2007 Retired Emergency Medicine
Physician Survey

1. You indicated on a prior survey that you are retired—that is, no longer regularly working for pay, either part-time or full-time, in any medical or non-medical occupation. Is this still true?

(Circle Only One)
Yes .....................................1  Skip 1b and go to Question 2, below
No, I still work for pay ........5  Go to Question 1b

1b. In what area(s) do you currently work?

<table>
<thead>
<tr>
<th>AREA</th>
<th>(Circle All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>a. Emergency Medicine (EM) ......................................................... 1</td>
<td></td>
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<tr>
<td>(includes EM clinical, administrative, academic, &amp; consulting)</td>
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<tr>
<td>b. EM subspecialty ................................................................. 1</td>
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<tr>
<td>c. Urgent care .............................................................................. 1</td>
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<tr>
<td>d. Critical care EM ................................................................. 1</td>
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<td>e. Internal medicine ................................................................. 1</td>
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<tr>
<td>f. Occupational medicine ......................................................... 1</td>
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<td>g. Physical &amp; rehabilitative medicine ......................................... 1</td>
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<tr>
<td>h. Other medical (non-EM) .......................................................... 1</td>
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<td>(Please specify) ................................................................... 1</td>
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<tr>
<td>i. Other, non-medical ................................................................. 1</td>
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<td>(Please specify) ................................................................... 1</td>
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If you answered No to Question 1, after completing Question 1b, please go to Question 6.

2. Do you have a condition of mobility or impairment (neurological or visual, for example) that would require special accommodation for you to work?

(Circle Only One)
Yes ..............1  Go to Question 2a
No ...............5  Go to Question 3

2a. Are you aware of any accommodations not currently available to you that would allow you to return to practice if you wanted to?

(Circle Only One)
Yes ...........1  Please specify__________________________________________
No ...........5
3. Have you ever had to suspend your medical practice for any of the following reasons?

(Circle All That Apply)

a. Physical impairment.............. 1
b. Mental impairment.............. 1
c. Substance abuse .............. 1  If none of these apply, leave blank and go to Question 4.

4. Are you interested in continuing your ABEM certification?

(Circle Only One)

Yes .................. 1  Go to Question 4a
No ................... 5  Go to Question 5

4a. If you are interested in continuing your certification, why?

(Circle All That Apply)

a. Personal satisfaction.............................. 1
b. I still identify with EM.......................... 1
c. I want to maintain knowledge and/or competence .......................... 1
d. I want to maintain/enhance my credibility within the medical community .................................. 1
e. I participate in volunteer medical services .................................. 1
f. I would like the option to return to EM practice .................. 1
g. I would like the option to practice in another area (non-EM) where board certification may be required .................. 1
h. Other (Please specify).............................................................. 1

5. What was your primary reason for retiring?

(Circle Only One)

Age .................................................. 1
Health issues for my family or me ..................... 2
Other family matters.................................. 3
Problems with EM work (burnout, shift work, safety issues, malpractice concerns, costs) .......... 4
Financial independence .......................... 5
Desire to pursue other activities ..................... 6
Other (Please specify)..............................................................

6. 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.

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Please return this survey to ABEM by April 23, 2007. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email us at research@abem.org.

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