

American Board of Emergency Medicine

LONGITUDINAL STUDY OF EMERGENCY PHYSICIANS

2014

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**AMERICAN BOARD OF EMERGENCY MEDICINE
LONGITUDINAL STUDY OF EMERGENCY PHYSICIANS**

LIST OF ABBREVIATIONS

The following abbreviations are used throughout the Longitudinal Study survey.

ABEM	American Board of Emergency Medicine
ABMS	American Board of Medical Specialties
ED	Emergency Department
EM	Emergency Medicine
EMS	Emergency Medical Services
HMO	Health Maintenance Organization

GENERAL INSTRUCTIONS

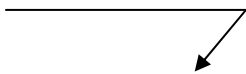
**IF YOU ARE ASSOCIATED WITH MORE THAN ONE *ED*,
PLEASE SELECT THE SETTING WHICH REPRESENTS YOUR
PRIMARY *EM* PRACTICE AND USE IT AS A REFERENCE IN
RELATED QUESTIONS**

SECTION A: PROFESSIONAL INTERESTS, ATTITUDES, AND GOALS

A1. 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 p. 12, Section B

No, I still work for pay 5 

A1b. In what area(s) do you currently work?

- | AREA | (Circle All That Apply) |
|--|--------------------------------|
| a. Emergency Medicine (EM)
(includes EM clinical, administrative, academic, & consulting) | 1 |
| b. EM subspecialty..... | 1 |
| 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)
(Please specify) _____ | 1 |
| Other (non-medical)
(Please specify) _____ | 1 |

A2. How much of a problem is each of the following in your day-to-day work for pay?*(Circle Only One for Each Item)*

	Not a Problem			Serious Problem		Not Applicable
	1	2	3	4	5	8
a. Ancillary support services	1	2	3	4	5	8
b. Attending conferences	1	2	3	4	5	8
c. Burnout	1	2	3	4	5	8
d. Colleagues	1	2	3	4	5	8
e. EMS support	1	2	3	4	5	8
f. Exercising medical judgment	1	2	3	4	5	8
g. Fatigue	1	2	3	4	5	8
h. Gender discrimination	1	2	3	4	5	8
i. Minority discrimination	1	2	3	4	5	8
j. Having enough time for family	1	2	3	4	5	8
k. Having enough time for personal life ...	1	2	3	4	5	8
l. Hospital administration.....	1	2	3	4	5	8
m. Hospital politics	1	2	3	4	5	8
n. Income	1	2	3	4	5	8
o. Infectious disease exposure	1	2	3	4	5	8
p. Keeping up with medical literature	1	2	3	4	5	8
q. Knowing enough	1	2	3	4	5	8
r. Learning new skills and procedures.....	1	2	3	4	5	8
s. Length of shifts.....	1	2	3	4	5	8
t. Level of energy needed to work.....	1	2	3	4	5	8
u. Level of patient acuity	1	2	3	4	5	8
v. Number of shifts	1	2	3	4	5	8
w. Number of night shifts	1	2	3	4	5	8
x. Number of patients.....	1	2	3	4	5	8
y. Nursing staff	1	2	3	4	5	8
z. Respect from medical colleagues	1	2	3	4	5	8
aa. Safety in the ED	1	2	3	4	5	8
bb. Stress.....	1	2	3	4	5	8
cc. <u>Sub</u> specialty support.....	1	2	3	4	5	8
dd. Time for conducting research	1	2	3	4	5	8
ee. Concern about malpractice suits.....	1	2	3	4	5	8

A2. How much of a problem is each of the following in your day-to-day work for pay? *(Continued)*

(Circle Only One for Each Item)

	Not a Problem				Serious Problem	Not Applicable
ff. Difficult moral or ethical issues	1	2	3	4	5	8
hh. Implementation of electronic medical records systems.....	1	2	3	4	5	8
ii. Ongoing use of electronic medical records systems.....	1	2	3	4	5	8
jj. Boarding in the emergency department	1	2	3	4	5	8
kk. Crowding in the emergency department	1	2	3	4	5	8
ll. Time devoted to documentation and bureaucratic issues.....	1	2	3	4	5	8
mm. Clinical productivity	1	2	3	4	5	8
Other	1	2	3	4	5	8

(Please specify) _____

For **A3**, please circle the number representing whether or not the work condition listed on the left is available to you in your current position(s). Whether it is available or not, please indicate how important that work condition is to you by circling the appropriate number for **A4**.

	A3. Is each of the following work conditions available in your current position(s)?		A4. How important is each of the following work conditions to you at the present time?				
	Yes	No	Not Important			Very Important	
a. Administrative opportunity	1	5	1	2	3	4	5
b. Autonomy at work	1	5	1	2	3	4	5
c. Opportunity to attend conferences	1	5	1	2	3	4	5
d. Compatible colleagues	1	5	1	2	3	4	5
e. Control over working conditions	1	5	1	2	3	4	5
f. Defined working hours	1	5	1	2	3	4	5
g. Exciting work	1	5	1	2	3	4	5
h. Fair compensation	1	5	1	2	3	4	5
i. Fringe benefits	1	5	1	2	3	4	5
j. Job security	1	5	1	2	3	4	5
k. Personal reward	1	5	1	2	3	4	5
l. Opportunity for <u>sub</u> specialization	1	5	1	2	3	4	5
m. Sense of ownership	1	5	1	2	3	4	5
n. Sufficient up-to-date equipment	1	5	1	2	3	4	5
o. Promotion opportunity	1	5	1	2	3	4	5
p. Research opportunity	1	5	1	2	3	4	5
q. Teaching opportunity	1	5	1	2	3	4	5
Other	1	5	1	2	3	4	5
<i>(Please specify)</i> _____							

A5. What is your current level of competence in each of the following aspects of work?

