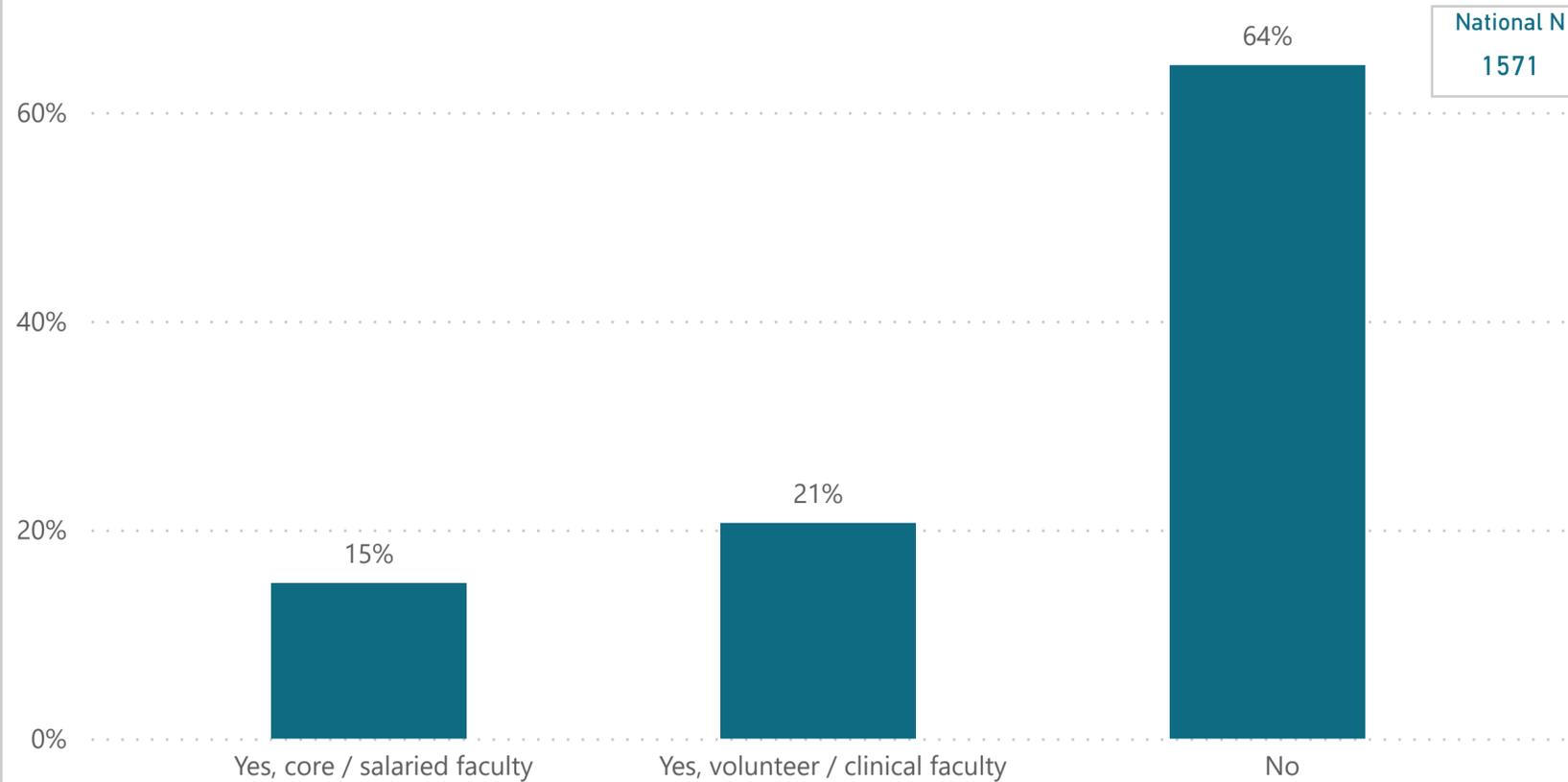
Number of Respondents with an ABFM sponsored Certificate of Added Qualification (CAQ)



