

RESIDENT PROFILE QUESTIONNAIRE

Please rate the following statements: This statement describes me

1 2 3 4 5
Not at all Fairly well Exactly

- _____ 1. I tend to be able to cope with ambiguous situations.
- _____ 2. I tend to care about the whole person.
- _____ 3. I am interested in the course of specific diseases, rather than a general interest in the patient.
- _____ 4. I feel more comfortable being an expert in a specialized area of knowledge than knowing a little bit about everything.
- _____ 5. I am sensitive to the nonverbal communications of other people.
- _____ 6. I am sensitive to people's emotional states.
- _____ 7. People often tell me about their problems because I am a good listener.
- _____ 8. I find I am often able to help people resolve their personal problems.
- _____ 9. I am an open person able to talk about my emotions easily.
- _____ 10. I believe illness is shaped by cultural factors.
- _____ 11. I am skillful in the psychosocial management of my patients.
- _____ 12. I am intrigued by intricate diagnostic procedures.
- _____ 13. I am interested in the effects of illness on the family as a whole.
- _____ 14. I am interested in the role of physical and social environment in the etiology course of disease.
- _____ 15. I like to function as part of a team.
- _____ 16. I am interested in developing my personal self-awareness.
- _____ 17. I enjoy being a teacher, a transmitter of knowledge.
- _____ 18. I enjoy participating in groups.
- _____ 19. I'm basically a loner.
- _____ 20. I like finding out why people think and act the way they do.
- _____ 21. I have a good deal of awareness of my own values.
- _____ 22. I am interested in families.
- _____ 23. I am fulfilled through my relations with other people.
- _____ 24. I am not afraid to talk about my own feelings.
- _____ 25. I think it is important to understand the patient's view of his/her own illness.

MEDICAL OPINION SURVEY

Please rate the extent to which you agree/disagree with the following statements:

1	2	3	4	5
Strongly Agree	Agree	Undecided No Opinion	Disagree	Strongly Disagree

- ___ 1. I believe that disease prevention is primarily the responsibility of health departments rather than the responsibility of private practitioners.
- ___ 2. In my opinion a more satisfactory doctor-patient relationship will usually result if the physician is emotionally detached rather than emotionally involved.
- ___ 3. I believe that at least half of all patients in general hospital have health problems related to social factors.
- ___ 4. I believe that ability to establish rapport with a patient is often over-emphasized as a pre-condition to competence in diagnosis and therapy.
- ___ 5. In my opinion our society would be healthier if medical science put more emphasis on the promotion of health and less on the treatment of disease.
- ___ 6. I believe that the main objective of preliminary patient interviews should be a human relations one.
- ___ 7. I believe that physicians can learn a great deal from the social sciences regarding the relationships between social stresses and physical illness.
- ___ 8. In the management of chronic conditions, I think the social worker is the member of health team who often contributes most to the rehabilitation process.
- ___ 9. I would be well suited to a medical career which requires close personal relationships with individual patients.
- ___ 10. I think the increased emphasis on scientific procedures and medical treatment has resulted in a tendency to underestimate the role of social factors and illness.
- ___ 11. Considering the present shortage in some medical specialties, I feel that many of these specialists spend too much time concerning themselves with their patients' emotional problems.

- _____ 12. I think that in all cases the physician on a clinical health team should consult with the non-physician member before making basic decisions such as a discharge referral or major changes in therapy.
- _____ 13. I believe society as a whole would benefit if much of the money it now pays for therapeutic medicine were allocated to preventive medicine.
- _____ 14. I think that in most patient consultations, effectiveness increases when personal concern takes precedence over technical efficiency.
- _____ 15. I believe the family doctor should spend more time educating his or her patients how to stay healthy even though this would leave him or her a little less time for treating illness.
- _____ 16. I believe that a sound practitioner should reserve most of his or her time for really ill patients rather than neurotic ones.
- _____ 17. In my opinion the average office patient is mainly interested in alleviation of illness so that it becomes rather futile for the doctor to stress disease prevention.
- _____ 18. Since most physicians are primarily concerned with the diagnosis and treatment of their patient's illnesses, I think they should leave emotional problems to better trained specialists.
- _____ 19. Ideally, I think the family physician's primary responsibility should be to counsel his or her patients on how to avoid illness and maintain good health.
- _____ 20. The physician's primary responsibility is the diagnosis and treatment of disease.
- _____ 21. The role of physical and social environment on the etiology and course of disease is as important as the specific nature of the disease itself.
- _____ 22. The development of a strong teaching role in relationship to one's patients is crucial.
- _____ 23. In the diagnosis and treatment of disease, an understanding of the patient's family dynamics is essential.
- _____ 24. Technological advances and scientific breakthroughs hold the key to future progress in the field of medicine.
- _____ 25. Physician involvement with his or her patients' problems in everyday living is as important as the treatment of specific diseases.

26. Today, the most appropriate role for the physician is to be an expert in a specialized area of knowledge rather than knowing something about several different fields.
27. The major satisfactions of a physician's work come from his/her interpersonal relationships with his/her patients.
28. A critical factor in successful patient management is the physician's self-awareness and ability to disclose personal feelings.
29. The physician's proper sphere of expertise should encompass the whole person, rather than specific diseases and treatment.