(Circle Only One for Each Item)

	Weak				Strong	Not Applicable
a. Academic writing.....	1	2	3	4	5	8
b. Conference preparation	1	2	3	4	5	8
c. Contract negotiation.....	1	2	3	4	5	8
d. Disaster planning	1	2	3	4	5	8
e. ED organizational skills.....	1	2	3	4	5	8
f. EM related medical/legal knowledge	1	2	3	4	5	8
g. EM clinical knowledge.....	1	2	3	4	5	8
h. EM procedural skills.....	1	2	3	4	5	8
i. Financial management.....	1	2	3	4	5	8
j. Grant writing.....	1	2	3	4	5	8
k. Interaction with other ED staff.....	1	2	3	4	5	8
l. Interaction with hospital administrators...	1	2	3	4	5	8
m. Management skills	1	2	3	4	5	8
n. Nurse education.....	1	2	3	4	5	8
o. Paraprofessional education	1	2	3	4	5	8
p. Presentation of papers.....	1	2	3	4	5	8
q. Public relations.....	1	2	3	4	5	8
r. Research.....	1	2	3	4	5	8
s. Teaching	1	2	3	4	5	8
t. Arriving at the diagnosis	1	2	3	4	5	8
u. Use of online information	1	2	3	4	5	8
v. Use of new technologies.....	1	2	3	4	5	8
w. Use of electronic medical records.....	1	2	3	4	5	8

A6. Overall, how much fun is your current work?

(Circle Only One)


Almost Never Fun		Sometimes Fun		Almost Always Fun	
1	2	3	4	5	

A7. Have you completed an EM residency program in the past five years?

(Circle Only One)

Yes..... 1 _____

No 5 Go below to A8



A7a. How satisfied were you with the training you received during your residency?
(Circle Only One)

Not Satisfied	Satisfied		Very Satisfied	
1	2	3	4	5

A8. Knowing what you know now, if you had to decide whether to select the SPECIALTY of EM, what would you decide?

(Circle Only One)

Definitely would not select EM..... 1

Probably would not select EM 2

Probably would select EM 3

Definitely would select EM..... 4

IN THE FOLLOWING THREE QUESTIONS, YOU ARE ASKED ABOUT YOUR ATTITUDES ABOUT YOUR CAREER IN EM. PLEASE RESPOND TO THESE QUESTIONS REGARDLESS OF YOUR CURRENT PROFESSIONAL COMMITMENT.

A9. In general, how well would you say that your CAREER in EM measures up to the type of career you wanted when you selected it?

(Circle Only One)

Not at all like what I wanted 1

Not very much like what I wanted 2

Somewhat like what I wanted 3

Very much like what I wanted 4

A10. Considering the reasons you became an emergency physician, has EM met your expectations?

(Circle Only One)

Has not met my expectations 1

Has met some of my expectations..... 2

Has met most of my expectations..... 3

Has exceeded my expectations..... 4

A11. Overall, how satisfied are you with your CAREER in EM?

(Circle Only One)

Not Satisfied		Satisfied		Very Satisfied
1	2	3	4	5

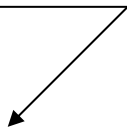
PROFESSIONAL GOALS

A12. Are you currently involved in the CLINICAL PRACTICE of EM?

(Circle Only One)

Yes..... 1 _____

No 5 *Go below to A13*



A12a. Are you currently seriously thinking of leaving CLINICAL EM?
(Circle Only One)

Yes..... 1

No..... 5

A12b. How many more years do you anticipate practicing CLINICAL EM?
(Circle Only One)

0-1 years 1

2-3 years 2

4-6 years 3

7-10 years 4

>10 years 5

A13. Have you ever seriously considered leaving the SPECIALTY of EM?

(Circle Only One)

Yes 1

No..... 5

A14. How likely or unlikely are you to leave the SPECIALTY of EM in the **next year**?

(Circle Only One)

Very Unlikely				Very Likely
1	2	3	4	5

A15. How likely or unlikely are you to leave the SPECIALTY of EM in the **next five years**?

(Circle Only One)

Very Unlikely				Very Likely
1	2	3	4	5

A16. Five years from now, how involved do you expect to be in each of the following aspects of EM?

(Circle Only One for Each Item)

	Not Involved At All		Somewhat Involved		Very Involved
a. Academic writing	1	2	3	4	5
b. Administration	1	2	3	4	5
c. Clinical practice	1	2	3	4	5
d. Clinical teaching	1	2	3	4	5
e. Consulting	1	2	3	4	5
f. Didactic teaching.....	1	2	3	4	5
g. Political activities	1	2	3	4	5
h. Research.....	1	2	3	4	5

A17. Five years from now, what do you hope to be doing?

