GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Physician Workforce Census Survey

General Demographics

1. Gender	2. Age	3. Please select licensure type:	4. Please select graduate type:
☐ Male ☐ Female	☐ Under 30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ Over 60	☐ MD ☐ DO	☐ US/Canadian Medical Graduate ☐ International Medical Graduate

5a. Where did you attend medical school (state/province/territory and country)?

_____

5b. In what year did you graduate from medical school?

_____

6. What is your birth country?	7. Are you a US Citizen?
_____	☐ Yes ☐ No
8. What is your race/ethnicity? ☐ American Indian/Alaska Native ☐ Black/African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ Asian/South Asian ☐ Caucasian/White ☐ Other:_____	9. Other than English, what language(s) are you proficient in (can choose more than one)? ☐ Spanish ☐ French ☐ German ☐ Italian ☐ Russian ☐ Mandarin Chinese ☐ Korean ☐ Japanese ☐ Arabic ☐ Other: _____

10a. Do you currently reside in DC?	10b. If yes, what is your ward of residence?
☐ Yes ☐ No	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Professional Practice

11. When did you first become licensed in DC (year)?

_____

12a. Do you practice clinical medicine in the District of Columbia?
- ☐ Yes
- ☐ No (If "no," SKIP TO QUESTION 16)

12b. How many hours per week do you practice?
- ☐ Under 20
- ☐ Equal than or over 20

13a. What is your primary practice setting?	13b. What is the zip code of the primary practice setting?
☐ Solo practice ☐ Group practice ☐ Hospital-based practice ☐ Clinic-based practice ☐ Medical school or parent university ☐ Other	_____ 13c. Are you currently accepting new patients? ☐ Yes ☐ No

13d. Does your practice use electronic health records (EHR)?
- ☐ Yes
- ☐ No

13e. If "no," does your practice plan to adopt HER within the next:
- ☐ 1 year
- ☐ 2 years
- ☐ 3-5 years
- ☐ Never

14. Do you have hospital admitting privileges in DC, VA, or MD (check all that apply)?
- ☐ DC
- ☐ VA
- ☐ MD

15. What percentage of patients in your practice are:

Medicare:	Medicaid:	Managed Care:	Fee for service/self-pay:	Uninsured:
☐ < 25%	☐ < 25%	☐ < 25%	☐ < 25%	☐ < 25%
☐ 25-50 %	☐ 25-50%	☐ 25-50%	☐ 25-50%	☐ 25-50%
☐ > 50%	☐ > 50%	☐ > 50%	☐ > 50%	☐ > 50%

16. Are you engaged in: ☐ Administrative Medicine ☐ Academic Medicine ☐ Research Medicine ☐ None of the above

17a. What is your primary specialty of practice?

- ☐ Academic Medicine
- ☐ Administrative Medicine
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Geriatrics
- ☐ Hospitalist
- ☐ Internal Medicine (General)

Internal Medicine:

- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Medicine Genetics
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Occupational Health
- ☐ Ophthalmology
- ☐ Osteopathic Manipulative Treatment
- ☐ Otolaryngology
- ☐ Pathology
- ☐ Pediatrics (General)

Pediatrics:

- ☐ *Adolescent Medicine*
- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Neonatology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Physical Medicine and Rehabilitation
- ☐ Preventive Medicine and Public Health
- ☐ Psychiatry
- ☐ Radiology
- ☐ Research Medicine
- ☐ Surgery (General)

Surgery:

- ☐ *Burn/Trauma*
- ☐ *Cardiac Surgery*
- ☐ *Colon/Rectal Surgery*
- ☐ *Neurological Surgery*
- ☐ *Orthopedic Surgery*
- ☐ *Plastic Surgery*
- ☐ *Thoracic Surgery*
- ☐ *Transplant Surgery*
- ☐ *Urology*
- ☐ *Vascular*

17b. Are you Board certified in your primary specialty of practice? ☐ Yes ☐ No

17c. Percent of time engaged in your primary specialty of practice?

☐ < 25% ☐ 25-50% ☐ > 50% ☐ 100%

18a. What is your secondary specialty of practice?

- ☐ Academic Medicine
- ☐ Administrative Medicine
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Geriatrics
- ☐ Hospitalist
- ☐ Internal Medicine (General)

Internal Medicine:

- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Medicine Genetics
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Occupational Health
- ☐ Ophthalmology
- ☐ Osteopathic Manipulative Treatment
- ☐ Otolaryngology
- ☐ Pathology
- ☐ Pediatrics (General)

Pediatrics:

- ☐ *Adolescent Medicine*
- ☐ *Cardiology*
- ☐ *Endocrinology*
- ☐ *Gastroenterology*
- ☐ *Hematology*
- ☐ *Infectious Disease*
- ☐ *Nephrology*
- ☐ *Neurology*
- ☐ *Neonatology*
- ☐ *Oncology*
- ☐ *Pulmonary Critical Care*
- ☐ *Pulmonary Disease*
- ☐ *Rheumatology*

- ☐ Physical Medicine and Rehabilitation
- ☐ Preventive Medicine and Public Health
- ☐ Psychiatry
- ☐ Radiology
- ☐ Research Medicine
- ☐ Surgery (General)

Surgery:

- ☐ *Burn/Trauma*
- ☐ *Cardiac Surgery*
- ☐ *Colon/Rectal Surgery*
- ☐ *Neurological Surgery*
- ☐ *Orthopedic Surgery*
- ☐ *Plastic Surgery*
- ☐ *Thoracic Surgery*
- ☐ *Transplant Surgery*
- ☐ *Urology*
- ☐ *Vascular*

18b. Are you Board certified in your secondary specialty of practice? ☐ Yes ☐ No

18c. Percent of time engaged in your secondary specialty of practice?
☐ < 25% ☐ 25-50% ☐ > 50% ☐ 100%

19. Of the CME's completed for the current renewal cycle, how many were in your primary specialty? ☐ < 50% ☐ =/> 50% ☐ 100%

20. Within the next 2 years, do you plan to (check all that apply):

- ☐ retire from patient care
- ☐ reduce patient hours
- ☐ increase patient hours
- ☐ move practice out of DC
- ☐ move practice to another geographic location in DC
- ☐ change to administrative/academic/research medicine
- ☐ no change

Newsletter/Board Communication

21. The DC Board of Medicine newsletter is distributed in January, May, and September.
a. Do you read the newsletter? ☐ Yes ☐ No

b. If "yes," on a scale of 1-10, how useful is the information provided in the newsletter (with 10 being "very useful")?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

22. How would you prefer to receive the newsletter?
- ☐ US Mail
- ☐ Email/Online

23. Please provide your email address:

_____

24. Do you use any social media networks or blogs (check all that apply)?
- ☐ Blogs
- ☐ Facebook
- ☐ Twitter
- ☐ Linkedin
- ☐ Other

25a. Are you willing to participate as a Medical Reserve Corps volunteer with the Department of Health: Health Emergency Preparedness and Response Administration?
- ☐ Yes
- ☐ No

25b. If "yes," you may register at www.dcresponds.dchealth.com