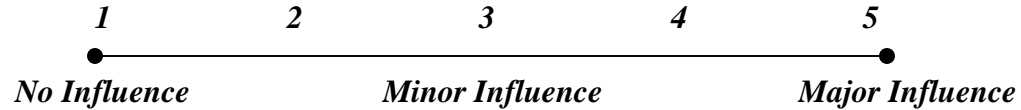


**Assessment of Obstetrics & Gynecology Residents  
Liability/Practice Decisions Survey**

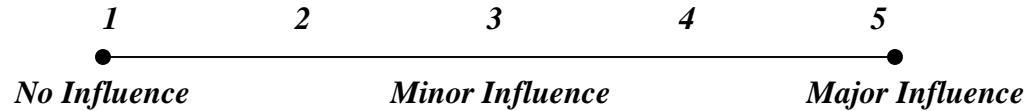
1. **What is your gender? (mark circle)**
  - Female
  - Male
  
2. **What is your current age? (mark circle)**
  - 25 – 29 yrs old                       30 – 34 yrs old
  - 35 – 39 yrs old                       40 – 44 yrs old
  - 45 – 49 yrs old                       50 – 54 yrs old
  
3. **What is your marital status? (mark circle)**
  - Single
  - Single with significant other
  - Separated/Divorced
  - Married
  
4. **If married, is your spouse a(n):**
  - Physician, non-OB/Gyn
  - Physician, OB/Gyn
  - Other health professional (e.g., RN, CRNA, PT/OT, etc.)
  - Other professional (e.g., lawyer, teacher, etc.)
  - Other
  
5. **Where is your current training program located? (mark circle)**
  - AL       AK       AZ       AR       CA       CO       CT       DE       FL
  - GA       HI       IA       ID       IL       IN       KS       KY       LA
  - MA       MD       ME       MI       MN       MO       MS       MT       NC
  - ND       NE       NH       NY       NJ       NM       NY       OH       OK
  - OR       PA       RI       SC       SD       TN       TX       UT       VA
  - VT       WA       WI       WV       WY
  - District of Columbia
  - Armed Forces
  
6. **Nature/ location of the hospital setting where you are currently in training? (mark circle)**
  - University Program-urban area
  - University Program-rural area
  - Community Program-urban area
  - Community Program-rural area
  - Military Program
  - Other: \_\_\_\_\_
  
7. **Are you currently planning to pursue post-residency training? (mark circle)**
  - Yes
  - No
  - Not sure



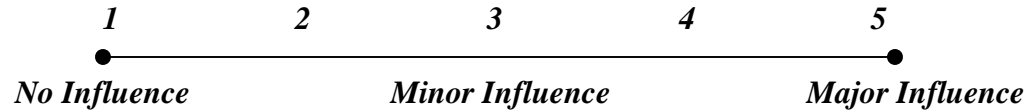
d) Proximity to a metropolitan area:



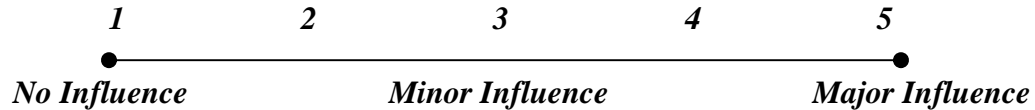
e) Rural setting:



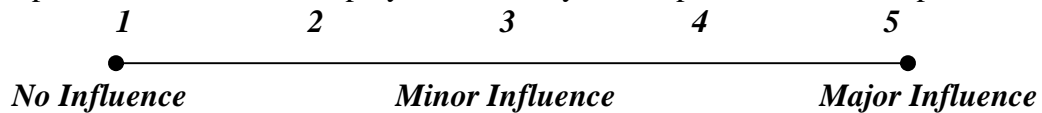
f) The status of the medical liability crisis in that particular state:



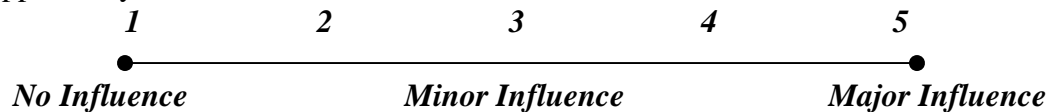
g) The cost of liability insurance in a particular state:



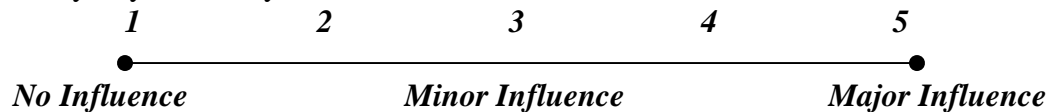
h) The option to be a salaried employee and have your malpractice insurance paid:



i) The opportunity to work with medical students and residents:



j) Proximity to your family:



**12. Which of the following states are you considering for your post-residency job in OB/GYN? (mark all that apply)**

- AL     AK     AZ     AR     CA     CO     CT     DE     FL  
 GA     HI     IA     ID     IL     IN     KS     KY     LA  
 MA     MD     ME     MI     MN     MO     MS     MT     NC  
 ND     NE     NH     NY     NJ     NM     NY     OH     OK  
 OR     PA     RI     SC     SD     TN     TX     UT     VA  
 VT     WA     WI     WV     WY  
 District of Columbia  
 Armed Forces

- 13. Based on *medical liability concerns*, are there any states which you are not considering for a post-residency job in OB/GYN? (mark all that apply)**
- AL     AK     AZ     AR     CA     CO     CT     DE     FL  
 GA     HI     IA     ID     IL     IN     KS     KY     LA  
 MA     MD     ME     MI     MN     MO     MS     MT     NC  
 ND     NE     NH     NY     NJ     NM     NY     OH     OK  
 OR     PA     RI     SC     SD     TN     TX     UT     VA  
 VT     WA     WI     WV     WY  
 District of Columbia  
 Armed Forces
- 14. Have you previously been warned or advised not to practice in your current location? (mark circle)**
- Yes  
 No
- 14b. If you answered yes, which of the following reasons were stated? (mark circle)**
- Medical liability concerns  
 Saturated physician market  
 Reimbursement concerns  
 Other: \_\_\_\_\_
- 15. Are you planning on limiting the type and scope of your practice due to the current medico-legal liability environment? (mark circle)**
- Yes  
 No  
 Undecided
- 15b. If you answered yes, how will you limit your practice? (mark circle)**
- Low risk Obstetrics and Gynecology  
 Gynecology only  
 Office Gynecology only  
 Will be entering sub-specialty training
- 16. Have you ever been named in a medico-legal lawsuit related to the practice of OB/GYN? (mark circle)**
- Yes  
 No  
 Named, but dropped
- 16b. If you answered yes to question 16, then please explain outcome. (mark circle)**
- Case was decided by jury verdict  
 The case was settled before a verdict was reached  
 The case is still ongoing

17. **During your residency training, have you received any formal training regarding medical liability risk management [Avoidance of a lawsuit]? (mark circle)**
- Yes
  - No
  - Not sure
18. **During your residency training, have you received any formal education regarding “next steps” once you have been named in a lawsuit? (mark circle)**
- Yes
  - No
  - Not sure