(Circle All That Apply)

- a. Academic dean 1
- b. Academic department chair of EM 1
- c. Academic division or section head of EM 1
- d. Residency director of EM 1
- e. Academic faculty in Medical Toxicology, Pediatric EM, Sports Medicine, Hospice & Palliative Medicine, or Undersea & Hyperbaric Medicine 1
- f. Academic faculty in EM..... 1
- g. Academic department chair of ABMS specialty other than EM..... 1
- h. Academic division or section head of ABMS specialty other than EM 1
- i. Residency director of ABMS specialty other than EM..... 1
- j. Academic faculty in ABMS specialty other than EM 1
- k. Academic faculty in ABMS subspecialty other than EM subspecialties 1
- l. Hospital administrator/manager 1
- m. Medical director of ED..... 1
- n. EMS medical director 1
- o. Clinical physician in Medical Toxicology, Pediatric EM, Sports Medicine, Hospice & Palliative Medicine, or Undersea & Hyperbaric Medicine 1
- p. Clinical teacher in Medical Toxicology, Pediatric EM, Sports Medicine, Hospice & Palliative Medicine, or Undersea & Hyperbaric Medicine 1

A17. Five years from now, what do you hope to be doing? (Continued)

(Circle All That Apply)

- q. Clinical physician in EM 1
- r. Clinical teacher in EM 1
- s. Owner, partner, or shareholder in EM group..... 1
- t. Head of EM group 1
- u. Manager in EM group..... 1
- v. Clinical physician in ABMS specialty other than EM 1
- w. Clinical teacher in ABMS specialty other than EM 1
- x. Clinical physician in ABMS subspecialty other than EM subspecialties..... 1
- y. Clinical teacher in ABMS subspecialty other than EM subspecialties..... 1
- z. Leave medical profession for another career 1
- cc. Disaster management 1
- dd. Director of poison control center 1
- aa. Retire..... 1
- Other (Please specify)_____ . 1

A18. Five years from now, in what type of setting do you hope your PRIMARY work will be located?

(Circle Only One)

- HMO 1
- Urgent care setting 2
- Military hospital..... 3
- Other government hospital 4
- University hospital 5
- Urban hospital 6
- Urban teaching hospital..... 7
- Suburban community hospital 8
- Suburban community teaching hospital..... 9
- Rural community hospital 10
- Rural community teaching hospital..... 11
- Non-clinical medical management..... 12
- Outside of medicine..... 13
- Retired..... 14
- Private/office practice 15
- Other (Please specify)_____ . 97

A19. How many years will it be before you expect to retire? _____ Years

CURRENT STATE OF EMERGENCY MEDICINE

A20. How quickly are specialty consultants available in your emergency department?

(Circle Only One for Each Item)

	Within 30-59 mins.	1-3 hours	3-6 hours	>6 hours
a. Adult Psychiatry	1	2	3	4
b. Child Psychiatry	1	2	3	4
c. Cardiology	1	2	3	4
d. General Orthopaedic Surgery	1	2	3	4
e. Hand Surgery	1	2	3	4
f. Primary Care	1	2	3	4
g. Other <i>(Please specify)</i> _____	1	2	3	4

A21. In requesting outpatient follow-up care for patients seen in the ED, how timely are the follow up appointments for each specialty?

(Circle Only One for Each Item)

	Seldom Timely (>2 months)	Somewhat Timely (2 weeks- 2 months)	Always Timely (<2 weeks)		
a. Adult Psychiatry	1	2	3	4	5
b. Child Psychiatry	1	2	3	4	5
c. Cardiology	1	2	3	4	5
d. General Orthopaedic Surgery	1	2	3	4	5
e. Hand Surgery	1	2	3	4	5
f. Primary Care	1	2	3	4	5
g. Other <i>(Please specify)</i> _____	1	2	3	4	5

A22. How difficult is it for your patients to get follow-up care within one week with a primary care provider (PCP)?

(Circle Only One)

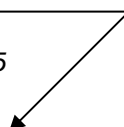
Not Very Difficult		Difficult		Very Difficult
1	2	3	4	5

A23. Does your emergency department have a designated observation medical unit, clinical decision unit, or similarly designated space?

(Circle Only One)

Yes..... 1 _____

No..... 2 Go below to A25



A24. Who is responsible for the care of patients in your designated observation unit, clinical decision unit, or similarly designated space?

(Circle All That Apply)

- Emergency physicians 1
- Hospitalists..... 2
- Nurse practitioners 3
- Primary care physicians 4
- Other (Please specify)..... .5

A25. On average, how much time does a patient spend in your ED after a decision to admit is made?

(Circle Only One)

- Less than 1 hour 1
- 1 to 2 hours 2
- 2 to 4 hours 3
- 4 to 6 hours 4
- 6 to 12 hours 5
- 12 to 24 hours 6
- More than 24 hours 7

SECTION B: TRAINING AND CERTIFICATION

TRAINING

Tables B1 and B3 concern the formal training you have had **in the past five years**. Please complete the tables below by describing any changes IN THE PAST FIVE YEARS in your graduate degrees (for example, MD, DO, PhD, or JD) and fellowship training. If you have had no additional formal training in the past five years, please proceed to page 13, B4.

