Summary of the 2003 Interim Survey Results

The 2003 Longitudinal Study of Emergency Physicians (LSEP) interim survey was sent to 1,107 study participants on May 9, 2003. A total of 1,026 participants (93%) returned the survey. Slightly more than 8% of respondents indicated that they have retired. Retirees were asked to skip most of the survey and answer only the open-ended questions at the end. Consequently, retirees are not included in the calculation of percentages below.

Eighty-two percent of the respondents are currently working in Emergency Medicine (EM). Career satisfaction remains high with slightly more than 85% of participants indicating they were "satisfied" to "very satisfied" with their EM careers.

Nearly one-third (31%) of the non-retired survey participants indicated they have changed their primary EM practice setting in the past five years. Some of these may have changed settings as a result of completing their residency. Most of those who changed settings moved only once (62% of respondents.)

The percentage of physicians who personally perform bedside ultrasound continues to rise, with 23% of the 2003 survey participants indicating they perform this procedure, up from 20.5% in 2001.

Nearly half of the physicians responding (49.5%) indicated they did not understand the maintenance of certification requirements. To remedy this, in November 2003 and March 2004 ABEM sent individualized letters to all diplomates and former diplomates, explaining the steps they will need to take to participate in Emergency Medicine Continuous Certification (EMCC).

The practice assessment component of EMCC is still under development. Since practice assessment for emergency physicians will focus on practice improvement, the 2003 survey included two questions on current practice-improvement activities. The following table shows the percentage of the 942 non-retired survey respondents who participate in various methods of practice performance assessment. Percentages of "yes" and "no" responses to the "mandated" question do not sum to 100 because many of those not participating in a method listed did not respond to the "mandated" question for that method.

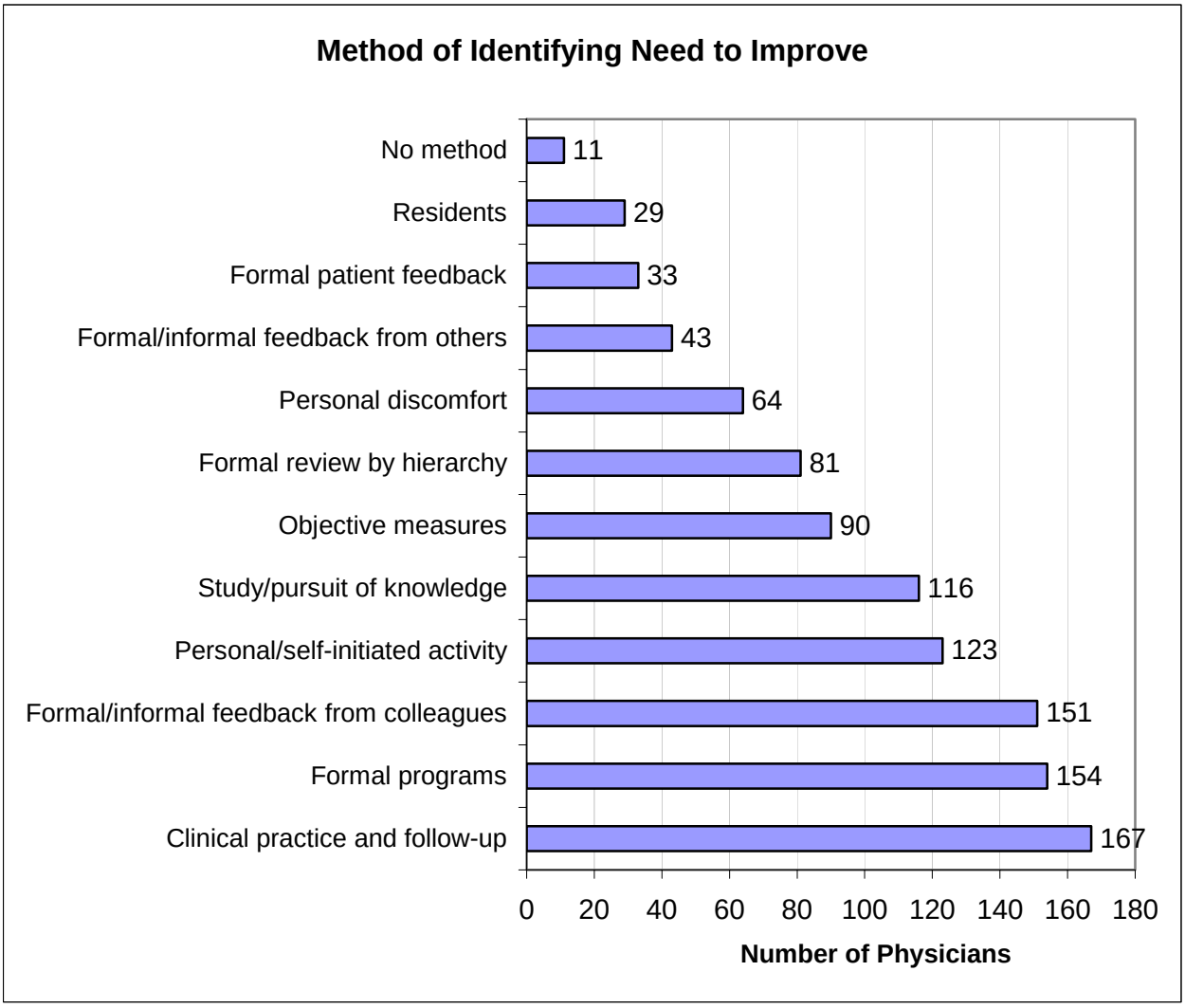
Question 7
In what professional practice improvement (PI) activities do you participate?

(Check all that apply) *(Circle one)*

Methods of Practice Performance	Percent Participating	"Is this Mandated?" Percent Responding Yes or No
Patient satisfaction survey	51%	Yes 45% No 23%
Local hospital, departmental, or group PI program	45%	Yes 35% No 29%
Self-initiated PI activities	42%	Yes 21% No 42%
Case review conference (m&m or other)	41%	Yes 33% No 33%
Mandated patient chart review	38%	Yes 37% No 25%
Review by clinical support staff (RNs, PAs, EMTs, etc.)	21%	Yes 17% No 32%
Review by other physicians outside regular hospital credentialing process	15%	Yes 13% No 35%
Nationally sponsored PI program	8%	Yes 6% No 36%
Other_____ _____	3%	Yes 2% No 10%

Patient satisfaction surveys and local programs are the most widely used practice improvement activities. Also, more than one-third of those responding participate in chart review, case review conferences, and/or self-initiated activities. The method most often mandated is the patient satisfaction survey, but a variety of other activities are mandated as well.

The final question in the 2003 survey asked physicians how they identify areas in which they need to improve. Some physicians listed more than one method of identifying areas for improvement, while others (approximately one-third) did not provide a response to this question. Responses were categorized, and the number of answers given in each category is shown in the following chart. The responses of the 693 diplomates who answered this question suggest that patient satisfaction surveys ("formal patient feedback"), though widely used and frequently mandated, may not be the best source of information leading to practice improvement.



The category “clinical practice and follow-up” includes responses such as these: follow-up on patients, informal feedback from patients, investigation of complaints, cases, clinical practice, M&M conferences, case review, near misses, and errors. “Formal programs” include CME/CE (continuing education), PI conferences, PI programs, and formal QA programs. “Formal/informal feedback from colleagues” is indicated by expressions such as peer review, discussions with other physicians, and criticism from colleagues. These three categories encompass the responses most frequently provided by responding diplomates as useful means of determining areas where self-improvement is needed.