

APPENDIX A SELF-ASSESSMENT QUESTIONNAIRE

Where do I (and my family) want to live?

How close or far away do I/we want to be to extended family members; how often do I/we plan to visit them, and how will I/we travel to get there?

What type of climate is acceptable to me/us?

How far am I/we willing to live from a metropolitan area, etc.?

Are places of worship important to me/us?

What kind of recreational or cultural activities do I/we enjoy?

Are educational facilities important to me/us?

Are there employment opportunities available for my spouse/significant other?

Do I/my family have any special needs that must be considered?

What are my strengths and my weaknesses?

What motivates me?

What are my accomplishments?

What kind of practice setting(s) do I see myself working in (integrated care, solo, group, HMO, CMHC, general hospital, psychiatric hospital, medical school or university, correctional facility, etc.)?

If I prefer a group, would it be single specialty, multispecialty, multidisciplinary?

Do I want to work for a publicly funded (city, county, state, federal), nonprofit, or for-profit organization?

Do I prefer to work in an inpatient setting, outpatient setting, or a combination of the two?

What kind of services do I hope to provide through my clinical duties (psychiatric evaluations, psychopharmacology, psychotherapy, consultations, supervision, education, research, etc.) And which are most important to me?

On a scale of 1-10, how desirable/important are the following:

- | | |
|--|---------------------------------|
| _____ Working with Special Populations | _____ Research |
| _____ Job/Financial Security | _____ Advancement Opportunities |
| _____ Administrative Duties | _____ Teaching |

How many hours a week do I want to work?

How many hours a week do I want to spend "on call"?

Do I want to be an employee or a partner?

What salary will I be happy with?

What is the lowest salary I could comfortably accept?

What would I like to have included in the compensation package:

- | | | |
|-----------------------------|----------------------------|------------------------------|
| _____ Health insurance | _____ Disability insurance | _____ Life insurance |
| _____ Malpractice insurance | _____ Annual leave | _____ Sick leave |
| _____ CME leave | _____ CME stipend | _____ Hospital staff fees |
| _____ APA/AMA dues | _____ Subscriptions | _____ Pension/profit-sharing |

Which are most important to me?