(Please print clearly so your answers can be noted.)

B1.

Graduate Degree	Year Received
a.	
b.	

B3.

Fellowship Training	Year Completed
a.	
b.	

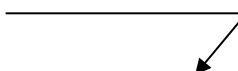
SPECIALTY CERTIFICATION

.....
 : IF YOU HAVE COMPLETED AN *EM* RESIDENCY IN THE PAST FIVE YEARS,
 : PLEASE ANSWER B4. IF NOT, PLEASE PROCEED TO QUESTION B7.
 :

B4. Have you applied for ABEM certification?

(Circle Only One)

Yes.....1 Go to p. 14, B8

No5 

B4a. What is your reason for NOT applying for ABEM certification?

(Circle Only One)

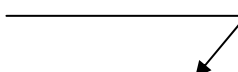
- Did not think that I met credentialing requirements..... 1
- Do not want to take more examinations.....2
- Have left or plan to leave EM soon3
- Not needed for my work.....4
- Retired5
- See no current need6
- Too busy now.....7
- Other (Please specify).....97

Go to p. 14, B8

B7. In the past five years, have you participated in Emergency Medicine Continuous Certification by taking the LLSA and/or ConCert examinations?

(Circle Only One)

Yes.....1 Go to p. 14, B8

No5 

B7a. Why have you NOT participated in Emergency Medicine Continuous Certification (LLSA and/or ConCert)?

(Circle Only One)

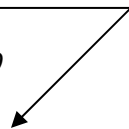
- Not ready.....1
- Do not want to take more examinations.....2
- Have left or plan to leave EM soon3
- Continuing certification not required for my employment4
- Retired.....5
- Undecided about participating in continuing certification6
- Other (Please specify).....97

B8. In the past five years, have you obtained any ABMS-APPROVED SPECIALTY CERTIFICATES OTHER THAN EM?

(Circle Only One)

Yes..... 1 _____

No 5 Go below to B9



B8a. Which ABMS-APPROVED SPECIALTY CERTIFICATES have you obtained?


Specialty	Year of Certification	Participating in Maintenance of Certification?	
		Yes	No
		1	5
		1	5

B9. In the past five years, have you obtained one or more current SPECIALTY CERTIFICATES NOT ISSUED BY AN ABMS BOARD?

(Circle Only One)

Yes..... 1 _____

No 5 Go to p. 15, B10



B9a. What is (are) the specialty(s) and which organization(s) issued the certificate(s)?

(Please print clearly so your answers can be noted.)

Specialty(s): _____

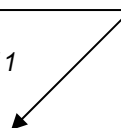
Organization(s): _____

SUBSPECIALTY CERTIFICATION

B10. In the past five years, have you obtained any ABMS-APPROVED **EM** SUBSPECIALTY certificates?

(Circle Only One)

Yes..... 1 _____
 No 5 *Go below to B11*



B10a. Which ABMS-APPROVED **EM** SUBSPECIALTY certificates have you obtained?

ABMS-Approved EM <u>Subspecialty</u> Certification	Year of Certification	Participating in Maintenance of Certification?	
		Yes	No
		1	5
		1	5

B11. In the past five years, have you obtained any ABMS-APPROVED SUBSPECIALTY CERTIFICATES OTHER THAN an EM SUBSPECIALTY?

(Circle Only One)

Yes..... 1 _____
 No 5 *Go to p. 16, B12*



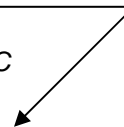
B11a. Which ABMS-APPROVED SUBSPECIALTY CERTIFICATES OTHER THAN EM SUBSPECIALTY certificates have you obtained?

Other ABMS-Approved <u>Subspecialty</u> Certification	Year of Certification	Participating in Maintenance of Certification?	
		Yes	No
		1	5
		1	5
		1	5

B12. Have you obtained one or more SUBSPECIALTY CERTIFICATE(S) NOT ISSUED BY AN ABMS BOARD?

(Circle Only One)

Yes..... 1 _____
No 5 Go to Section C



B12a. What is (are) the subspecialty(s) and which organization(s) issued the certificate(s)?

(Please print clearly so your answers can be noted.)

Specialty(s): _____

Organization(s): _____

SECTION C: PROFESSIONAL EXPERIENCE

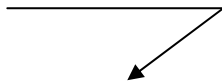
**IF YOU ARE RETIRED FROM PART- OR FULL-TIME WORK FOR PAY,
PLEASE GO TO PAGE 29, MEDICAL ORGANIZATIONS, QUESTION C27.**

WORK IN EMERGENCY MEDICINE AND ITS SUBSPECIALTIES

C1. Do you work EXCLUSIVELY OUTSIDE of medicine?

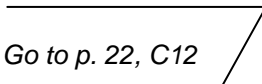
(Circle Only One)

Yes..... 1 *Go to p. 26, C20a*

No 5 

C2. Are you currently working in **EM** AND/OR an ABMS-APPROVED **EM** SUBSPECIALTY?

