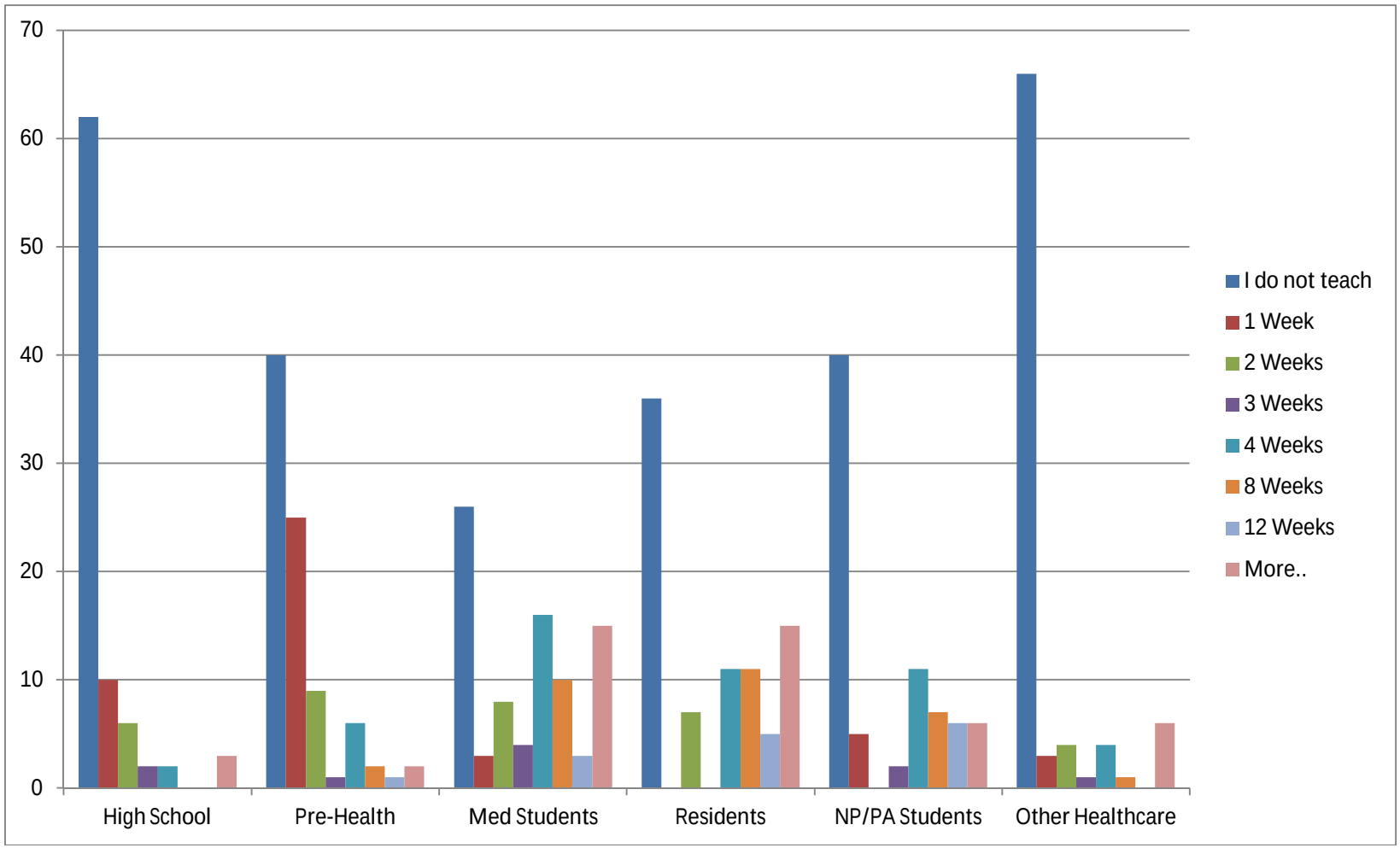
IAFP TEACHING SURVEY

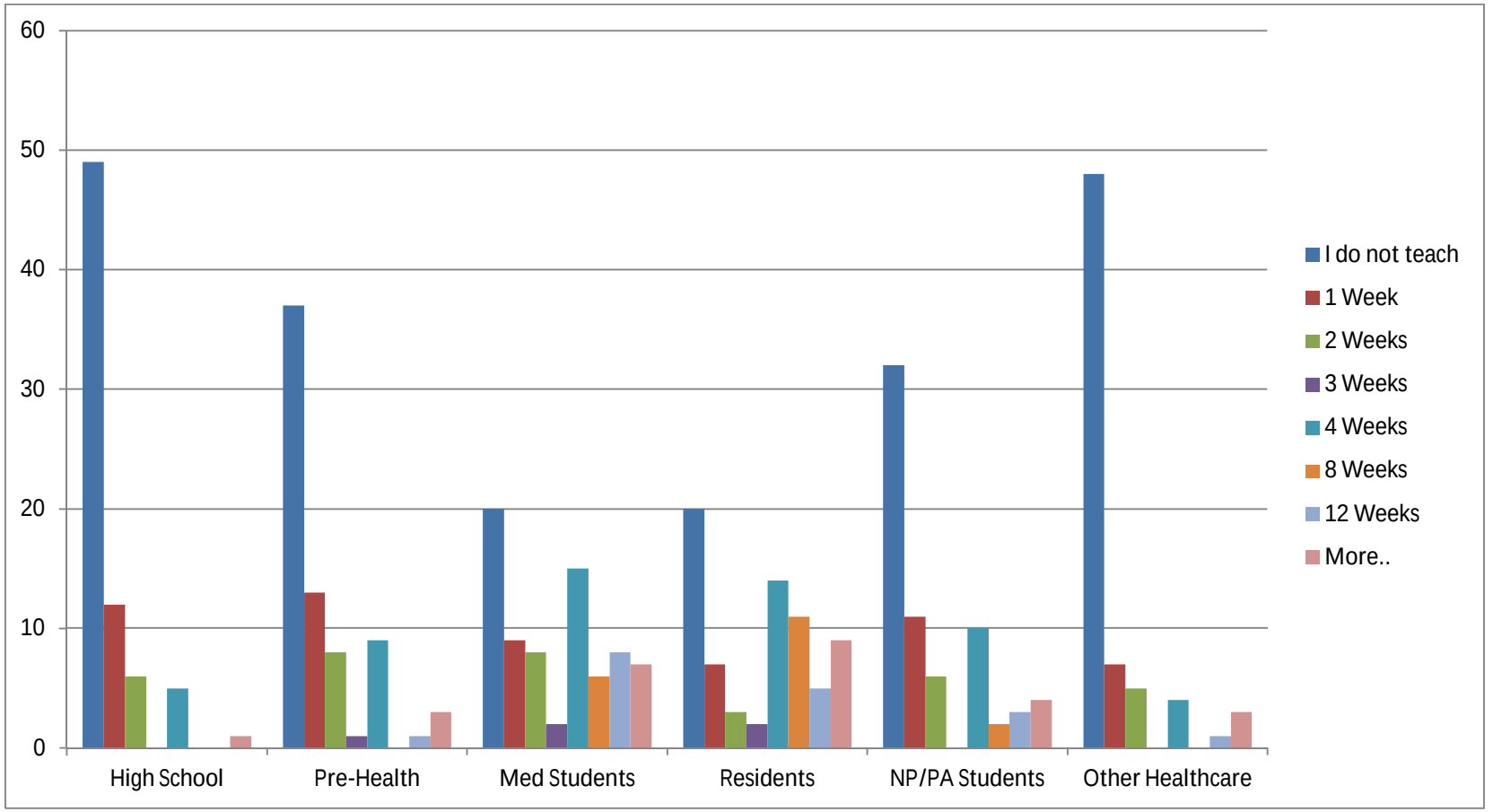
#1. How many weeks per year do you personally teach or precept healthcare learners currently (you may average the last 2-3 years if needed)?