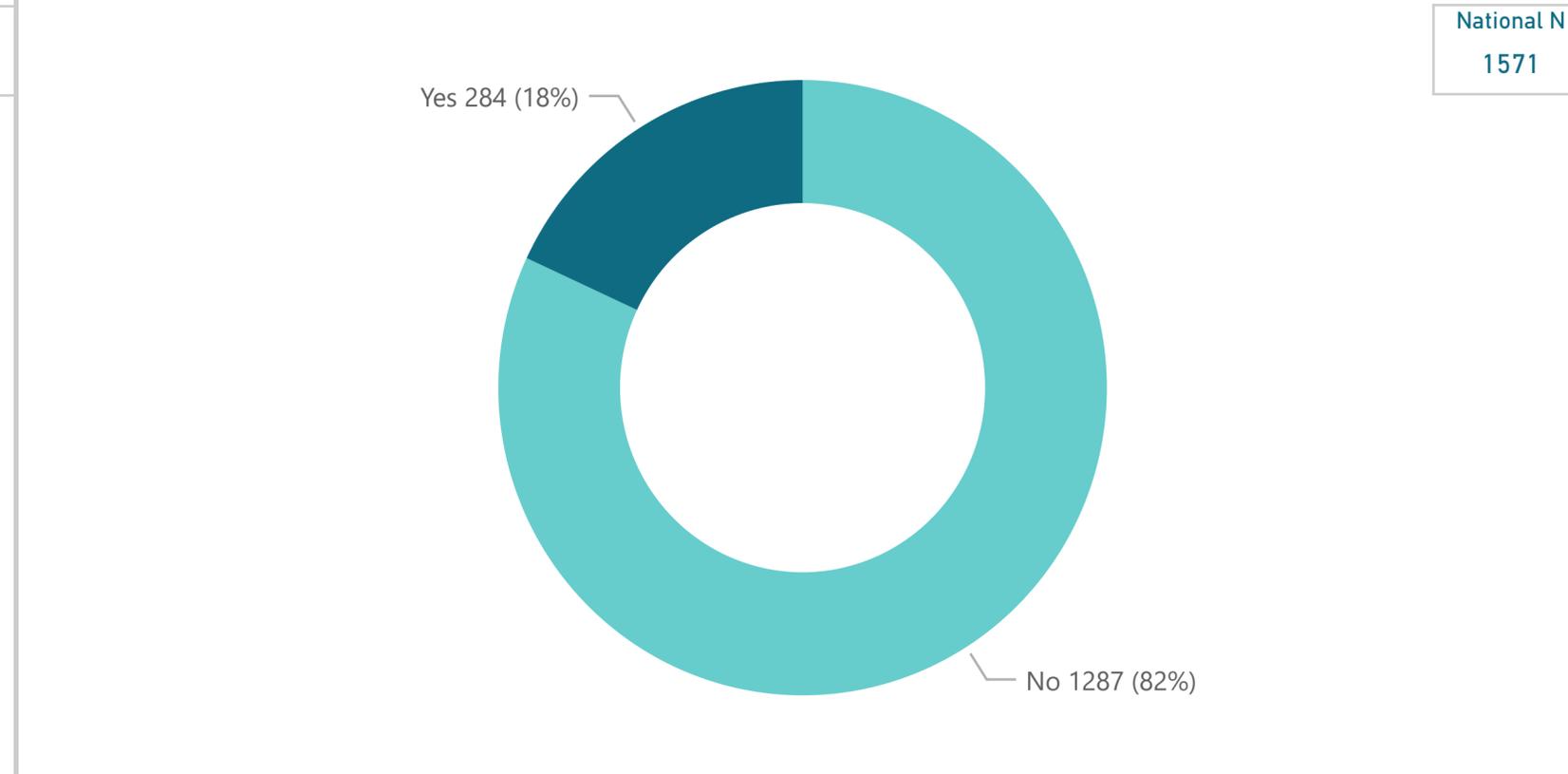
National N  
1563



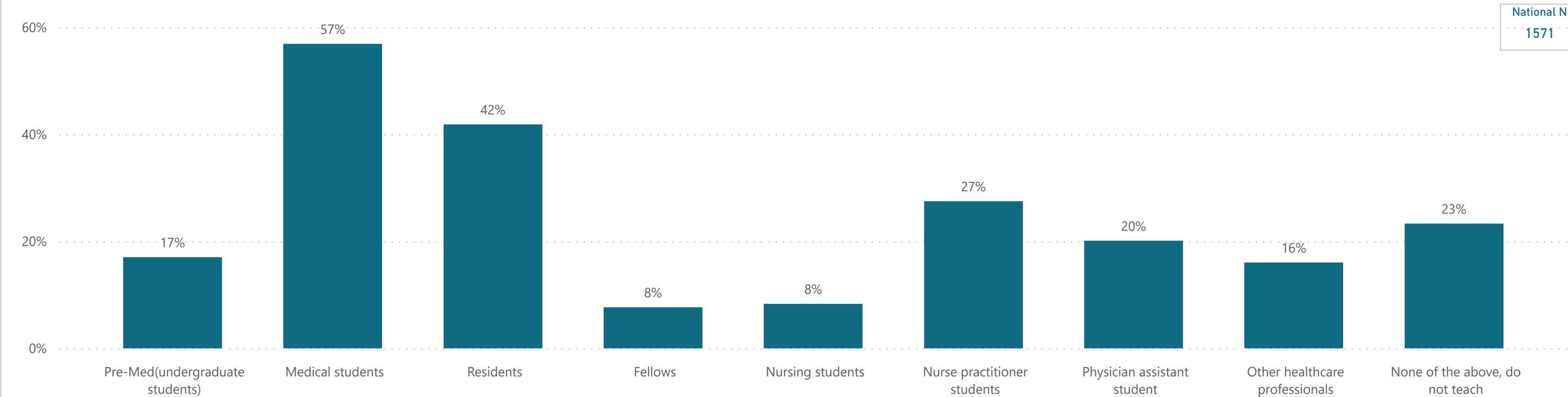
Are you a faculty member of a department of family medicine or a family medicine residency program?



Do you yourself participate in a practice-based research network or other research activities?