(Circle Only One)

Yes..... 1 

No 5 *Go to p. 22, C12*

C3. How many hours per week are you currently working in each of the following aspects of EM?

Emergency Medicine Hours/Week
(Please Circle Only One for Each Item)

	0	1-4	5-9	10-24	25-39	40-54	55-70	> 70
a. Academic writing	1	2	3	4	5	6	7	8
b. Administration	1	2	3	4	5	6	7	8
c. Clinical practice	1	2	3	4	5	6	7	8
d. Clinical teaching	1	2	3	4	5	6	7	8
e. Consulting	1	2	3	4	5	6	7	8
f. Didactic teaching	1	2	3	4	5	6	7	8
g. Political activities	1	2	3	4	5	6	7	8
h. Research	1	2	3	4	5	6	7	8

C4. Are you currently working in an ABMS-APPROVED **EM SUBSPECIALTY**?

(Circle Only One)

Yes..... 1

No 5

Go to p. 19, C5



C4a. In which ABMS-APPROVED **EM SUBSPECIALTY** are you currently working?

(Circle All That Apply)

- a. Medical Toxicology 1
- b. Pediatric EM 1
- c. Sports Medicine 1
- d. Hospice & Palliative Medicine..... 1
- e. Undersea & Hyperbaric Medicine ... 1

C4b. How many hours per week are you currently working in each of the following aspects of an ABMS-APPROVED **EM SUBSPECIALTY**?

ABMS EM Subspecialty Hours/Week

(Circle Only One for Each Item)

	0	1-4	5-9	10-24	25-39	40-54	55-70	> 70
a. Academic writing	1	2	3	4	5	6	7	8
b. Administration	1	2	3	4	5	6	7	8
c. Clinical practice	1	2	3	4	5	6	7	8
d. Clinical teaching	1	2	3	4	5	6	7	8
e. Consulting	1	2	3	4	5	6	7	8
f. Didactic teaching	1	2	3	4	5	6	7	8
g. Political activities	1	2	3	4	5	6	7	8
h. Research	1	2	3	4	5	6	7	8

C5. How many years have you worked in EM?

(Circle Only One)

- 0-1 year1
- 2-32
- 4-63
- 7-104
- 11-205
- 21-306
- > 30 years7

C6. Did you have another specialty before you began to practice in EM?

(Circle Only One)

- Yes 1
- No 5 Go to p. 20, C7

C6a. Which specialty did you have before you began to practice EM?

C6b. How many years were you in that specialty? _____

C6c. How much does each of the following reasons describe why you began to practice EM?

(Circle Only One for Each Item)

	Not Descriptive		Somewhat Descriptive		Very Descriptive
a. Desire to work with different colleagues	1	2	3	4	5
b. Excitement of ED work	1	2	3	4	5
c. Flexible hours	1	2	3	4	5
d. Greater control of working environment	1	2	3	4	5
e. Greater opportunity to contribute to society	1	2	3	4	5
f. Income	1	2	3	4	5
g. Regular hours	1	2	3	4	5
h. Tired of continuing patient care	1	2	3	4	5
Other (Please specify) _____	1	2	3	4	5

C7. Have you changed your primary EM practice setting in the **past five years?**

(Circle Only One)

- Yes..... 1 _____
- No 5 *Go below to C8*



C7a. How many times have you changed your primary EM practice setting in the **past five years?**

(Circle Only One)

- 1 time..... 1
- 2-5 2
- 6-9 3
- 10-13 4
- > 13 times..... 5

C8. Which employee/employer relationship best describes your primary EM practice?

(Circle Only One)

- Contract manager..... 1
- Government employee 2
- Hospital employee..... 3
- Independent coverage, group member/employee..... 4
- Individual contract physician 5
- Individual prime contractor/subcontractor 6
- Multiple hospital coverage, group member/employee..... 7
- Subcontractor with large multi-hospital contract group (25 or more hospitals) .. 8
- Subcontractor with single contract sole proprietor/partnership 9
- University employee..... 10
- Other *(Please specify)*.....97

C9. Which type of setting describes your primary EM practice?

(Circle Only One)

- HMO 1
- Urgent care setting 2
- Military hospital 3
- Other government hospital 4
- University hospital 5
- Urban hospital 6
- Urban teaching hospital 7
- Suburban community hospital 8
- Suburban community teaching hospital 9
- Rural community hospital 10
- Rural community teaching hospital 11
- Other 97

(Please specify) _____

C10. How many patients per year are seen in the ED of your primary institution?

(Circle Only One)

- 0-10,000 1
- 10,001-20,000 2
- 20,001-30,000 3
- 30,001-40,000 4
- 40,001-50,000 5
- > 50,000 6

C11. What percent of the patients in the ED of your primary institution are admitted for care following care in the ED?

(Circle Only One)

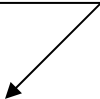
- 0-5% 1
- 6-10% 2
- 11-15% 3
- 16-20% 4
- 21-25% 5
- 26-30% 6
- > 30% 7

WORKING IN NON-EM SPECIALTIES

C12. Do you currently work in an ABMS-APPROVED SPECIALTY OTHER THAN EM?

