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## **Young Physicians and Their Initial Practice Preferences:**

### **A Summary of Findings from Focus Groups Conducted at U.S. Residency Programs**

Center for Workforce Studies

December 2008

## Introduction

As young physicians enter the job market, they must consider a series of factors when deciding on an initial practice setting. This can be a complex process that will vary for each physician depending on individual preferences and needs. However, this report identifies patterns and trends that resonate with most physicians as being important to their practice location decision.

To help physician recruiters and the academic community better understand how young physicians go about selecting a practice, the Physician Recruitment Services Division of the *New England Journal of Medicine* (NEJM) sponsored a study conducted by the Center for Workforce Studies at the Association of American Medical Colleges (AAMC) that featured a series of structured focus groups with senior residents completing their residency training at six institutions throughout the country.

The results provide physician recruiters and workforce researchers with new insight into the thoughts, preferences, and practice decisions of young physicians in an era of growing concern over physician shortages and mal-distribution.

## Methodology

Researchers from the Center for Workforce Studies at the Association of American Medical Colleges (AAMC) conducted a series of focus groups with senior residents at residency programs across the country. These focus groups centered on the factors and influences that guide young physicians as they make their initial practice decisions.

Six institutions participated in the project.

- Jefferson Medical College of Thomas Jefferson University
- Johns Hopkins University School of Medicine
- Oregon Health and Science University School of Medicine
- Morehouse School of Medicine
- Texas A&M Health Science Center College of Medicine
- University of Arkansas for Medical Sciences College of Medicine

In total, 76 senior residents participated in the focus groups. All of the residents were in the final year of their training program. Participants included residents from a variety of specialties, including Family Medicine (14), Internal Medicine (29), Obstetrics and Gynecology (11), and Internal Medicine subspecialties (22). Twelve of the residents that were in the final year of an internal medicine residency indicated plans to pursue further specialty training before entering the workforce. Participants also provided basic demographic information, including age, gender, length of training, and likely initial practice location. It is important to note that this is not a stratified representative sample but is more of a sample of convenience.

## Overview

When selecting an initial practice setting following training, numerous factors come into play and must be integrated into a decision that will have widespread implications for the physician and his/her family. Residents and fellows must filter through their own preferences regarding geographic location, interest in working in academics or private practice, work hours and call schedules, compensation, and interest in working with a network of peers, electronic medical records and/or non-physician clinicians. While each of these factors will take on a different level of importance in any one physician's decisions, there are nonetheless distinct trends which can be identified based on focus group discussions with residents in training.

Nearly all residents indicated that the geographical location of the practice is one of the first factors to come into play when selecting a potential practice setting. Many have very specific needs, such as to be close to family, in a large city or rural area, near their training site where they have built relationships with peers, or in a location that offers a good school system for children or job opportunities for spouses. The majority of the focus group participants intend to practice within 10 miles of their training site.

The next most frequently cited factor after location is work hours and lifestyle. Many younger physicians are interested in being employees in large group practices, where call responsibilities can be shared with a greater number of physicians, and there are fewer management responsibilities. Others are turning to academics in search of a better lifestyle, where residents are the first line of call and profits are not driving the practice.

Perhaps surprisingly to some, there were several factors that play little role in selecting a practice. Few of the focus group participants seemed to feel that compensation played a large role in the decision to choose one job over another. Most received more than one offer and felt that the compensation packages were comparable. While residents seem to expect highly functioning electronic medical record systems, few would consider that an enticement to select one practice over another. Similarly, the availability of non-physicians clinicians seem to play little role in selecting a practice.

Many have an ideal position in mind but recognize they might not find that practice the first time around. They feel they know very little about the realities of practice outside the training arena and might have to experiment a bit before they find the one that matches their interests and needs. They do not welcome the assistance of aggressive recruiters in finding these ideal positions.

## Practice Location is Initial Screen for Most Residents

When seeking employment, most physicians tend to restrict their search to a specific geographic location as the first step in narrowing down their practice setting options. Location preferences can be defined very narrowly, such as “within 15 minutes of my home”, or as broad as “somewhere on the East Coast.” Factors taken into consideration in selecting a location include proximity to relatives or training site, educational opportunities for children, and spousal job opportunities. In general, these influences draw young physicians and their families to suburban and near-urban environments that are close to family. In most cases, young physicians have trained and lived in these environments, and are either tied to specific geographic locations, or seek out similar locations for their initial practice.

### Family Considerations

Young physicians note that family considerations are the most significant influence on their initial practice location decisions. In many cases, the stable jobs and/or careers of spouses incline young physicians to limit their job search to areas nearby their residency-training program. Many residents noted that their spouses had relocated and perhaps sacrificed job opportunities in the past, allowing these young physicians to pursue and training opportunities. Therefore, they now feel an obligation to return the favor.

Young physicians also tend to seek out practice locations with good educational opportunities for their children in terms of the quality of the schools and exposure to other cultural pursuits. Often this influences them to seek out or stay in near-urban or suburban settings, rather than rural settings.

