

Survey Instrument: Future Projections and Professional Reality of General Internal Medicine Specialists

Supplementary File for Manuscript Submission to BMC Medical Education

Study Overview & Informed Consent:

In this era of increasing specialization (subspecialties) in medicine and widespread use of artificial intelligence, we are conducting an international academic study on the place and future of the general internal medicine specialty. We aim to investigate whether internists are perceived as 'orchestra conductors' of patient care or as 'gatekeepers' referring patients to subspecialties. Our study explores whether the field remains an indispensable holistic pillar of medicine or is evolving into an advanced form of general practice. We will examine factors ranging from specialty entrance exam trends to professional satisfaction, economic expectations, and future anxieties.

Your responses will help us defend the reputation and future position of our specialty on a scientific platform. This study has been ethically approved by the Lokman Hekim University Scientific Research Ethics Committee with decision number 2026/129 dated 30 March 2026. Participation in this study is entirely voluntary. No identifying information (such as name and surname, email address) will be requested from you. Your responses will be kept completely confidential and will only be used for scientific purposes as aggregate data. Completing the questionnaire will take approximately 10-15 minutes. You can stop and exit the questionnaire at any stage.

1. I have read the above information and agree to participate in the study voluntarily.

- ☐ Yes
☐ No

MODULE 1: DEMOGRAPHICS & EDUCATION

2. Age:

3. Gender:

- ☐ Female
☐ Male
☐ Prefer not to say

4. The medical school and country you graduated from:

5. Year of medical school graduation:

6. The training institution and country where you received your internal medicine specialization training:

7. How many years have you been working as an internist?

8. Current country of practice:

9. Your medical specialty entrance exam percentile (e.g., TUS, USMLE, etc.):

- ☐ Top 1%
- ☐ Top 10% (%2-%10)
- ☐ %11-%25
- ☐ %25+

10. What was the rank of internal medicine in your preference list?

- ☐ 1st Choice
- ☐ 2nd-5th Choice
- ☐ 6th or lower

MODULE 2: CLINICAL PRACTICE & SATISFACTION

11. If you could go back, would you still choose general internal medicine without a sub-specialty?

- ☐ Definitely Yes
- ☐ Probably Yes
- ☐ No, I'd choose a sub-specialty directly
- ☐ No, non-medical or other specialty

12. What is the primary role of an internist in your health system?

- ☐ Orchestra leader (Holistic manager)
- ☐ Triage Officer (Sub-specialty coordinator)
- ☐ Hospitalist (Inpatient manager)
- ☐ A step above a general practitioner or family doctor

13. How many patients do you see on average per month at the clinic?

- ☐ 200
- ☐ 300
- ☐ 400
- ☐ 500
- ☐ 600 and more

14. How many minutes, on average, can you dedicate to each patient in the clinic?

- ☐ 5
- ☐ 10
- ☐ 15
- ☐ 20
- ☐ 30

15. What percentage of your daily work is dedicated to clinical reasoning? (Please provide a number between 0-100)

16. How do you perceive the impact of Artificial Intelligence (AI) on the "clinical reasoning" and diagnostic processes of internal medicine specialists?

- ☐ A powerful tool that supports clinical decisions.
- ☐ Partially helpful but has a high margin of error.
- ☐ It will diminish clinical intuition and the art of medicine.
- ☐ It will largely replace the role of the internist in the future.

17. Does the work you do satisfy/make you happy?

- ☐ Definitely yes
- ☐ Partially
- ☐ Absolutely not

18. What would you want to happen so that your job would bring you more satisfaction/happiness? (Select all that apply)

- ☐ Being able to be more helpful to patients
- ☐ Being able to dedicate more time to patients
- ☐ Better working environment and conditions
- ☐ Having to work less
- ☐ Earn more

MODULE 3: FINANCIAL STATUS & FUTURE

19. Do you think your income level is proportionate to the work you do or the responsibilities you have?

- ☐ Not proportional at all
- ☐ Partially proportional
- ☐ Completely proportional

20. Do you think there is a significant income gap between you and sub-specialists?

- ☐ Yes
- ☐ No

21. Does the income gap with sub-specialists affect your motivation?

- ☐ Yes
- ☐ No

22. Do you think internal medicine will lose its importance in 20 years?

- ☐ Yes, sub-specialties and AI will fragment the field
- ☐ No, its importance will increase due to multimorbidity

23. What do you think the role of an internist should be in the future?

- ☐ General internist as is currently the case
- ☐ Expanded scope family physician
- ☐ Completely dysfunctional, redirected to the lateral branch
- ☐ The major to which all internal branches are transferred

MODULE 4: QUALITATIVE VIEWS & FEEDBACK

24. Would you recommend that newly graduated doctors become an internist without specializing in a subspecialty?

- ☐ Yes, I definitely recommend it.
- ☐ No, I definitely wouldn't recommend it.
- ☐ I can recommend them to some.
- ☐ I can recommend it under certain conditions.
- ☐ I can suggest this depending on the country where they want to work.

25. What is your perspective on the evolution of Internal Medicine toward a "Hospitalist" model (specialists focused solely on inpatient care)?

- ☐ Strongly support; it enhances specialization and quality of care.
- ☐ Support, but outpatient practice should also be maintained.
- ☐ Neutral.
- ☐ Opposed; internists should manage both inpatient and outpatient care.

26. In the face of an aging population and increasing polypharmacy, how do you evaluate the "holistic management" role of internists?

- ☐ The internist will become more critical as the "main coordinator" for complex cases.
- ☐ Sub-specialties like Geriatrics will completely take over this role.
- ☐ Digital decision support systems will reduce the need for internists in this role.

27. Do you believe "General Internal Medicine" maintains its prestige and appeal compared to sub-specialties?

- ☐ Yes, the holistic perspective is always prestigious.
- ☐ No, it is now seen merely as a "stepping stone" to sub-specialization.
- ☐ Sub-specialties have become more appealing due to economic and workload advantages.

28. If you wanted to specialize in a subfield, which branch would you choose?

- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Geriatrics
- ☐ Hematology
- ☐ Immunology
- ☐ Nephrology
- ☐ Oncology
- ☐ Rheumatology
- ☐ Intensive care

29. What would be your reason for wanting to become a subspecialist? (Select all that apply)

- ☐ To work more specifically
- ☐ To minimize the possibility of making mistakes.
- ☐ For less workload and information load
- ☐ To earn more
- ☐ To feel more valuable

30. Is there any other factor you believe will fundamentally change the future of internal medicine?

31. How would you describe Internal Medicine as a specialty in a single word?

32. Do you have a message you'd like to share with your fellow specialists?