(Circle Only One)

Yes..... 1 _____
 No 5 Go to p. 23, C13



C12a. How many hours per week are you currently working in an ABMS-APPROVED SPECIALTY OTHER THAN EM?

ABMS Specialty Other Than EM Hours/Week

(Circle Only One for Each Item)

	0	1-4	5-9	10-24	25-39	40-54	55-70	> 70
a. Family Medicine	1	2	3	4	5	6	7	8
b. Internal Medicine	1	2	3	4	5	6	7	8
c. Pediatrics	1	2	3	4	5	6	7	8
f. Preventive Medicine	1	2	3	4	5	6	7	8
d. Surgery	1	2	3	4	5	6	7	8
Other (Please specify) _____	1	2	3	4	5	6	7	8

.....
 •
 • **If you are currently working in more than one ABMS-APPROVED**
 • **SPECIALTY OTHER THAN EM, please select the specialty you consider to**
 • **be your primary specialty when answering the question below.**
 •
 •

C12b. How many years have you worked in this specialty?

(Circle Only One)

1 year 1
 2-4..... 2
 5-7..... 3
 8-10..... 4
 11-20..... 5
 21-30..... 6
 > 30 years 7

PATIENT POPULATIONS

When answering the questions in this section, please use the practice setting which represents your primary practice commitment regardless of your specialty. For each question below, give your own estimate of the percent of your patients in each category. The sum of the percents in each category should equal 100%.

C13. What percent of your patients come from each of the following settings?

- a. % Urban _____
 - b. % Suburban _____
 - c. % Rural _____
- TOTAL 100%

C14. What percent of your patients fall into each of the following age groups?

- a. % Pediatric (Birth-18 years) _____
 - b. % Adult (19-65 years) _____
 - c. % Geriatric (> 65 years) _____
- TOTAL 100%

Go to p. 24, C17

POSITIONS HELD WITHIN MEDICINE


C17. Which of the following positions do you currently hold?

(Circle All That Apply)

- a. Academic dean 1
- b. Academic department chair of EM 1
- c. Academic division or section head of EM 1
- d. Residency director of EM 1
- e. Academic faculty in Medical Toxicology, Pediatric EM, Sports Medicine, Hospice & Palliative Medicine, or Undersea & Hyperbaric Medicine 1
- f. Academic faculty in EM 1
- g. Academic department chair of ABMS specialty other than EM 1
- h. Academic division or section head of ABMS specialty other than EM 1
- i. Residency director of specialty other than EM 1
- j. Academic faculty in ABMS specialty other than EM 1
- k. Academic faculty in ABMS subspecialty other than EM subspecialties 1
- l. Hospital administrator/manager 1
- m. Medical director of ED 1
- n. EMS medical director 1
- o. Clinical physician in Medical Toxicology, Pediatric EM, Sports Medicine, Hospice & Palliative Medicine, or Undersea & Hyperbaric Medicine 1
- p. Clinical teacher in Medical Toxicology, Pediatric EM, Sports Medicine, Hospice & Palliative Medicine, or Undersea & Hyperbaric Medicine 1
- q. Clinical physician in EM 1
- r. Clinical teacher in EM 1
- s. Owner, partner, or shareholder in EM group 1
- t. Head of EM group 1
- u. Manager of EM group 1
- v. Clinical physician in ABMS specialty other than EM 1
- w. Clinical teacher in ABMS specialty other than EM 1
- x. Clinical physician in ABMS subspecialty other than EM subspecialties 1
- y. Clinical teacher in ABMS subspecialty other than EM subspecialties 1
- cc. Disaster management 1
- dd. Director of poison control center 1
- Other *(Please specify)* _____ 1

C18. Do you provide academic, health care, medical-legal, or research and development consulting services to individuals or groups?

(Circle Only One)

Yes..... 1 _____
No 5 Go below to C19 

C18a. In which areas do you provide consultation?

(Circle All That Apply)

- a. Academic..... 1
- b. Health Care 1
- c. Medical-Legal 1
- d. Research and Development..... 1
- Other (Please specify) _____ ... 1

C19. Considering your TOTAL TIME SPENT IN ALL ASPECTS OF MEDICINE, how is it divided among academic writing, administration, clinical practice, clinical teaching, consulting, didactic teaching, political activities, and research? Estimate your percent of time in these areas as accurately as you can. The total time should equal 100%.

- a. % Academic writing _____
 - b. % Administration _____
 - c. % Clinical practice _____
 - d. % Clinical teaching _____
 - e. % Consulting _____
 - f. % Didactic teaching _____
 - g. % Political activities _____
 - h. % Research _____
- TOTAL 100%

WORK OUTSIDE OF MEDICINE

C20. Are you employed outside of medicine?

(Circle Only One)

Yes 1 _____
 No 5 *Go below to C21* ↘

C20a. How many hours per week are you employed outside of medicine?
 (Circle Only One)

- 1-10 1
- 11-25 2
- 26-40 3
- 41-55 4
- 56-70 5
- More than 70 6

C20b. For whom do you work outside of medicine? (Please print so your answer can be noted.)

a. Organization _____
 b. Position _____

C20c. What is the nature of your work? (Please print so your answer can be noted.)

INCOME

C21. What is your annual income from each of the categories of work listed below?