Do you ever teach any of the following? (Select all that apply)



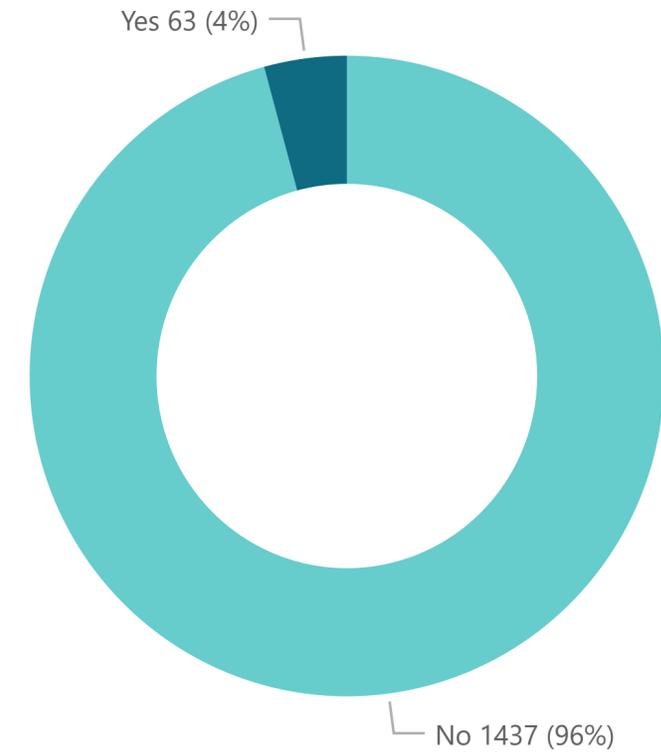
### Practicing in same State as Residency

National N  
1538



### Practicing in whole county HPSA

National N  
1500



### Principal Practice Population Size

National N  
1499