*My wife and I ranked everything that was important and location trumped everything.*

*Location is my biggest concern.*

*We have two children, and luckily my grandparents live nearby and help with the kids.*

*...staying local to be near both sets of parents.*

*Geographic location is important. I want to stay on the east coast and be close to family.*

*Children and siblings ground me in this area.*

*It's hard to practice in a town where my husband can't find a job.*

*My wife has moved for me and now she is comfortable with her job, so we will stay in this area.*

*My husband got a job in a different location and since he moved for my residency, it is my turn to move for him.*

*You need a supportive, mobile spouse.*

*I have to be happy with my practice, and my family needs to be happy. I have to think about my kid's future.*

*I'm looking for a big enough city for a good educational system for my kids.*

*I grew up in a small town and hated it. I don't want my children to deal with that.*

### **Urban Versus Rural**

Urban or near-urban settings provide doctors and their families with pursuits outside of medicine, such as sporting events or museums, in addition to comforts like restaurants and movie theatres. Young physicians believe that medium to large cities provide something to do outside of being a doctor, leading to perceived advantage over rural settings in terms of family and work-life balance

Young physicians seeking out initial practice locations in rural areas often grew up in rural environments and again were drawn back by family or natural preferences. A number of young physicians with rural origins, however, ruled out practicing in small towns for a variety of personal and practice reasons, including concerns with the lifestyle and work burden of being one of only a few doctors in a rural setting.

*I would rather stay up in a big city, but it could have better options in a suburban city for work – but I would stay in a city for personal reasons.*

*I grew up in a small town, but after you train in big city, it is hard to take yourself away.*

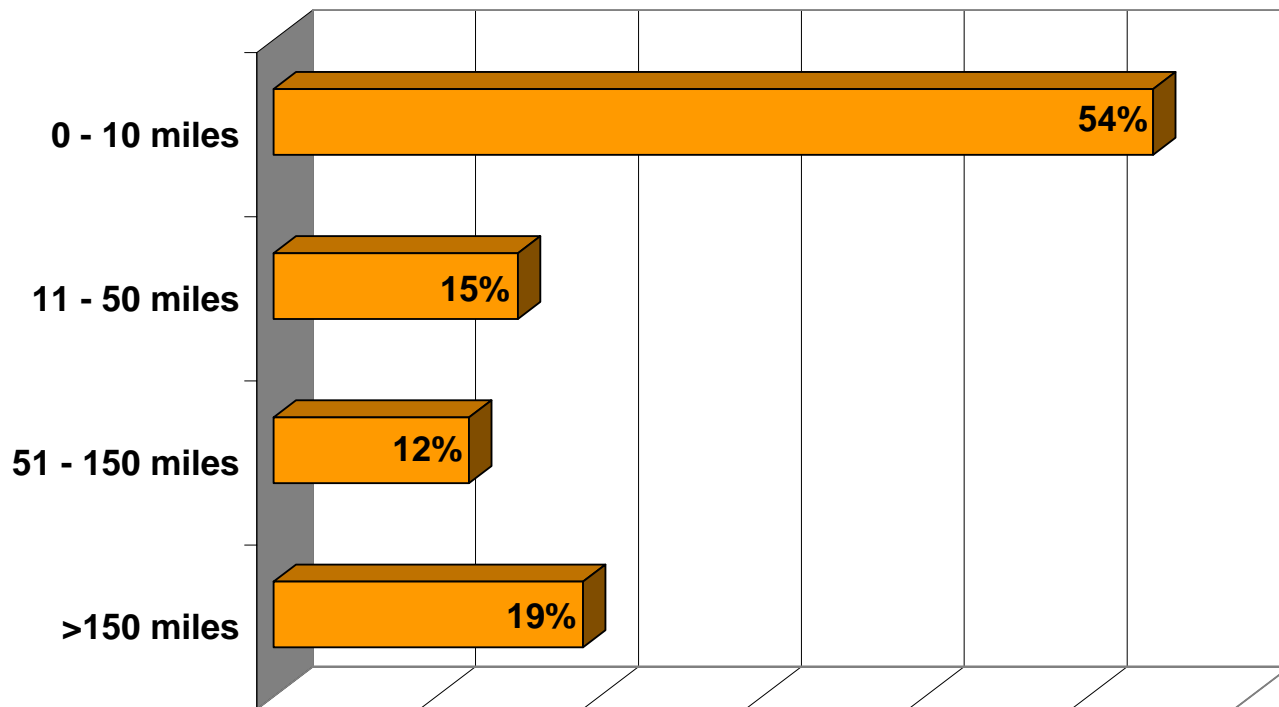
*...I don't want to be the only doc in town.*

*You want a certain quality of life, and you don't get that with smaller towns  
Small towns need to market themselves better.*

### Proximity to Residency Training Program

The zip code of the likely initial practice location of was collected from each participant, as part of his or her basic demographic information. Based on the location of their residency training programs, more than half of the participants plan to initially practice within 10 miles of their training location. Fewer than 20% of the participants intend to practice more than 150 miles from their training location.

