Appendix 1 (as supplied by the authors): Survey questionnaire

Canadian MD/PhD program alumni survey

*Required

Part 1 of 6: Basic information

Example: 15 December 2012

1.	First name *
2.	Last name *
3.	At what university did you attend medical school? * Mark only one oval.
	McGill University
	McMaster University
	Queen's University
	University of Alberta
	University of British Columbia
	University of Calgary
	University of Manitoba
	University of Ottawa
	University of Saskatchewan
	University of Toronto
	University of Western Ontario
	Other
4.	If your medical school was not listed above, please enter it here
5.	When did you enter a combined MD/PhD program? *
	If you entered a combined MD/PhD program in the middle of a medical or graduate degree, please include time spent in that degree program. The day of the month on which you entered a combined MD/PhD program will not be used to interpret results.
	Example: 15 December 2012
6.	When did you graduate from a combined MD/PhD program? *
	The day of the month on which you graduated from a combined MD/PhD program will not be used to interpret results.

Part 2 of 6: Demographic data

	w old are you?
8. W r	nat is your sex? rk only one oval.
	Male
	Female
	scribe your ethno-cultural background k all that apply.
	Aboriginal or First Nations
	Asian
	Black
	Hispanic
	White
	Other:
	ve you completed any degrees other than the combined MD/PhD? k all that apply.
] B.A.
	B.Sc.
	B.Eng.
	B.HSc.
	B.ScN.
	M.A.
	M.Sc.
	M.P.H.
	M.B.A.
	Other:
	ve you completed residency training? * rk only one oval.
	Yes
	No, but I am currently completing my residency
	No, but I plan to
	No, and I do not plan to

	hoice?
Mark o	only one oval.
	Yes, and at my first choice location
	Yes, but not at my first choice location
	No, but at my first choice location
	No, and not at my first choice location
	have completed or are currently completing residency training, what residency program ou enter?
Mark o	only one oval.
	Anatomical Pathology
	Anesthesiology
	Cardiac Surgery
	Dermatology
	Diagnostic Radiology
	Emergency Medicine
	General Pathology
	General Surgery
	Hematological Pathology
	Internal Medicine
	Medical Biochemistry
	Medical Genetics
	Medical Microbiology
	Neurology
	Neuropathology
	Neurosurgery
	Nuclear Medicine
	Obstetrics and Gynecology
	Ophthalmology
	Orthopedic Surgery
	Otolaryngology — Head and Neck Surgery
	Pediatrics
	Physical Medicine and Rehabilitation
	Plastic Surgery
	Public Health and Preventive Medicine
	Psychiatry
	Radiation Oncology
	Urology
	Vascular Surgery
	Other

14. Have you completed or are you currently completing other postdoctoral training? * Mark only one oval.	
Clinical fellowship	
Research fellowship	
No other postdoctoral training	
Other:	

15. If you consider your clinician-scientist training complete, what was the total length of your training in years, beginning with your entry into an MD/PhD program? Please include all residency, fellowship, and other training you feel has contributed to your career as a clinician scientist since your entry into an MD/PhD program.
NOTE: please only answer this question if you consider your clinician-scientist training complete. Mark only one oval.
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tements presented.							
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Strongly disagree						Strongly agree	
. Overall, I am satisf		the qu	ality of	my clin	ician-sc	eientist training.	
Mark only one oval.							
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Strongly disagree						Strongly agree	
B. If I could revisit my		e, I wou	ld choo	se to at	tend a N	ID/PhD program	again.
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Strongly disagree						Strongly agree	
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Strongly disagree						Strongly agree	
Strongly disagree						Strongly agree	
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	y choice	e, I wou	ld choo	se to at	tend a F		l PhD program aga
). If I could revisit my	y choice						l PhD program aga
). If I could revisit my	y choice	e, I wou	Id choo	se to at	tend a F		l PhD program aga