(Circle Only One for Each Item)

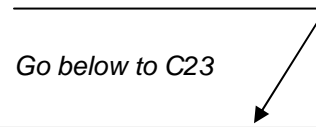
	< \$50k	\$50- 99k	\$100- 149k	\$150- 199k	\$200- 249k	\$250- 299k	\$300- 349k	\$350- 399k	\$400- 500k	> \$500k	NA
a. EM	1	2	3	4	5	6	7	8	9	10	11
b. ABMS-approved EM subspecialty	1	2	3	4	5	6	7	8	9	10	11
c. Other ABMS- approved specialty	1	2	3	4	5	6	7	8	9	10	11
d. Other ABMS- approved subspecialty	1	2	3	4	5	6	7	8	9	10	11
e. Other work in medicine	1	2	3	4	5	6	7	8	9	10	11
f. Work outside medicine	1	2	3	4	5	6	7	8	9	10	11

PUBLICATIONS

C22. In the **past five years**, have you authored or co-authored any papers that have been published in refereed medical or scientific journals?

(Circle Only One)

Yes..... 1 _____
No 5 *Go below to C23*



C22a. In the **past five years**, how many papers have you authored or co-authored that have been published in refereed medical or scientific journals?

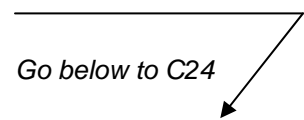
(Circle Only One)

1-2 1
3-4 2
5-6 3
7-8 4
9 or more 5

C23. In the **past five years**, have you written any chapters that have been published in medical or scientific textbooks?

(Circle Only One)

Yes..... 1 _____
No 5 *Go below to C24*



C23a. In the **past five years**, how many chapters have you written that have been published in medical or scientific textbooks?

(Circle Only One)

1-2 1
3-4 2
5-6 3
7-8 4
9 or more 5

C24. In the **past five years**, have you edited or written any medical or scientific books that have been published?

(Circle Only One)

Yes..... 1 *Go to p. 28, C24a*
No 5 *Go to p. 28, C25*

C24a. In the **past five years**, how many medical or scientific books have you edited or written that have been published?

(Circle Only One)

- 1-2 1
- 3-4 2
- 5-6 3
- 7-8 4
- 9 or more 5

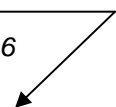
RESEARCH

C25. Are you currently participating in one or more research projects?

(Circle Only One)

- Yes 1
- No 5

Go to p. 29, C26



C25a. What is (are) your role(s) in the research project(s)?

(Circle All That Apply)

- Principal or co-principal investigator 1
- Co-investigator 1
- Participant 1

C25b. Is any of this research funded by a grant or contract? *(Circle Only One)*

- Yes 1
- No 5

C25c. What is (are) the primary area(s) of this research?

(Circle All That Apply)

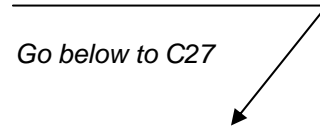
- a. Basic science (bench) 1
- b. Clinical science..... 1
- c. Faculty development 1
- d. Health care delivery/operations..... 1
- e. Health policy..... 1
- f. Medical education or evaluation..... 1
- h. Health services research..... 1
- i. EMS..... 1
- j. Disaster medicine..... 1
- k. Epidemiology 1
- Other 1

(Please specify) _____

C26. In the **past five years**, have you been funded as a principal investigator or co-principal investigator?

(Circle Only One)

Yes..... 1 _____
 No 5 Go below to C27



C26a. What was the source of this funding?

(Circle All That Apply)

- a. Foundation 1
- b. Government agency 1
- c. Industry 1
- d. University 1
- Other (Please specify) _____.. 1

MEDICAL ORGANIZATIONS

The next question concerns the national medical organizations to which you may belong. For C27 below, circle the number to indicate whether or not you are a member of the organization listed on the left. For C28₀₉ circle the number that indicates whether or not you have held a leadership position in the organization in the past five years.

National Medical Organization	C27. Are you a member?		C28 ₀₉ . Have you held a leadership position in the past five years?	
	YES	NO	YES	NO
a. AAMC	1	5	1	5
b. AAWEP	1	5	1	5
c. AAEM	1	5	1	5
d. ACEP	1	5	1	5
e. AEP	1	5	1	5
f. AMA	1	5	1	5
g. CORD	1	5	1	5
h. NAEMSP	1	5	1	5
i. SAEM	1	5	1	5
Other	1	5	1	5
Other	1	5	1	5

RETIRED

C32. Do you consider yourself fully retired—that is, no longer regularly working, either part-time or full-time, in any medical or non-medical occupation?

(Circle Only One)

- Yes 1 *Go below to C33*
- No 5 *Go to p. 32, Section D*

C33. What year did you retire? _____

C34. Why did you decide to retire?

(Circle All That Apply)

- a. Age 1
- b. Disenchanted with medicine 1
- c. Disability 1
- d. Financial independence 1
- e. Spouse disability 1
- g. Burnout 1
- h. Problems related to shift work 1
- i. Safety issues 1
- j. Malpractice concerns/costs 1
- k. Desire to pursue other activities 1
- l. Electronic medical records 1
- m. Health concerns 1
- Other 1

(Please specify) _____

C35. Were you actively involved in EM when you retired?

