2012 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 9
   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)
   c. Urgent care ..................................................................................................1
   d. Critical care EM .........................................................................................1
   e. Internal medicine ..........................................................................................1
   f. Occupational medicine ................................................................................1
   g. Physical & rehabilitative medicine ...............................................................1
   h. Other medical (non-EM) (Please specify) ..................................................1
   i. Other (non-medical) (Please specify) ............................................................1

   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 9.

3. Overall, how satisfied, in terms of improving your practice, are you with the various components of EMCC, which is now called the Maintenance of Certification (MOC) listed below?

   If you are not participating in MOC, please circle “Not Applicable.”

<table>
<thead>
<tr>
<th>Component</th>
<th>Not Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Lifelong Learning &amp; Self-Assessment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. ConCert examination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Assessment of Practice Performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. MOC overall</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

4. What does your hospital/facility do to address stress and promote physician wellness? (Circle All That Apply)

   a. Appoint a person or team to promote wellness. .........................................1
   b. Administer a survey measuring work stress/burnout ..................................1
   c. Hold seminars addressing wellness-related topics ....................................1
   d. Schedule group meetings to discuss problem situations ............................1
   e. Schedule retreats focusing on wellness/stress reduction ...........................1
   f. Provide mentoring for newer physicians ....................................................1
   g. Hold social events for all staff ...............................................................1
   h. Provide an employee assistance program offering counseling/support ........1
   i. Provide benefits such as flex time, family leave time, sabbaticals ............1
   j. Individual support for struggling or impaired physicians ........................1
   k. Provide onsite exercise facilities or health club memberships ..................1
   l. Other ...........................................................................................................1

   Please specify.............................................................................................................

   Please continue on other side
5. How has the recent Health Care Reform Act changed your practice?

<table>
<thead>
<tr>
<th></th>
<th>Less</th>
<th>Same</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Quality time spent with patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Overall quality of patient care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Work stress</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Number of patients seen in the ED</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Time doing paperwork/ bureaucratic tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Income</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

6. What has your department done to manage patient flow and overcrowding? (Circle All That Apply)

   a. Triage the order of diagnostic studies
   b. Enlarge the size of the ED
   c. Hire more physician staff
   d. Hire more mid-level providers
   e. Patient flow re-engineering process (e.g. Lean or Six Sigma)
   f. Computerized electronic tracking board
   g. Forced patient admissions
   h. Open or add to a clinical decision or observation unit
   i. It is not a problem in my department
   j. None
   k. Other

7. and 8. How often do you use the following information technology and how productive do you feel each technology is compared to a paper-based system?

<table>
<thead>
<tr>
<th>7. How Often (Circle Only One)</th>
<th>8. How Productive (Circle Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never use</td>
<td>Sometimes</td>
</tr>
<tr>
<td>a. Entering medical information</td>
<td>1</td>
</tr>
<tr>
<td>b. Reviewing medical records</td>
<td>1</td>
</tr>
<tr>
<td>c. Clinical decision support as part of your in-house system</td>
<td>1</td>
</tr>
<tr>
<td>d. Real time on-line queries for best practice</td>
<td>1</td>
</tr>
<tr>
<td>e. Individual computer generated discharge instructions</td>
<td>1</td>
</tr>
<tr>
<td>f. Computerized order entry (Rx)</td>
<td>1</td>
</tr>
<tr>
<td>g. Other</td>
<td>Please specify</td>
</tr>
</tbody>
</table>

9. 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.

_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Please return this survey to ABEM by July 6, 2012. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email research@abem.org.

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