**Distance between Residency Program and Initial Practice Location**



*When you leave the area, it's a lot harder to investigate the group you are potentially working for, so I wanted to stay in an area where I could have people who serve as references.*

*After you train in a big city, it is hard to take yourself away from that.*

*I thought about going back to my small town, but I didn't want to work so hard for little pay.*

*I am going back to Texas to be closer to family in the Austin area.*

## Work-Life Balance and Lifestyle

Many of the initial practice preferences of young physicians relate to a growing desire for a balance between their work and personal lives, unlike many physicians from previous generations. This work-life balance includes an aspiration for reduced call responsibilities, controllable schedules, adequate time for family, and less stressful job environments. Some physicians see group practice environments as offering the most balance. Others believe that academic settings are more lifestyle friendly.

### Large Practices and Lifestyle

The primary characteristic young physicians seek out in their initial practice is reasonable call coverage. In many cases, this means looking for practices with little or no coverage, or call responsibilities of no more than one night per week. This desire for reasonable call coverage attracts many young physicians to group practices or practice settings in which they are an employee, rather than a potential partner. These practice settings often have spread out call responsibilities, due to the number of physicians in the practice, in addition to standardized or set call schedules. The employee settings young physicians seek out include large health care organizations such as Kaiser Permanente, or hospitalist positions. In addition, large group and employee settings offer fewer administrative burdens, regular hours, reduced workweeks, and more office support staff. A number of physicians noted that larger practices might allow their role to shrink or expand as their positions evolve. For female physicians, a larger practice may provide greater opportunity for extended maternity or family leave in the future.

Many of the focus group participants admitted to being naïve about how a medical practice operates, particularly around issues of reimbursement and compensation. In general, younger physicians do not consider themselves very business oriented, which adds to the attraction of employed positions. Many focus groups participants noted that as an employee, they will be able to focus more time on patient care, rather than other practice burdens.

Young physicians also believe that larger practice environments provide a more collegial atmosphere, allowing them to openly discuss and consult on patients or cases, and engage with their peers. Larger environments are similar to the academic environment of a training program, which also leads to a comfort zone for young physicians. Many of those going into non-academic settings also expressed interest in teaching residents.

A number of young physicians plan to initially practice as hospitalists. For most, the set schedule of hospitalist positions, including shift work and multiple days off in a row influenced their initial practice selection. In some cases, hospitalist positions require little or no call responsibilities, which was also viewed as a positive. Many of the young physicians pursuing hospitalist positions admitted to pursuing the field due to an uncertainty over the type and size of practice they might seek as a permanent career.

Those interested in obstetrics and gynecology seemed to be interested in focusing more on gynecology than the obstetrics side of the field, largely due to lifestyle concerns.

*I don't want to worry about the "business of medicine".*

*Don't have to worry about the finances of a practice, or how financially secure a practice is.*

*I'm not in it to run a financial business.*

*A good lifestyle balance is what the group I chose has.*

*The idea of shift work is appealing.*

*Instead of a private practice, I wanted something with more set hours, where I don't have to worry about hiring staff.*

*I don't want to be a businessman.*

*I want to leave work at work.*

*Being a hospitalist fits my personality. One week on, one week off.*

*I would like to work part-time and that would be better in endocrinology.*

*I had an offer to replace a retiring small town doctor, but I didn't like the idea of being on call 24/7.*

*I don't want to be 20 years into my career and still spending nights at the hospital.*

*Looking for a private practice and I looked for a good call schedule.*

*All of my medical students are worried about call and hours.*

## **Academic Settings and Lifestyle**

A number of the focus group participants expressed a strong interest in academic settings for their initial practice setting following training. This interest in academic settings comes from an aspiration among young physicians for continued interaction with medical students and residents in terms of teaching opportunities and their own continuous learning.

Young physicians also believe that positions within academic settings provide a better work-life balance than traditional private medical practice. Similar to large group or hospital settings, academic settings offer set or controlled hours and less of a call burden than many traditional practice settings. Others view academic careers as being similar to salaried or employee like settings, with little concern over profitability and the business of running a medical practice. Participants also believe that academic environments provide the best resources for patient care, including the use of new technologies and referral options. For many physicians, however, the potential for a better lifestyle and work-life balance in academic environments did not overcome concerns over lower salaries and compensation.

A number of participants expressed a desire to work in both private and academic environments throughout their career, despite their initial practice decision.

*The lifestyle of academics is better.*

*Academics seems more focused on medicine and less on revenue.*

*Looking for an academic setting while not having to cover labor and delivery while in the office.*

*I am open to work in academic setting or a private practice. I am just trying to learn the medicine aspect of things and am not sure about the business side yet.*

*Lifestyle wise, academics seems to be a better fit for me.*

*Money does make people leave academics.*

*I don't want to be restricted to private practice because many private practices don't see a full range of patients.*

*I want to be able to teach, but still see patients every day.*

*Private practices seem to need a lot of work, nobody wants to work weekends.*

*In academics, you just work for a salary, which is not an issue for me.*

*I like the smaller workload and family time in academics.*

*I want to stay for the academic setting, but the pay is really low.*

*If I start at an academic institute, I would want to stay to build up tenure*

*I like patients that are referred in and seeing interesting cases.*

## Other Factors and Influences

After weighing location and lifestyle factors, physicians will also consider other factors such as compensation or the availability of electronic medical records, cutting edge technology, or nurse practitioners at the settings they are considering when making their initial practice decision, but these are clearly not the driving factors behind the decision.