(Circle Only One)

- Yes 1
- No 5

C36. How much does each of the following attitudes describe how you felt about EM WHEN YOU RETIRED?

(Circle Only One for Each Item)

	Not Descriptive		Somewhat Descriptive		Very Descriptive
a. Burned out	1	2	3	4	5
b. Knew that I would miss clinical EM	1	2	3	4	5
c. Knew that I would miss daily involvement with colleagues	1	2	3	4	5
d. Pleased with my contributions to EM	1	2	3	4	5
e. Pleased with my service to my patients	1	2	3	4	5
f. Proud to have been an emergency physician	1	2	3	4	5
g. Ready to explore other activities	1	2	3	4	5
h. Satisfied with a good career	1	2	3	4	5
Other	1	2	3	4	5
(Please describe) _____					

SECTION D: WELL-BEING and LEISURE ACTIVITIES

D1. How would you describe your current state of health?


(Circle the number beside the appropriate statement below.)

(Circle Only One)

- Some serious health concerns 1
- Some minor health concerns..... 2
- No health concerns 3
- Exceptionally healthy for my age..... 4

D2. Do you exercise?

(Circle Only One)

- Yes 1
 - No 5
- Go to p. 33, D3
- 

D2a. How often do you exercise?

(Circle Only One)

- Less than once a month 1
- 1 to 3 times/month 2
- 1 to 2 times/week..... 3
- 3 to 4 times/week..... 4
- More than 4 times/week..... 5

D3. How would you describe yourself at this time? *(Circle the appropriate number for each pair below.)*

(Circle Only One for Each Item)

a. Active	1	2	3	4	5	6	Inactive
b. Cold	1	2	3	4	5	6	Warm
c. Conventional	1	2	3	4	5	6	Unconventional
d. Dreamer	1	2	3	4	5	6	Practical
e. Impulsive	1	2	3	4	5	6	Deliberate
f. Incompetent	1	2	3	4	5	6	Competent
g. Interested in self	1	2	3	4	5	6	Interested in others
h. Open	1	2	3	4	5	6	Closed
i. Relaxed	1	2	3	4	5	6	Tense
j. Solitary	1	2	3	4	5	6	Social
k. Strong	1	2	3	4	5	6	Weak
l. Successful	1	2	3	4	5	6	Unsuccessful
m. Unhappy	1	2	3	4	5	6	Happy

D4₀₉. In which leisure activities do you routinely participate?*(Circle Only One for Each Item)*

	Participate	Do Not Routinely Participate
a. Bicycling	1	8
b. Collecting	1	8
c. Community activities	1	8
d. Competitive sports	1	8
e. Cooking	1	8
f. Cultural arts	1	8
g. Fishing	1	8
h. Fitness training	1	8
i. Gardening	1	8
j. Golf	1	8
k. Horseback riding	1	8
l. Hunting	1	8
m. Movies	1	8
n. Music	1	8
o. Nature, e.g., birdwatching, camping, hiking	1	8
p. Painting, pottery, or other arts	1	8
q. Reading	1	8
r. Religious activities	1	8
s. Running	1	8
t. Sailing	1	8
u. Spending time with family	1	8
v. Spending time with friends	1	8
w. Skiing/snowboarding	1	8
x. Travel	1	8
y. Tennis	1	8
z. Walking	1	8
aa. Water sports	1	8
bb. Writing	1	8
dd. Video games	1	8
Other	1	8
<i>(Please specify)</i> _____		

SECTION E: DEMOGRAPHIC INFORMATION

E1. What is your date of birth? / /
 (mo / day / yr)

E3. From which country do you have your citizenship?
 (Circle Only One)

- USA1
 - Canada2
 - Other97
- (Please specify) _____

E5. What is your gender?
 (Circle Only One)

- Female1
- Male5

E6. With which racial or ethnic group do you most identify?
 (Circle Only One)

- White (not of Hispanic origin) 1
 - Black (not of Hispanic origin) 2
 - Mexican American 3
 - Puerto Rican 4
 - Other Hispanics
 (Cuban, Central and South American, etc.) .. 5
 - American Indian 6
 - Alaskan Native 7
 - Native Hawaiian 8
 - Asian/Pacific Islander 9
 - Other 97
- (Please specify) _____

E7. What is your present marital status?
 (Circle Only One)

- Divorced 1
- Married 2
- Separated 3
- Widowed 5
- Single, living as single... 6
- Single, cohabiting 7

E8₀₉. How many living children do you have? _____ (Please enter an integer.)

PLEASE MAKE ANY NEEDED CORRECTIONS ON THE LABEL BELOW

ABEM uses your name and ID only to link survey data across the years. Your contact information will be used only to communicate with you and will not be shared with other organizations.

E9. What is your current email address?

COMMENTS

Please include any comments you have about the Longitudinal Study or the issues that were raised in the survey. *(Please print clearly so your comments can be noted.)*

Thank you for your generous support of this project. If ABEM can be of assistance, please call 517-332-4800 or contact us via email at research@abem.org.