

Practice Assessment

Evaluate your core values to better inform your ideal practice

Of the following, which do you **prefer** in a practice setting? (Mark all that apply)

- | | | | |
|--------------------------------------|--|---|---|
| 1. Practice model | <input type="checkbox"/> <i>Employed</i> | <input type="checkbox"/> <i>Private practice</i> | <input type="checkbox"/> <i>Academic</i> |
| 2. Practice structure | <input type="checkbox"/> <i>Concierge</i> | <input type="checkbox"/> <i>FQHC</i> | <input type="checkbox"/> <i>Locum tenens</i> |
| 3. Organization or clinic/group type | <input type="checkbox"/> <i>For profit</i> | <input type="checkbox"/> <i>Not-for-profit</i> | <input type="checkbox"/> <i>Open to options</i> |
| 4. Patient population | <input type="checkbox"/> <i>Diverse populaton</i> | <input type="checkbox"/> <i>Primarily underserved</i> | <input type="checkbox"/> <i>Open to population</i> |
| 5. Practice setting | <input type="checkbox"/> <i>Inpatient</i> | <input type="checkbox"/> <i>Outpatient</i> | <input type="checkbox"/> <i>Telehealth</i> <input type="checkbox"/> <i>Research</i> |
| 6. Geographic setting | <input type="checkbox"/> <i>Urban</i> | <input type="checkbox"/> <i>Suburban</i> | <input type="checkbox"/> <i>Rural</i> |
| 7. Schedule | <input type="checkbox"/> <i>Days</i> | <input type="checkbox"/> <i>Nights</i> | <input type="checkbox"/> <i>Weekends</i> <input type="checkbox"/> <i>Holidays</i> <input type="checkbox"/> <i>Part time</i> |
| 8. Call requirements | <input type="checkbox"/> <i>No call</i> | <input type="checkbox"/> <i>Some call 1:4</i> | <input type="checkbox"/> <i>Extensive call 1:2</i> |
| 9. Clinic/group amenities | <input type="checkbox"/> <i>Lab/x-ray onsite</i> | <input type="checkbox"/> <i>Referral network</i> | <input type="checkbox"/> <i>Onsite specialists</i> <input type="checkbox"/> <i>Research facilities</i> <input type="checkbox"/> <i>Teaching opportunities</i> |
| 10. Overall professional motivation | <input type="checkbox"/> <i>Quality patient care</i> | <input type="checkbox"/> <i>Teaching</i> | <input type="checkbox"/> <i>Medical innovation</i> <input type="checkbox"/> <i>Professional achievement</i> |

Are the following **required** or **preferred** for you in a future practice?

- | | Required | Preferred |
|---|--------------------------|--------------------------|
| 11. Growth opportunities, future leadership roles | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Loan repayment and support options | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Assessment

Evaluate your core values to better inform your ideal practice

Are the following *required* or *preferred* for you in a future practice?

Personal

	Required	Preferred
1. Live and practice in a specific city, state or region	<input type="checkbox"/>	<input type="checkbox"/>
2. Proximity to an established personal network	<input type="checkbox"/>	<input type="checkbox"/>
3. Sense of community with colleagues outside of work	<input type="checkbox"/>	<input type="checkbox"/>
4. Separation of work-life and personal-life	<input type="checkbox"/>	<input type="checkbox"/>
5. Schedule flexibility	<input type="checkbox"/>	<input type="checkbox"/>

Community

	Required	Preferred
1. Local food scene	<input type="checkbox"/>	<input type="checkbox"/>
2. Cultural diversity	<input type="checkbox"/>	<input type="checkbox"/>
3. Local access to a major airport	<input type="checkbox"/>	<input type="checkbox"/>
4. Access to a variety of community activities	<input type="checkbox"/>	<input type="checkbox"/>
5. Nearby mountains or beaches	<input type="checkbox"/>	<input type="checkbox"/>
6. Specific weather/climate	<input type="checkbox"/>	<input type="checkbox"/>
7. Access to specific religious groups	<input type="checkbox"/>	<input type="checkbox"/>
8. Participation in local community activities	<input type="checkbox"/>	<input type="checkbox"/>
9. Local entertainment/nightlife	<input type="checkbox"/>	<input type="checkbox"/>
10. Local sports teams	<input type="checkbox"/>	<input type="checkbox"/>
11. Nearby fitness facilities and classes	<input type="checkbox"/>	<input type="checkbox"/>
12. Local art classes or other workshops	<input type="checkbox"/>	<input type="checkbox"/>

Family (if applicable)

	Required	Preferred
1. Access to a strong public school system	<input type="checkbox"/>	<input type="checkbox"/>
2. Access to private education	<input type="checkbox"/>	<input type="checkbox"/>
3. Child care considerations	<input type="checkbox"/>	<input type="checkbox"/>
4. Kids clubs or sports teams	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment opportunities for a significant other	<input type="checkbox"/>	<input type="checkbox"/>
6. Community activities for a significant other	<input type="checkbox"/>	<input type="checkbox"/>