Though most would like to find a permanent position right out of training, most recognize this is unlikely and that they may need to try a few practices before finding the right fit. This process can be even more complex in a two physician family.

Though many have high levels of debt when completing training, few are interested in taking advantage of loan repayment programs that have service requirements that would restrict their options. Aggressive recruiting styles are not welcomed by most physicians either.

### Job Market and Compensation

Young physicians are aware of recent discussions regarding a physician shortage and expressed a consensus regarding the strength of the job market and satisfaction with their future salaries. Almost all of the young doctors noted that they were able to choose from more than one job offer, provided they were not limiting themselves to a distinct location. In general, these opportunities offered similar compensation packages based upon the local market. Overall, salary was not viewed as a major factor or influence, particularly in comparison with other highly compensated fields such as law or business.

*Making almost \$200,000 is not that bad.*

*Money is not that important.*

*I would love my job if I only made 70k, or something reasonable.*

*Salary was not an issue at all.*

*For me, pay range is less of an issue than for others.*

*If I wanted to make money, I could have worked on Wall Street.*

*You're still going to have job security and a fairly high salary.*

*If you want to work hard, you can make more money.*

*If you go to a small town, you don't need as much money.*

*Money is the bottom line for a lot of people.*

*One group told me that what you won't make in pay or have in lifestyle, you will make up with relationships with the patients.*

## Electronic Medical Records and New Technologies

Most young physicians don't believe that access to or certain specific electronic medical record (EMR) systems are effective recruitment tools in differentiating individual practices or practice environments, though a few did indicate that they are specifically looking for practices with EMRs. From their perspective, almost all practices use some form of electronic medical records, except for small or solo practices. In addition, most consider the differences between individual systems to be minor and would not base their initial practice selection solely on a specific EMR system. A few participants noted that the EMR systems they had used or seen in private practice were less robust or intuitive than the systems they used during their training.

Similar opinions were expressed regarding access to new technologies, such as scanning or imaging equipment. A few participants observed that many smaller hospitals in rural environments appeared to heavily invest in new, innovative equipment as a means to recruit and retain physicians. Others suggested that the presence of new and often costly equipment indicated the financial security and stability of a practice.

*Jobs "sell" their electronic medical records and great staff, but lifestyle and finances are more important.*

*Technology allows you to be efficient. You really feel that patient care comes first.*

*Although it is appealing, it isn't going to make or break my decision if they have computers in the office.*

*I was surprised at the resources in some of the small hospitals I looked at.*

*I am not looking to handwrite my orders; I want to work somewhere that has electronic medical records.*

*It's difficult to think about going to where they don't have at least the resources you trained on.*

*I turned down a job because they didn't perform one of the newest procedures.*

*Electronic Medical Records are very convenient and have influenced my practice search. It just makes it easier to practice medicine.*

## Non-Physician Clinicians

Similar to electronic medical records, most young physicians joining larger practice environments or academic settings viewed the availability and use of non-physician clinicians as a forgone conclusion. The majority of the participants viewed nurse practitioners or physician assistants as an added benefit to their practice in terms of allowing for better patient care, lessening administrative burdens, and in some cases, assisting with call coverage. A few of the participants noted concern over the use of non-physician clinicians, primarily in regards to their costs and effect on patient care. Specifically, these young physicians wanted to be the primary contact with their patients, and not rely on a non-physician clinician for patient care.

*The practice has NPs who help with taking call.*

*Almost all the practices use NPs or PAs in some manner.*

*In a private practice, you don't want to cover all sorts of people, so it's nice that they have a lot of nurse practitioners.*

*In the practice I'm joining, each doctor has their own NP.*

*I only trust myself and I want my patients to ask me about everything they have questions on.*

*On the other hand, having more NPs might mean having a larger caseload.*

### **Finding a Good Fit / Peers**

Young physicians demonstrate a strong preference to stay at their first job throughout their professional career, but nearly all view this as an unrealistic goal. Many physicians view the initial job following training as a “Stepping Stone” to their next opportunity. In part, this stems from uncertainty and fear over practicing medicine in the real world and how a medical practice operates. Many also spoke of wanting to find peers that they would want to spend time with on a regular basis, which is not always easy to assess through an interview process. Young physicians hope to observe how different practices operate during their first few years of practice and then settle into longer-term positions.