Part 4 of 6: Career trajectory

	What is the organizational type of your current appointment? * Tick all that apply.
	Academic institution
	Government or private research institute
	Industry
	Private or hospital clinical practice
	Currently unemployed
	Other:
22.	What is the location of your current appointment? Mark only one oval.
	Canada
	United States
	Central/South America
	Asia
	Africa
	Middle East
	Other:
23.	What title best corresponds to your current position?*
	Mark only one oval.
	Mark only one oval. Resident
	Resident
	Resident Clinical fellow/research fellow
	Resident Clinical fellow/research fellow Instructor/adjunct professor
	Resident Clinical fellow/research fellow Instructor/adjunct professor Assistant professor/staff scientist
	Resident Clinical fellow/research fellow Instructor/adjunct professor Assistant professor/staff scientist Associate professor/senior scientist
	Resident Clinical fellow/research fellow Instructor/adjunct professor Assistant professor/staff scientist Associate professor/senior scientist Professor/section chief
24.	Resident Clinical fellow/research fellow Instructor/adjunct professor Assistant professor/staff scientist Associate professor/senior scientist Professor/section chief Department chair/director
24.	Resident Clinical fellow/research fellow Instructor/adjunct professor Assistant professor/staff scientist Associate professor/senior scientist Professor/section chief Department chair/director Other: Do you have protected research time at your current position? *

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o. I am satisfied with Mark only one oval.	-	k-life b	alance.				
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Strongly disagree						Strongly agree	
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Strongly disagree						Strongly agree	
3. I believe that Cana Mark only one oval.	da shoı	uld trair	n more	cliniciaı	n-scient	ists.*	
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Strongly disagree						Strongly agree	
4. I believe the CIHR Mark only one oval.	should	fund Ca	anadian	MD/Ph	D progr	ams. *	
	1	2	3	4	5		
Strongly disagree						Strongly agree	

The Canadian Institutes of Health Research defines health services research as research designed to

29. I am engaged in health services research.

Part 5 of 6: Publications, funding, and debt

	lave you co-authored a recent peer-reviewed manuscript? flark only one oval.
(Yes, within the last 12 months
(Yes, within the last 36 months
(No No
	low many first author, peer-reviewed manuscripts did you publish during or resulting directly rom your MD/PhD training?
Λ	flark only one oval.
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	low many peer-reviewed manuscripts did you co-author during or resulting directly from your ID/PhD training?
N	
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N	ID/PhD training? Mark only one oval.
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M ((((((((((((((((((((((((((((((((((((Mark only one oval. 0 1-3 4-6 7-9 10 or more lave you been the principal investigator on a recent funded project? * Mark only one oval.
M ((((((((((((((((((((((((((((((((((((Mark only one oval. 0 1-3 4-6 7-9 10 or more lave you been the principal investigator on a recent funded project? * Mark only one oval. Yes, within the last 12 months

J9.	If an what arganization (a) did you receive funding from?
	If so, what organization(s) did you receive funding from? Tick all that apply.
	CIHR MD/PhD program funding
	Other CIHR funding
	☐ NSERC
	SSHRC
	National/international charitable foundation
	Private/extramural
	Other federal granting agency
	No, I did not receive funding during my clinician-scientist training
	Other:
40.	Have you received funding since completing your clinician-scientist training? * If so, what organization(s) have you received funding from? Tick all that apply.
	CIHR
	NSERC
	SSHRC
	National/international charitable foundation
	Private/extramural
	Other federal granting agency
	No, I have not received funding since completing my clinician-scientist training
	Other:
41.	Did you have outstanding debt from medical education or clinician-scientist training when yo completed your training? * Mark only one oval. No Yes, less than \$20,000 Yes, between \$20,000 and \$50,000 Yes, between \$50,000 and \$100,000 Yes, more than \$100,000
Pa	rt 6 of 6: Consent

By completing this survey, you are consenting to participate in this research.

STUDY TITLE

Canadian MD/PhD program graduate survey

YOUR PARTICIPATION IS VOLUNTARY

Your participation is voluntary. You have the right to refuse to participate in this survey. If you decide to participate, you may still choose to withdraw from the survey at any time. Before you decide, it is important for you to understand what the research involves. This consent form will tell you about the study and why the research is being done. Please ask the investigators of the study to explain any words and/or phrases that are not clear to you. If you wish to participate in this study, you will be asked to consent to this form.

By completing the questionnaire, you are consenting to participate in this research.

PURPOSE OF THE STUDY

To provide comprehensive data about the demographics, education and training, current appointments and career trajectories, publications, funding, and debt of the Canadian MD/PhD program graduate population.

WHO CAN PARTICIPATE IN THIS STUDY?

Graduates of combined MD/PhD programs across Canada.

WHAT DOES THE STUDY INVOLVE?