I. Do Not Put Your Name On This Survey.

II. Please use the following scale to indicate the degree of your agreement or disagreement with each of the statements on the following pages. Record your answers in the blanks next to the question numbers.

strong agreement = SA
agreement = A
disagreement = D
strong disagreement = SD

- _____ 1. Conducting counseling sessions with families of very aged patients is unwarranted.
- _____ 2. Follow-up of patients who attempt suicide should be done by Family Practitioner and Psychiatrist who work as a team.
- _____ 3. Death of a patient suggests counseling sessions by the Family Practitioner with family members.
- _____ 4. Normal, healthy families may require counseling as part of their medical service.
- _____ 5. A severely dysfunctional family should quickly be referred to professional mental health workers.
- _____ 6. Marriage counseling is within the realm of Family Practitioners.
- _____ 7. A discussion of suicide with a severely depressed patient should be avoided.
- _____ 8. Family Practitioner- patient interactions should focus primarily on medical symptoms of family members.
- _____ 9. Family counseling sessions should be instituted immediately by the Family Practitioner in suicide attempt cases.
- _____ 10. Residents' emotional stresses and problems should be brought to the attention of the Administration.
- _____ 11. Patient interviews should be limited to medical diagnosis to avoid inappropriate psychological probing.
- _____ 12. Patient sexual dysfunction counseling should focus primarily on medical aspects.

- _____ 13. Alcoholism counseling is beyond the scope of Family Practitioners and patients should be referred to community resources.
- _____ 14. The medical treatment for substance abuse in patients is the prime concern of the Family Practitioner.
- _____ 15. The Family Practitioner must understand the relationship between the medical and emotional health of patients and their families.
- _____ 16. The Behavioral Science component of the Family Practice residency program is sufficient to teach Family Practitioners to counsel effectively.
- _____ 17. Physicians' personal stresses and coping mechanisms should be attended to in residency programs.
- _____ 18. Effective medical treatment requires residents' examination of their personal values in the work setting.
- _____ 19. Learning skills to counsel with all family members present is essential for the Family Practitioner.
- _____ 20. Brief therapy techniques should be taught to mental health professionals rather than Family Practitioners.
- _____ 21. Referral to community resources for psychological counseling should occur as soon as emotional problems are evident to the Family Practitioner.
- _____ 22. Psychosocial training can be gained best from a psychiatry rotation.
- _____ 23. Family Practitioners should take time to treat psychosomatic complaints.
- _____ 24. Family Practitioners should not counsel teen-agers on birth control.
- _____ 25. Abortion counseling is the responsibility of Family Practitioners.

- _____ 26. A half dozen counseling sessions with an individual patient or family does not exceed realistic treatment by Family Practitioners.
- _____ 27. Emphasis on family systems and family dynamics is superfluous once the resident is in private practice.
- _____ 28. Increased self-awareness and self-understanding by the Family Practitioner are necessary for effective medical practice.
- _____ 29. Delving into the personal family life of patients by the Family Practitioner constitutes an invasion of privacy.
- _____ 30. Residents overlook emotional problems in their patients since the area is outside their responsibility.

PSYCHOSOCIAL INTERVENTION SKILLS

How comfortable do you feel to intervene therapeutically in the following clinical situations?

1	2	3	4	5
Not at all	Slightly	Moderately	Comfortable	Extremely
Comfortable	Comfortable	Comfortable		Comfortable

1. Dysfunctional family dynamics
2. Dysfunctional effects of illness on family
3. Family issues which negatively affect clinical problems
4. Family issues which can be treated early
5. Psychosocial issues which need referral
6. Situations which require only educational or basic counseling strategies for individual problems
7. Alcoholism
8. Substance abuse
9. Smoking
10. Abnormal child psychological development
11. Child behavior problems
12. Child abuse or neglect
13. Adolescent acting out, behavior problems
14. Marital problems
15. Sexual problems
16. Spouse abuse
17. Common psychological disorders
18. Adult depression
19. Childhood depression
20. Generalized anxiety disorder
21. Panic disorder
22. Schizophrenia
23. Paranoid ideation
24. Borderline personality disorder
25. Death of spouse or other family member

How well do you understand the theory of family functioning?

1	2	3	4	5
not at all	slightly	somewhat	moderately	a great deal

How much has your training helped you recognize the following in your practice?

a) Influence of family issues on clinical problems	1	2	3	4	5
b) Family issues that can be treated early	1	2	3	4	5
c) Issues which need referral	1	2	3	4	5
d) Education and counseling strategies that can be used with individuals who reflect family problems	1	2	3	4	5

How frequently do you ask about the following during a routine adult checkup?

(1 = never; 5 = always)

a) Alcohol	1	2	3	4	5
b) Smoking	1	2	3	4	5
c) Children	1	2	3	4	5

How frequently would you involve at least one other family member?

(1 = never; 5 = always)

a) Child behavior disorder	1	2	3	4	5
b) Sexual problem	1	2	3	4	5
c) Marital separation	1	2	3	4	5

How frequently do you consider the following an indication for family and/or marital assessment?

(1 = never; 5 = always)

a) Child behavior disorder--family	1	2	3	4	5
b) Child abuse or neglect--family	1	2	3	4	5
c) Separation, no desire for reconciliation--marital	1	2	3	4	5
d) Paranoid personality in parent--family	1	2	3	4	5
e) Schizoid personality in parent--family	1	2	3	4	5
f) Adolescent acting out--family	1	2	3	4	5
g) Mental illness in family member--marital	1	2	3	4	5
h) Abuse of spouse--family	1	2	3	4	5
i) Depression in adult--family	1	2	3	4	5
j) Death of spouse--family	1	2	3	4	5

How frequently do you consider the following to be indications for family and/or marital assessment?

(1 = never; 5 = always)

a) Sexual problem--family	1	2	3	4	5
b) Abuse of spouse--family	1	2	3	4	5
c) Death of spouse--family	1	2	3	4	5
d) Death of other family member--family	1	2	3	4	5