*The partners are likeable; seem to like their jobs, and get together outside of work*

*Peers are just as important as mentorship.*

*I'm not even sure I like the practice I'm joining.*

*You get a job at first because you really need a job, and you'd be lucky to stay at your job a really long time. Ideally, would like to find a nice job and stay for a long time.*

*My first job might be two or three years because that is the trend I have seen.*

*Once I find something I like, I hope to stay for a long time.*

*I don't view it as a long-term position, just a job to get more experience.*

*I didn't know what to look for when I signed my contract, but I made sure there wasn't a non-compete clause.*

*I don't see anything as being definite right now.*

*I would like to settle into on job.*

*I am not looking to be a nomad and I would like to stay for a while.*

*I may look for a different arena at some point, but looking for another job could be a financial cost, even if you are able to make more money.*

## Two Physician Families

Deciding on a practice setting or specialty becomes an even more complex process in a two-physician household. Factors such as income potential, work life balance, educational debt, and job opportunities become more important in the decision making process and need to be considered for both partners. This can lead to the need for compromise if the career goals do not match well or it can provide some flexibility in terms of income requirements or the decision for one spouse to work part-time. If one partner is earning a high salary, the income of the other spouse becomes less important. This can lead to wide variation in expected salaries among spouses, with those whose specialty choice was based on interests and likes often choosing higher paying subspecialties, while the other spouse pursued lower paying specialties that were more likely to provide the opportunity for part-time or flexible hours and most importantly additional time with their children.

*With a physician spouse, we have over \$360K in debt for the both of us. He is an anesthesiologist, so that helps us be comfortable, but if he went into primary care, I would have had to specialize.*

*It influenced my decision to be an endocrinologist. As part of a medical marriage—my husband is an ophthalmologist—I need a job that can easily be had anywhere.*

*My husband is a gastroenterologist and if we move to a different location, his salary might double.*

## Loan Repayment Programs

Young physicians expressed little interest in loan repayment programs with service requirements in underserved areas from both state and federal entities. In some case, participants admitted to a lack of awareness or detailed knowledge of such programs. For the most part, however, their lack of interest in loan repayment programs centered on a fear of commitment to a program that would restrict their practice location and the primary focus of such programs. Most young doctors were unable or unmotivated to pursue the programs, due to family obligations, including job opportunities for their spouses and/or not wanting to uproot their family, particularly children. Some young physicians considered similar scholarship programs before entering medical school, but were concerned about making a major commitment so early in their career and limiting their practice locations.

*The deadlines and control issues of these programs is a major drawback.*

*I wanted to pick where I could practice and not be told where to go.*

*I didn't want to be limited to primary care.*

*The only way I would do it is if they could find my husband a good job, too.*

*Spacing out the commitment would be a lot more realistic.*

*The options seem limited.*

*I couldn't commit, I didn't want to sign a contract.*

## **Frustration and distrust with aggressive physician recruiters**

The focus group participants expressed frustration and unhappiness with aggressive physician recruiters. Specifically, these young physicians expressed dismay with the constant mailings, and what they considered to be inappropriate electronic pages from recruiters during patient care hours. Residents would respond to pages concerned it was an urgent matter only to be solicited for job opportunities – this was seen as unprofessional and aggravating.

The high pay of some positions was viewed as alarming as many believed that if a position offered a salary outside of the norm, that there might be some shortcoming with the practice setup or its location was far from ideal.

*I get 2 or 3 postcards everyday about recruitments, and when people call, I politely decline to talk to them because I don't know what their goal is. It seems too easy and I have some skepticism about it.*

*When I am paged, I call back right away because it could be something important and then it is a recruiter...*

*If a job pays too much in a really small town, there has to be catch.*

## Specialty Specific Findings

Among the focus group participants completing, or planning to complete their training in specific specialties, a number of common findings emerge.

### Family Medicine

Interest in Family Medicine stems from a strong desire to establish longitudinal relationships and follow a patient and their family over the course of a lifetime. Similarly, others were drawn to the field due to the large variety of patients and the ability to take care of the whole person, rather than just one small area or malady. Many residents completing their training in family medicine believe that these preferences set them apart from their peers pursuing other specialties. Not surprisingly, unlike the common notion among other young physicians that their first job might be a “stepping stone” to other opportunities, family medicine residents hope to stay and practice at their initial location for a number of years.

*I pursued Family Medicine for my own personal satisfaction.*

*Family Medicine allows for a balance with your family and community involvement.*

*I want to treat the whole person, rather than one small area.*

*I want to do everything. I like the different ages of patients and range of conditions and being in touch with families.*

### General Internal Medicine

Few of the senior residents completing their training in internal medicine initially planned to work in a traditional general internal medicine practice. Many of these young physicians planned to move directly into an internal medicine subspecialty or initially pursue a career as a hospitalist physician before seeking further training. Many young physicians noted that their interest in the field was based on the belief that internal medicine required a broad knowledge base and allowed them to use this knowledge in patient care rather than strictly performing procedures.

The desire to eventually sub-specialize within internal medicine was particularly strong among internal medical school graduates. Typically, their plans to initially practice general internal medicine were driven by visa or citizenship requirements. Most of these foreign medical graduates believe they would be more competitive for certain subspecialty training programs following a few years of general practice. Others acknowledged that their interest in sub-specialization was primarily influenced by desire for greater compensation.

Residents also noted that general internal medicine might offer a better lifestyle than some internal medicine subspecialties; however, major differences in compensation required them to make a tough decisions between money and perceived lifestyle.

