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?

(Circle Only One)
Yes ....................... 1  Go to Question 7
No ....................... 5  Go to Question 2

2. In what area(s) do you currently work?

<table>
<thead>
<tr>
<th>AREA</th>
<th>(Circle All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emergency Medicine (EM) ................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>b. EM subspecialty .................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>c. Urgent care ........................................................................................... 1</td>
<td></td>
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<tr>
<td>d. Critical care EM .................................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>e. Internal medicine ................................................................................ 1</td>
<td></td>
</tr>
<tr>
<td>f. Occupational medicine ......................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>g. Physical &amp; rehabilitative medicine .................................................... 1</td>
<td></td>
</tr>
</tbody>
</table>
| h. Other medical (non-EM)  
  (Please specify) ..................................................................................... 1 |
| i. Other (non-medical)  
  (Please specify) ..................................................................................... 1 |

NOTE: If you selected ANY of options a, b, c, or d above, please go to Question 7.

3. Do you plan to continue your American Board of Emergency Medicine certification?

(Circle Only One)
Yes ...................... 1  Go to Question 3a
No ...................... 5  Go to Question 4

3a. Do you plan to participate in the Emergency Medicine Continuous Certification (EMCC) program?

(Circle Only One)
Yes ...................... 1
No ...................... 5
4. What advantage(s) does your current field have over Emergency Medicine (EM)?

(Circle All That Apply)

a. More interesting than EM ........................................ 1
b. No shift work ............................................................ 1
c. Less stressful environment ....................................... 1
d. Less demanding clinical schedule ......................... 1
e. Less interference from hospital administration ...... 1
f. Less governmental regulation .................................. 1
g. Less risk of litigation/malpractice ............................ 1
h. Lower cost of malpractice insurance ....................... 1
i. Better compensation (pay/benefits) ......................... 1
j. Greater financial independence ............................... 1
k. Safer environment .................................................... 1
l. More compatible with family needs ....................... 1
m. Opportunity for parenting leave ............................. 1

n. Other (Please specify) ______________________________________________________________

5. Overall, how satisfied are you with your career in your current field? (Circle Only One)

Not Satisfied Satisfied Satisfied
1 2 3 4 5

6. Under what circumstances might you consider returning to Emergency Medicine?


7. Would you be interested in an online, computer-delivered administration of these annual Longitudinal Study of Emergency Physician surveys?

(Circle Only One)

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

8. 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 survey to ABEM by May 15, 2006. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email us at mniznak@abem.org.

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