

American Board of Emergency Medicine

Final Results of the 2010 LSEP Alternate Occupation Survey

Background

In 2010, ABEM continued the practice of creating three distinct versions of the LSEP interim survey. The EM physician survey was sent to 1,165 physicians believed to be currently practicing in EM or an EM subspecialty. A second survey was developed for retirees and was sent to 115 LSEP participants who had previously indicated that they were retired. A third survey was mailed to 86 participants who previously reported that they were no longer working in EM or an EM subspecialty.

This report presents final results from the survey sent to those now working in alternate occupations. Results of the EM physician survey and the retired physician survey are described in separate reports.

Frequency distributions for all but the open-ended questions are presented in the annotated survey, attached. The N's reflect the number of people responding to each question. The first two questions are used to determine whether each person received the correct survey. N's are shown only for those whose responses are retained for this survey. Apparent inconsistencies may occur when respondents answer questions they are instructed to skip or skip questions they should answer. Percents may not always sum to exactly 100% due to rounding. The sum of percents may exceed 100% when participants are asked to "circle all that apply."

Results of the Alternate Occupation Survey

One alternate occupation survey was returned due to an outdated address, leaving an effective sample size of 85 and response rate of 76%. Nine reported that they are either retired or still working in EM. Those responding online were automatically directed to the survey questions appropriate to their situation, while those who responded on paper were counted in the response rate but are excluded from the count for the questions they were directed to skip on the retired physician survey. These physicians will receive either the EM physician survey or the retired physician survey in 2011, depending on their circumstances. The number of valid responses available for the final analysis on the alternate occupation survey was 63. Of these, 17 (27%) chose to complete the survey online. The following results are based on the responses of 63 respondents.

Five percent of those completing the alternate occupation survey are practicing internal medicine, and 10% are in occupational medicine. Some are working outside of medicine (25%), but two-thirds (68%) indicated that they are working in medical areas other than those listed on the survey. These areas include family medicine, general practice, anesthesiology, dermatology, cardiology, pathology, and psychiatry. In addition to clinical practice, respondents reported being involved in consulting, research, teaching, and management in medical areas. (Total percents exceed 100 because some are working in more than one area.)

At the time they left EM, 88% of respondents were practicing clinical EM, 7% were in academic EM, and 5% in administration. Asked what they enjoyed most about EM, most (88%) selected clinical practice and/or clinical teaching (53%). The distribution of responses is similar to that of the retired physicians, who were asked the same question, but a higher percentage of those working in alternate occupations selected didactic teaching (21% versus 8% of retired physicians). The percentages selecting political activities and research were also slightly higher for the alternate occupations group, while the percentages selecting clinical practice, clinical teaching, and administration were a bit higher among retired physicians. In addition to the options listed, respondents to the alternate occupation survey mentioned having enjoyed bringing comfort and assurance to patients and working with EMS.

Most (74%) indicated they would not return to EM in the future, but 21% responded “maybe.” Common reasons given for not returning were age (near retirement), disability, the stressful nature of EM work, and the need to update knowledge and skills after a long absence. EM work was perceived as stressful because of shift work, demanding pace, hospital politics, litigation, and paperwork. However, about 18% of those responding remarked that they were simply satisfied with their current work and had no desire to make a change. Among those who would consider returning to EM, better pay and the enjoyable nature of the work were mentioned as motivators.

Fifty-one participants presented advice for new EM residency graduates. Most comments fell into the same categories as those provided by retired physicians, who were asked the same question. About 27% made suggestions regarding lifestyle: take care of health, take time off, make sure you have a life outside of work. About 35% gave advice regarding work-related choices, such as the type of work setting to choose, activism/involvement, and control over scheduling and shift work. About 10% mentioned the importance of being patient-focused. Three mentioned the need to be prepared for the rigors of the job; three suggested focusing on a special area of expertise. Responses from the alternate occupation group differed most noticeably from those of retired physicians in the mention of a back-up plan or exit strategy. Twenty percent of those responding to this question on the alternate occupation survey suggested pursuing a diversity of interests and job activities to keep options open in case they become dissatisfied with EM as time passes.

Advice to medical students considering EM was provided by 49 respondents. The kinds of advice given were very similar to those for new EM residency graduates. In fact, many respondents gave exactly the same answer to both questions. There were, however, more comments (20%) advising medical students about the need to be prepared for the demands of the job, especially shift work. Compared with the advice of this group to new residency graduates, fewer suggestions were made about lifestyle (12% vs. 27%) and work choices (12% vs. 35%), but there were more comments advising medical students to keep their options open (27% vs. 20%). Four suggested choosing a different career.

Suggestions provided in the comments section at the end of the survey included requests to consider certification options for those not in clinical practice and for those who were once certified but have chosen not to continue in MOC. One respondent suggested gathering more data about what areas of work former EM physicians are now in, how they made the transition,

and why they chose the careers they did. One described EM as “fun and rewarding,” while another mentioned leaving EM because it was “NOT fun anymore” due to malpractice threats, pressure to move patients along, etc. One reported that the long shifts just were no longer feasible. As usual, a few provided positive comments about the survey and the opportunity to participate in this longitudinal study.



American Board of Emergency Medicine Longitudinal Study of Emergency Physicians

2010 Alternate Occupation Survey

1. Do you consider yourself fully retired—that is, no longer regularly working for pay, either part-time or full-time, in any medical or non-medical occupation? **N=60 (N missing =3)**

(Circle Only One)

Yes.....1 *Go to Question 8*
 No, I still work for pay5 *Go to Question 2* **100%**

2. In what area(s) do you currently work? **N=59**

AREA	<i>(Circle All That Apply)</i>	
a. Emergency Medicine (EM).....1	0%	
<i>(includes EM clinical, administrative, academic, & consulting)</i>		
b. EM subspecialty1	0%	
c. Urgent care1	0%	
d. Critical care EM1	0%	
e. Internal medicine1	5%	
f. Occupational medicine1	10%	
g. Physical & rehabilitative medicine.....1	0%	
Other medical (non-EM)		
<i>(Please specify) _____</i>		
1	68%	
Other (non-medical)		
<i>(Please specify) _____</i>		
1	25%	
NOTE: If you selected ANY of options a, b, c, or d above, please go to Question 8.		

3. What parts of the practice did you most enjoy while practicing Emergency Medicine? **N=57**

(Circle All That Apply)

a. Academic writing.....1 **7%**
 b. Administration1 **21%**
 c. Clinical practice.....1 **88%**
 d. Clinical teaching.....1 **53%**
 e. Consulting.....1 **9%**
 f. Didactic teaching.....1 **21%**
 g. Political activities.....1 **11%**
 h. Research1 **9%**
 Other1 **4%**
(Please specify)

4. When you left EM, did you consider yourself in clinical EM, academic EM, or administration? **N=57**

(Circle Only One)

Clinical EM.....	1	88%
Academic EM.....	2	7%
Administration	3	5%

5. Would you return to EM clinical practice in the future? **N=62**

(Circle Only One)

Yes.....	1	5%
No	5	74%
Maybe	3	21%

5a. Why or why not? **N=52** _____

6. What advice would you give to a new EM residency graduate that would enhance their career satisfaction? **N=51**

7. What advice would you give to a medical student considering EM as a career that would enhance their career satisfaction? **N=49**

8. PLEASE MAKE ANY
NEEDED CORRECTIONS
TO THIS INFORMATION

COMMENTS: Please include any comments you have about this survey or issues related to Emergency Medicine and ABEM. Please print clearly so your comments can be noted.

Please return your survey to ABEM by May 28, 2010. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email us at research@abem.org.