*Being a hospitalist is an evolving field, a new field, and I think it will always bring new opportunities.*

*Internal medicine seems like the “meat and potatoes” of medicine.*

*I chose Internal Medicine for its lifestyle. I didn’t want to be called in the middle of the night for surgeries. I wanted to have a controlled life.*

*I foresee 3 years maximum at my next job, then back into a fellowship.*

*I went into internal medicine because I wanted to deal with adults.*

*Family is part of my choice, but your H1 visa has a fundamental role in where you can end up.*

### **Obstetrics and Gynecology**

Young physicians completing their training in obstetrics and gynecology recalled choosing the specialty based on the mix and balance between women’s health issues and their interest in surgical procedures. Many were also drawn to the field for its primary care like aspects, such as the ability to follow and manage a patient over time.

Many of the young physicians pursuing obstetrics and gynecology expressed concern over the lifestyle of young practicing obstetricians, given the call requirements for covering labor and delivery, particularly early in their career. This concern was heightened by a perception that gynecologic procedures were better reimbursed, but that often only older physicians were able to focus their practice on gynecology rather than obstetrics. Despite these lifestyle concerns, most hoped that obstetrics and gynecology practices would become more flexible in terms of call schedules and procedures in the near future. Finally, many of the senior residents noted that the length and costs of malpractice tail coverage offered by individual practices to be a major influence in the initial practice selection.

*Looking for academic setting while not having to cover labor and delivery while in the office.*

*I looked for a good call schedule and a practice where I would get a lot of GYN experience.*

*I wanted a job where I would get a lot of GYN experience. I didn’t want to cover labor and delivery while in the office.*

*I didn’t want to be involved in a lot of academic or attending work, I looked in different areas, but I found a lot of them don’t practice evidence based medicine so I picked a large group that was heavy in OB. But eventually I want to do more GYN than OB. But, I will be covering the office and be on call for labor and delivery.*

*Gynecology pays more so sometimes the older physicians get higher pay and tend to work on these procedures more.*

*I wish the threat of being sued wasn’t always in the back of my mind.*

## Ideal Practice

At the conclusion of each focus group, participants were asked to describe the components of an “ideal” practice. Their responses reinforced earlier comments regarding lifestyle, practice setting, and a desire to focus on patient care, rather than the business of medicine.

*My ideal practice includes...*

*...a practice with enough people so my role could grow or shrink.*

*...a big group, a lot of things going on, smart people, and some support.*

*... a small group in a good community with good weekend coverage and not a lot of call.*

*...never having to worry about reimbursement issues.*

*...academics, close to my house, no office hours, one day a week on labor and delivery, and one night call a week.*

*...a “bigger” small town with a nice functioning hospital where I am not the only doctor.*

*...enough people for call coverage.*

*...private practice, a four day work week, post call days off, option to work with residents, and lots of flexibility.*

*...three or four partners in an urban or suburban setting with some weekday flexibility.*

*...a call schedule that is not terrible.*

*...sufficient time with patients.*

*...a location near family in a semi urban environment.*

*...a consultative practice with an academic attachment.*

*...support of a large hospital.*

*...a private practice in a suburban neighborhood.*

*...an opportunity to teach.*

*...a big group, with a lot of things going on and smart people.*

*...somewhere I can stay 20-30 years.*

*...autonomy, not being told what to do.*

*...respect for my colleagues and being respected by my colleagues.*

*...supportive colleagues.*

*...a medium to large size group with set hours and a good mix of patients in terms of ethnicity and socioeconomic status.*