Overview

This study will examine basic demographic statistics, MD/PhD program satisfaction, and career development.

Time Requirement

If you decide to participate in this study, the total estimated time required for completing the survey is approximately 10 minutes.

WHAT ARE THE POSSIBLE HARMS AND DISCOMFORTS?

There are no possible harms or discomforts that should result from this survey.

WHAT ARE THE POTENTIAL BENEFITS OF PARTICIPATING?

This survey will assess the value of clinician-scientist training programs in Canada and the degree to which combined MD/PhD programs support Canadian leadership in translational research.

WHAT IF NEW INFORMATION BECOMES AVAILABLE THAT MAY AFFECT MY DECISION TO PARTICIPATE?

As your participation is voluntary, you may withdraw from this survey at any time.

WHAT HAPPENS IF I DECIDE TO WITHDRAW MY CONSENT TO PARTICIPATE?

You may withdraw from this study at any time without giving reasons. If you choose to enter the study and then decide to withdraw at a later time, you have the right to request the withdrawal of your information collected during the study. This request will be respected to the extent possible. Please note however that there may be exceptions where the data will not be able to be withdrawn for example where the data is no longer identifiable (meaning it cannot be linked in any way back to your identity) or where the data has been merged with other data. If you would like to request the withdrawal of your data, please let the directors of this survey know.

WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

Your confidentiality will be respected. However, survey records identifying you may be inspected in the presence of the study investigators or their designates by representatives of the UBC Behavioural Research Ethics Board for the purpose of monitoring the research. No information or records that disclose your identity will be published without your consent, nor will any information or records that disclose your identity be removed or released without your consent unless required by law.

You will be assigned a unique study number as a participant in this study. This number will not include any personal information that could identify you. Only this number will be used on any research-related information collected about you during the course of this study, so that your identity as a participant in this study will be kept confidential. Information that contains your identity will remain only with the investigators and/or designate. The list that matches your name to the unique study number that is used on your research-related information will not be removed or released without your consent unless required by law.

This online survey is hosted by a web survey company located in the USA and as such is subject to U.S. laws, in particular, the U.S. Patriot Act which allows authorities access to the records of internet service providers. If you choose to participate in the survey, you understand that your responses to the survey questions will be stored and accessed in the USA. The security and privacy policy for the web survey company can be found at the following link: https://www.google.com/policies/privacy/. Following the completion of the survey, on or prior to January 1, 2017, all data will be erased from American servers, and transferred to an encrypted web server hosted by UBC and password-protected.

WHAT WILL THE STUDY COST ME?

There will be no cost to you for participating in the study.

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT THE STUDY DURING MY PARTICIPATION? If you have any questions or desire further information about this study before or during participation, or if you experience any adverse effects, you can contact the investigators Michael Skinnider, Jordan Squair, Jennifer Ji, and David Twa by phone at 604-970-2699 or by email at jordansquair@alumni.ubc.ca. The principal investigator of this study is Dr. Lynn Raymond, director of the UBC MD/PhD program and professor, Department of Psychiatry, who can be reached by phone at 604-822-0723 or by email at lynn.raymond@ubc.ca.

WHO DO I CONTACT IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT MY RIGHTS AS A RESEARCH PARTICIPANT?

If you have any concerns or complains about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the University of British Columbia Office of Research Ethics by e-mail at RSIL@ors.ubc.ca or by phone at 604-822-8598 (Toll Free: 1-877-822-8598).

42.	Please indicate your consent to participate in this research. * Tick all that apply.
	I consent to participate in this research
43.	Please indicate your consent for your anonymized response to be released to CITAC and CSCI.
	CITAC is the Clinician Investigator Trainee Association of Canada, which represents MD/MSc, MD/PhD, CIP, surgeon-scientist, and other clinical investigator trainees within Canada. The CSCI is the Canadian Society for Clinical Investigation, which represents Canadian physician-scientists. Your name, age, sex, ethnicity, entry date, graduation date, and time to graduation will not be released. <i>Tick all that apply.</i>
	I consent to release anonymized data to CITAC and CSCI
44. Please indicate your consent for your anonymized response to be released to your MD/PhD program.	
	Your name, age, sex, ethnicity, entry date, graduation date, and time to graduation will not be released. Tick all that apply.
	I consent to release anonymized data to my MD/PhD program

