2013 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 12
   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) ............................................................... 1
   i. Other (non-medical) ............................................................... 1
   (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 12.

3. Do you practice as a locum tenens physician? (Circle Only One)

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

4. Do you practice as a locum tenens physician in Emergency Medicine?

   Yes ............................................................... 1
   No ............................................................... 5
   Please specify in what specialty ________________________________________

5. In what types of patient safety activities do you or your department participate? (Circle All That Apply)

   a. Root cause analysis ............................................................... 1
   b. Time out ............................................................... 1
   c. Training/workshops on patient safety issues ............................................................... 1
   d. Medication reconciliation ............................................................... 1
   e. Departmental patient safety audits ............................................................... 1
   f. Investigate all close calls ............................................................... 1
   g. Other ............................................................... 1
   Please specify ______________________________________________________

6. Does your department and/or hospital use some form of patient satisfaction survey to assess your care?

   Yes ............................................................... 1  Go to Question 7
   No ............................................................... 5  Go to Question 8

Please continue on other side
7. What patient satisfaction survey does your department and/or hospital currently use? (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
f. Other .................................................................................... 1

Please specify ____________________________________________________________________

8. Does your department and/or hospital use some form of peer-peer survey or activity to assess your care?

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

If Yes, please specify ____________________________________________________________________

9. What portion of newly graduated EM physicians do you feel are qualified for the current practice of Emergency Medicine?

<table>
<thead>
<tr>
<th>None</th>
<th>Few</th>
<th>Some</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. In what areas do you recommend that future graduates be better prepared? (Circle All That Apply)

a. Medical knowledge ............................................................. 1
b. Procedural skills ................................................................. 1
c. Patient management ............................................................ 1
d. Interpersonal communication ............................................... 1
e. Professionalism ................................................................. 1
f. Resource utilization ............................................................ 1
g. None, they are well prepared ............................................... 1
h. Other ..................................................................................... 1

Please specify ____________________________________________________________________

11. Do you feel that electronic medical records improve patient care?

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

12. 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.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
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Please return this survey to ABEM at your earliest convenience. 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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