*...a chance to work with medical students and residents.*

*...the opportunity to make a difference to a community and people.*

*...not having to worry about patient's ability to pay.*

*...no reimbursement issues.*

*...being able to teach and still see patients every day.*

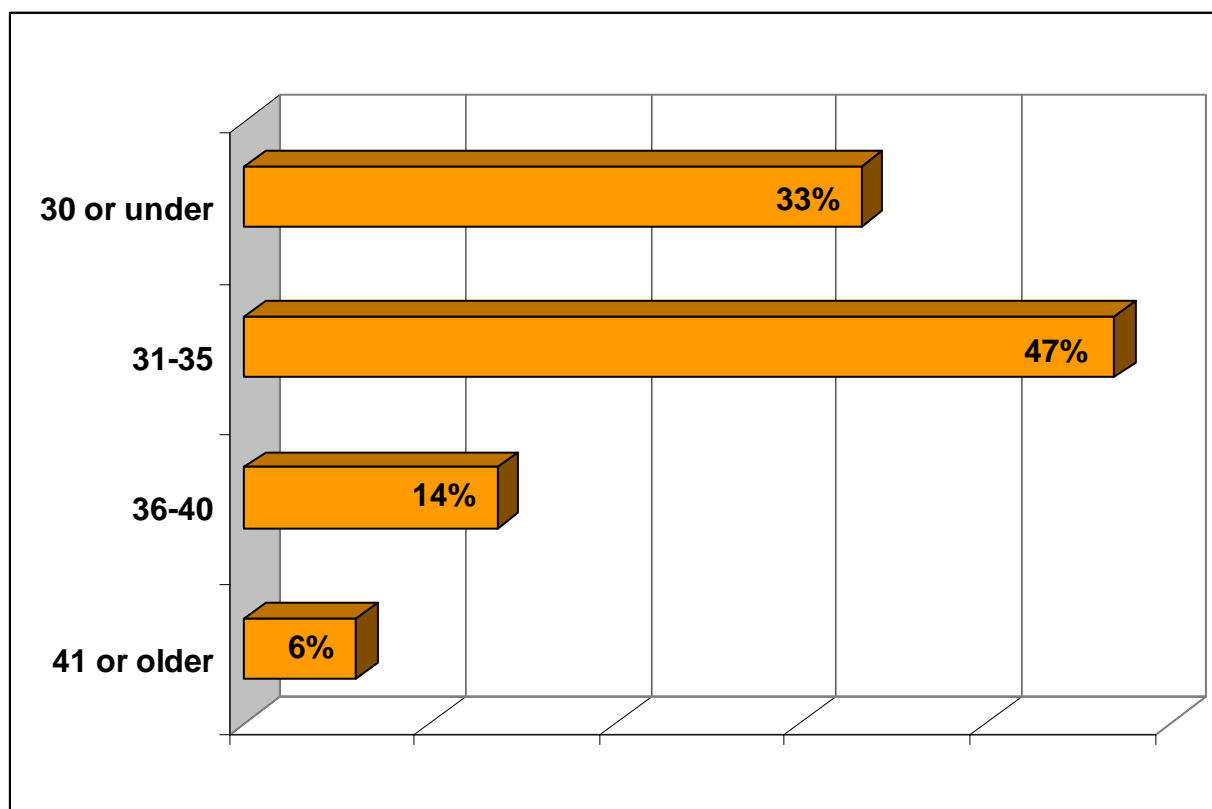
*... I'm not sure, but I hope I've found it.*

## Participant Snapshot

In total, 76 senior residents participated in the focus groups. Participants provided basic demographic information, including age, gender, length of training, and likely initial practice location. It is important to note that this is not a stratified representative sample but is more of a sample of convenience.

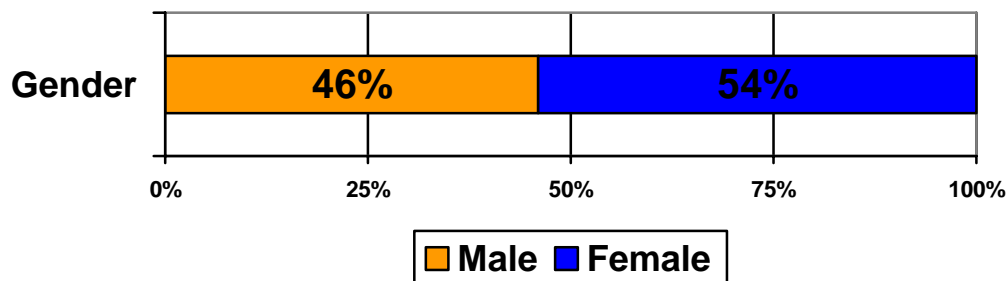
### Age

The average age of the focus group participants was 33.



