1. Do you consider yourself retired from all regular part- and full-time work?

(Circle Only One)

Yes ............................ 1  Go to Question 11
No .............................. 5  Go to Question 2

2. Are you currently working in Emergency Medicine (EM) AND/OR an ABMS-approved EM subspecialty?

(Circle Only One)

Yes ............................ 1  Go to Question 3
No .............................. 5  Go to Question 11

3. Overall, how satisfied are you with your CAREER in EM?

(Circle Only One)

Not Satisfied  Satisfied  Very Satisfied
1         2         3         4         5

4. Indicate which of the following activities you have completed on EMCC Online and rate each activity that you have completed. If you have not logged on, go to Question 5.

(Rate each activity, and then go to Question 6)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Difficult to Do</th>
<th>Easy to Do</th>
<th>Have Not Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have not logged on to the site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Logged on and reviewed site</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Changed password</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Changed personal information</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Registered for ConCert</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Verified license(s)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Took the LLSA test</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. E-mailed LLSA certificate</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:__________________________________________________________________________________________

5. Why have you not logged on to EMCC Online?

<table>
<thead>
<tr>
<th>Option</th>
<th>Not a Factor</th>
<th>Somewhat a Factor</th>
<th>Strong Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Too busy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Too early, I will do it later</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. I do not know anything about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. I do not know how to get on the Internet</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. I do not have easy access to the Internet</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. I do not have a computer</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. I do not plan on maintaining certification</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Other <em>(Please explain)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please continue on other side
6. If there is a practice improvement (PI) program in place in your hospital, department, or physicians’ group, on what measures does the program focus?

(Circle All That Apply)
- a. We have no PI program in place ...............................1 Go to Question 9
- b. Patient access to services ........................................1
- c. Patient satisfaction ..................................................1
- d. Medical processes ..................................................1
- e. Patient outcomes ...................................................1
- f. JCAHO and/or CMS federal measures .......................1
- g. Other ........................................................................1 (Please specify) ______________________________________________

7. Do you personally participate in one or more practice improvement (PI) program(s)?

Yes ..............................................1
No................................%%%%%%%%...5

8. Do you receive any physician-specific feedback from PI programs regarding your own performance?

Yes ..............................................1 Go to Question 8b
No................................%%%%%%%%...5 Go to Question 9

8b. Are you re-evaluated for improvement after receiving initial feedback from these programs?

Yes ..............................................1
No................................%%%%%%%%...5

9. Do you receive physician-specific feedback from patient satisfaction surveys, e.g., average patient ratings of your services? (Circle Only One)

Yes .................................................................1
No.................................................................5
I do not participate in patient satisfaction surveys......8

10. Who is responsible for setting practice improvement standards in your practice setting?

(Circle All That Apply)
- a. Federal or state mandate.................................1
- b. Hospital board.................................................1
- c. Hospital administrator.................................1
- d. Department chair........................................1
- e. Medical director or chief of staff...........1
- f. Physicians’ group.................................1
- g. Other .........................................................1 (Please specify) ______________________________________________

11. PLEASE MAKE ANY NEEDED CORRECTIONS ON THIS LABEL

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 this survey to ABEM by May 27, 2005. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email us at abem@abem.org.

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