American Board of Emergency Medicine
Longitudinal Study of Emergency Physicians

2011 EM Physician 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? (Circle Only One)

   Yes.................................... 1  Go to Question 14
   No, I still work for pay........ 5  Go to Question 2

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

   AREA  (Circle All That Apply)
   a. Emergency Medicine (EM)................................................................. 1
   (includes EM clinical, administrative, academic, & consulting)
   b. EM subspecialty................................................................. 1
   (includes MedTox, PedEM, SportsMed, UHM, HPM, EMS)
   c. Urgent care................................................................. 1
   d. Critical care EM ................................................................. 1
   e. Internal medicine ................................................................. 1
   f. Occupational medicine................................................................. 1
   g. Physical & rehabilitative medicine ............................................. 1
   Other medical (non-EM) ................................................................. 1
   (Please specify) ________________________________________
   Other (non-medical) ................................................................. 1
   (Please specify) ________________________________________

   Options a-d above are defined as EM work for the purposes of this survey. If you circled none of options a-d, please go to Question 14.

3. Does your department of EM require that you are ABEM or AOBEM board certified to practice in your emergency department? (Circle Only One)

   Yes.................................... 1
   No ..................................... 5
   Not sure ............................ 3
   Not applicable  ................ 97

4. Does your medical staff require board certification to be a member of the hospital medical staff? (Circle Only One)

   Yes.................................... 1
   No ..................................... 5
   Not sure ............................ 3
   Not applicable  ................ 97

As the ABMS continues to refine requirements for member boards’ maintenance of certification (MOC) programs, we would like your feedback on MOC. ABEM’s MOC program is called EMCC and includes the four components of Professional Standing, Lifelong Learning & Self Assessment (LLSA), Assessment of Cognitive Expertise (ConCert), and Assessment of Practice Performance (APP).

Please indicate to what extent you agree or disagree with each of the statements below. If you are not participating in MOC, please circle “Not Applicable to Me.”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure/Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable to Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. ABEM’s MOC program (LLSA articles and tests, the ConCert examination, and the Assessment of Practice Performance) has improved my medical knowledge and patient care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>97</td>
</tr>
<tr>
<td>6. I have learned information from the LLSA articles that has improved my care of patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>97</td>
</tr>
<tr>
<td>7. Taking the ConCert examination helps to refresh my medical knowledge.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>97</td>
</tr>
<tr>
<td>8. I have a clear understanding of the MOC Assessment of Practice Performance (APP) requirements.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>97</td>
</tr>
</tbody>
</table>

Please continue on other side
9. What patient satisfaction survey(s) do you use in your practice and/or are used by your hospital for your emergency department? (Circle All That Apply)
   a. Press Ganey ................................................................. 1
   b. CAHPS/HCAHPS ........................................................... 1
   c. MAPPS (Member Appraisal of Physician/Provider Services) .... 1
   d. J.D. Powers & Associates ............................................... 1
   e. Unsure/don’t know name .............................................. 1
   Other ............................................................................... 1
   
   Please specify ____________________________________________

10. Is the use of ultrasound for central venous catheter insertion reviewed as part of your department’s quality improvement program? (Circle Only One)
    Yes ................................................................. 1
    No .............................................................. 5
    Unsure ..................................................... 3
    Not applicable ........................................ 97

11. What suggestions do you have for improving EMCC?
    ________________________________________________________
    ________________________________________________________
    ________________________________________________________
    ________________________________________________________

12. Do you plan to pursue EMS subcertification now that it is offered by ABEM? (Circle Only One)
    Yes, I would probably subcertify in EMS .... 1
    No ................................................................. 5
    Maybe ........................................................ 3

13. What online social media/networking sites do you use? (Circle All That Apply)
    a. Facebook ............... 1
    b. LinkedIn............... 1
    c. MySpace .............. 1
    d. Sermo ................. 1
    e. Twitter ............... 1
    Other .................... 1
    
    Please specify ________________________________

14. PLEASE MAKE ANY NEEDED CORRECTIONS TO THIS INFORMATION

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

______________________________________________

______________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Three Application Pathways for EMS Subcertification
1. Practice pathway
2. Practice-plus-training pathway
3. ACGME-accredited fellowship pathway

See Subspecialty Certification at www.ABEM.org for detailed eligibility criteria.

Please return this survey to ABEM by May 15, 2011. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email research@abem.org.

© 2011 American Board of Emergency Medicine. All rights reserved.