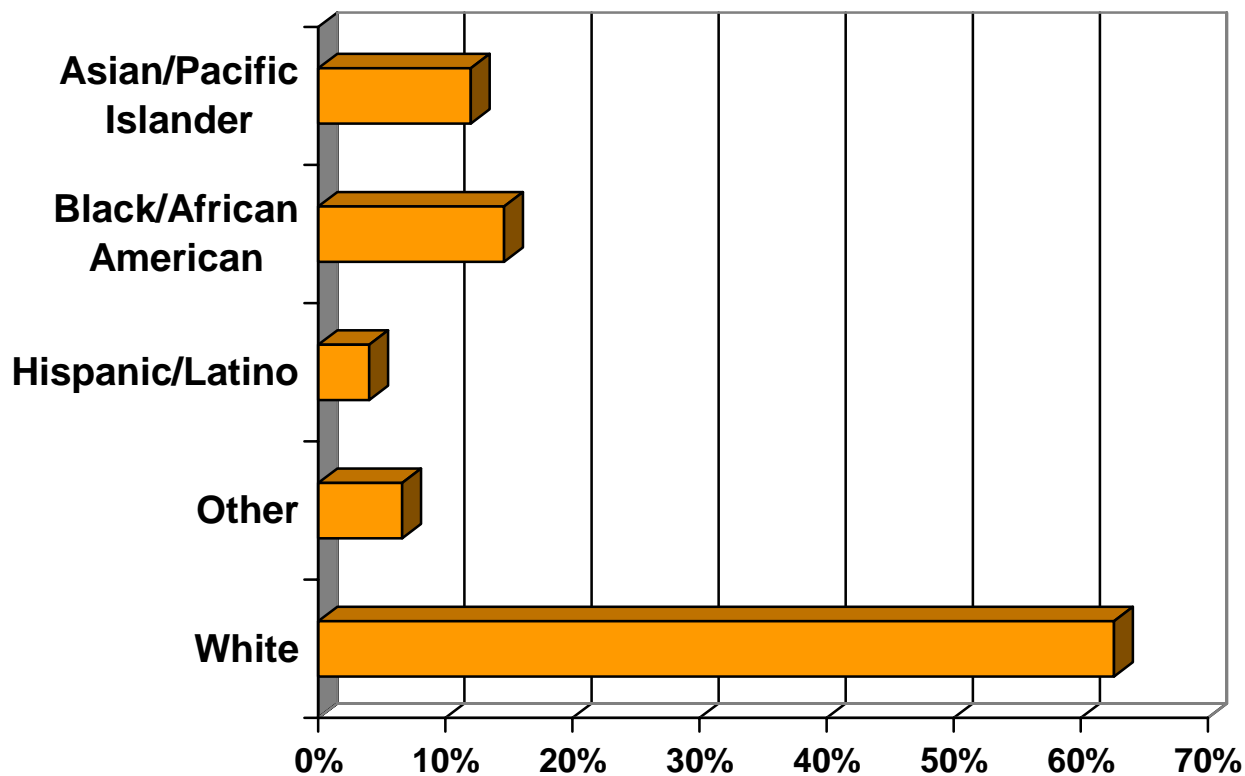
### Gender

Just over half of the focus group participants were female.



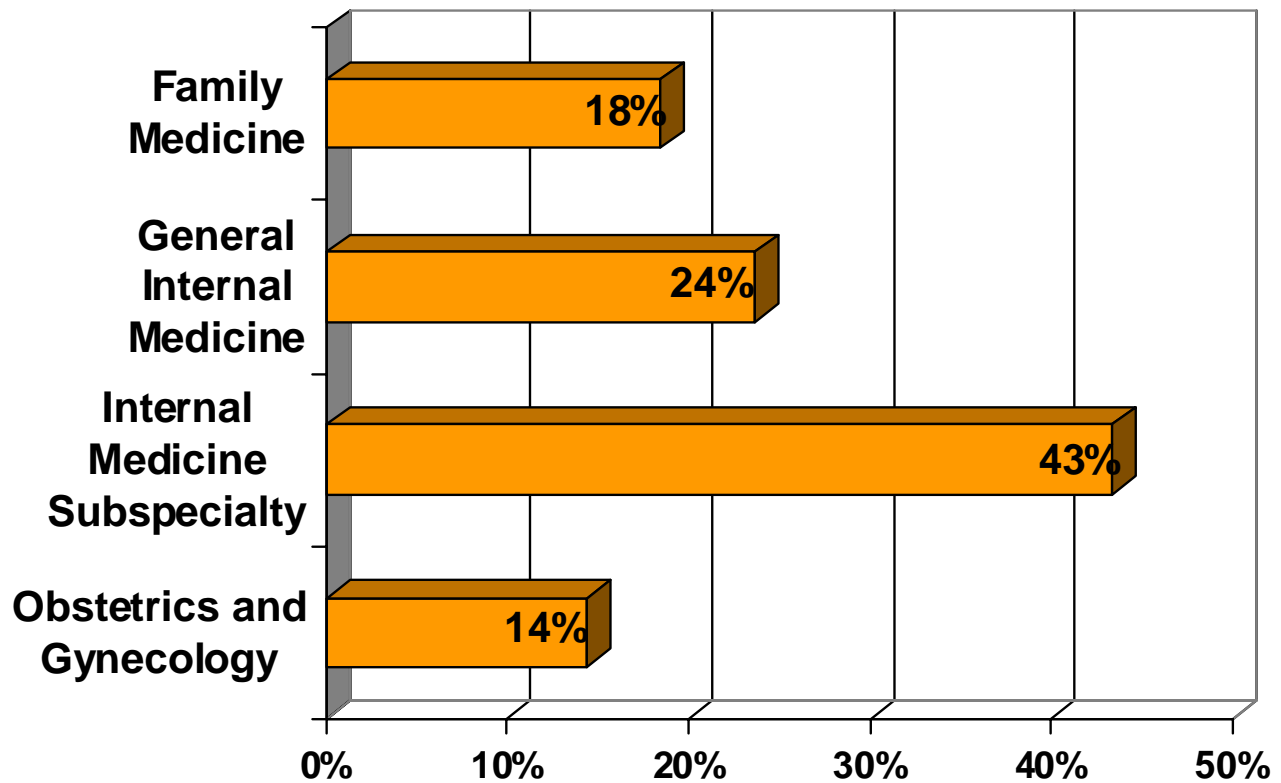
### Race/Ethnicity

The majority of the focus group participants were white.



### Specialty Training

43% of the focus group participants were completing, or planned to complete their training in an internal medicine subspecialty. Included in this group were senior residents in Cardiology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Rheumatology, and 12 internal medicine residents who indicated plans to subspecialize.



### Medical Education

The vast majority of the participants attended allopathic medical schools (95%) and 5% attended osteopathic schools.