CURRENTLY TEACHING



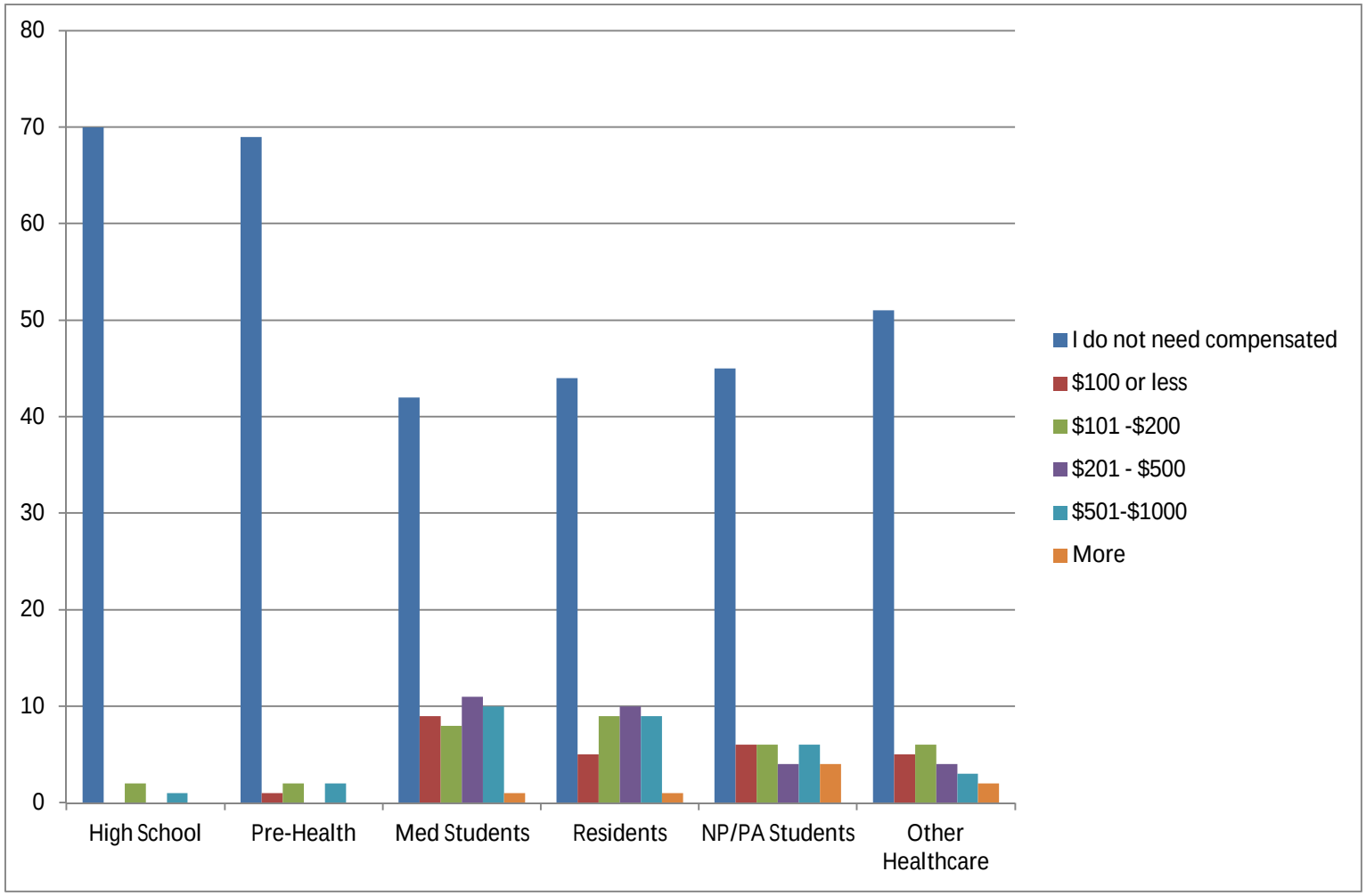
#2. If asked to make a commitment for the future, how many additional weeks per year would you personally be willing and able to teach or precept learners?

FUTURE COMMITMENT CAPACITY



#3. What would be your expectation for reimbursement, if any, per week for each level of learner?

COMPENSATION



COMMENTS:

1. I could not take more than I teach now.
2. Question #2 – None, I will continue to take residents from the University of Washington Affiliates but have no intention of taking new students.
3. I am currently a family medicine resident and teaching is part of ore requirements and training. Therefore I do not expect to be compensated. In the future however, I do not know if compensation would encourage me to teach more individuals.
4. I am currently at capacity so don’t have more room so more money wouldn't change that.
5. I have never been compensated in the past. I don't know.
6. Reimbursement would be dependent on the amount of time and level of involvement. I currently precept and am the attending on an inpatient service for the resident physician and that week was directly involved with them for greater than 100hrs that week. I have taught quite a few NP/PA students in the past without compensation. However, I believe if you want good teachers you should pay them unless it is just following around the physician. I will not be available to add medical students for the new DO school nor do I think it should open.
7. I do not have any additional time for medical students.
8. Too overloaded to be able to do more; wish it weren't so.
9. The ability to dedicate time towards teaching depends on administrative load. If you are running your own clinic or health center, it is too overwhelming to take on additional teaching responsibility. As an employed physician in the past, I often had a student with me and enjoyed the interaction.
10. Concerns about liability in letting residents do procedures.
11. Teaching has become an expensive proposition. I am paid on productivity. In order to do a good job of teaching, a clinician needs to take time to discuss the case and you teaching. Unfortunately, this greatly limits my normal production.
12. I'd be glad to teach, but do not have a high volume practice suited to ordinary clinical teaching.

13. I'm brand new outside of residency, so the question options don't fit my situation exactly. Suffice it to say I would be willing to have a student of some kind for about 6 months out of the year. I would prefer to wait about another 3-4 months so that I can get my feet under me
14. If given the choice, I would shift more time toward graduate education, very difficult to put a monetary value on this....
15. This next year we have minimal teaching because of new EMR.
16. I am retiring in 2 years.
17. I am already at my maximum teaching capacity.
18. In the above questions on how much more I could teach, I would say 0 more weeks for all additional learners. I am at max capacity currently.
19. Already maxed out. Too hard to teach on top of primary care schedule.
20. I am now retired to doing only consulting and do not have a teaching environment to offer.
21. I am already extensively involved in teaching students from the UWSOM. I would not be receptive to teaching students outside of the UWSOM unless there was a substantial financial incentive.
22. I cannot do more than I'm doing without a change in RVU expectations or in EHR documentation issues.
23. I enjoy the opportunity to help others learn to love this profession.
24. I am mostly retired, I only work occasionally at urgent cares on intermittent basis, so can't commit to a teaching schedule.
25. Under question #2, there is not an option to say “zero”, so I am putting it here. The exception is for college students, I could take them for 4 more weeks.