

RESEARCH STUDIES

LONGITUDINAL STUDY OF EMERGENCY PHYSICIANS

The Longitudinal Study of Emergency Physicians (LSEP) began in 1994 with a representative sample of 1,008 emergency physicians. Additional participants were selected in 1995 and 2000 during their first year of residency. New participants take the Longitudinal Study of Emergency Medicine Residents (LSEMR) during their last three years of residency and then join the LSEP.

The LSEP survey is administered every five years, with shorter surveys distributed in the interim years. The long form has remained the same over its administrations in 1994, 1999, and 2004, with the exception of a few questions of current interest. Interim surveys vary from year to year.

2005 LSEP Interim Survey

Three distinct LSEP interim surveys were sent to different groups in the spring of 2005. Participants who had indicated earlier that they considered themselves retired from all part- and full-time work for pay received a survey designed for retirees. Those who had indicated that they were no longer currently working in Emergency Medicine (EM) or an EM subspecialty received a survey directed to former EM physicians who are now pursuing alternate careers. The remainder, more than 80% of the LSEP participants, received a survey designed for practicing EM physicians and focusing on practice-improvement activities. The overall response rate across the three surveys was 86%.

Survey of Practicing EM Physicians

Practicing EM physicians continue to profess generally high levels of satisfaction with their EM careers. A high percentage (89%) indicated they are “satisfied” to “very satisfied.”

EM physicians who had logged on to EMCC Online were asked to evaluate the system. Most physicians reported little or no difficulty using EMCC Online, though a few encountered problems such as difficulty navigating the website with a Macintosh computer. Several added comments indicating a desire to receive Continuing Medical Education credit for their LLSA participation.

Among those respondents who indicated they had not logged on to EMCC Online, the most common reasons cited were “Too busy” and “Too early, I will do it later.” Most physicians indicated they were not hampered by a lack of knowledge about the EMCC website or a lack of internet or computer access.

Currently practicing EM physicians were also asked about performance feedback and participation in practice improvement activities. Approximately 24% reported having no practice improvement (PI) program in their practice setting. Of the remaining respondents, 87% reported programs focusing on patient satisfaction, 72% on JCAHO or CMS measures, 67% on medical processes, and 64% on patient outcomes. Other PI programs specified include local or insurance-sponsored programs; physician errors, lawsuits, and malpractice cases; review by peers or residents; and patient activities such as wait time, admission percentages, and turn-around time.

A majority (72%) of physicians indicated they personally participate in PI programs if such programs are in place. Seventy-five percent reported receiving physician-specific feedback. Of those receiving specific feedback, 67% are re-evaluated for improvement.

Approximately 3% of physicians stated they do not participate in patient satisfaction surveys. Among those participating in patient satisfaction surveys, only 57% receive physician-specific feedback.

Asked who is responsible for setting practice improvement standards, most respondents pointed to their physicians' group (54%) or department chair (49%). Others ascribed this responsibility to the medical director (43%), hospital administrator (33%), federal or state mandate (27%), or hospital board (17%). A few individuals listed others, including the emergency department, quality assurance department, a special committee appointed for that purpose, corporate/hospital management, or a combination of groups. Most physicians responding to this question (57%) selected more than one person or group as bearing the responsibility of setting standards.

Survey of Retirees

The age of retirement among respondents varied from 39 to 76, with a median of 58. Nearly all (86%) were working in EM when they retired. On average, the number of years spent working in EM before retirement was 25, with a range of 10 to 36. Eighty-six percent indicated they are "satisfied" to "very satisfied" with their retirement.

Current activities of retired EM physicians include exploring multiple interests, travel, and volunteer activities. Many retirees are involved in family activities, a variety of hobbies, and consultation or volunteer work in a medical context.

Retirees were asked what type of contact they now have with EM. About three-fourths indicated some current involvement with EM. The type of contact and the amount of time spent on it vary widely. The professional activity retirees are least likely to participate in is writing for publication. The most frequent activity is reading professional literature. A small number of respondents indicated they frequently participate in activities not listed in the questionnaire, including volunteer work, consulting, teaching, and lecturing.

About half (49%) of retirees are interested in maintaining ABEM certification. Reasons given include personal satisfaction and participation in volunteer medical services. Several retirees indicated they wanted the option to return to EM. In fact, about 17% are either considering or planning to re-enter EM.

General comments from retirees were mostly positive towards EM, and appreciation for the special version of the survey for retirees was expressed. Several retirees suggested that the costs of remaining semi-active in EM were prohibitive (malpractice insurance, lawsuits, professional membership dues). Several indicated that a medical condition or disability was a factor in their retirement.

Survey of Former EM Physicians

Respondents left EM during the years 1977 to 2004. The largest number leaving in any one year was 13 in 2003. Age at the time of leaving ranged from 28 to 73, with a median age of 48.

Former EM physicians are now working in occupational medicine, family practice, or miscellaneous other areas, including administration, teaching, research, and government. Nearly all, however, are employed in a position requiring medical expertise. Approximately 8% indicated that they left EM at one time but later returned.

Nearly half (49%) of former EM physicians are interested in continuing their ABEM certification. Several indicated that board certification is required by their hospital or insurance programs. Others stated that they may return to EM and want to keep their options open. In fact, 15% indicated they plan to re-enter EM in the future. Others are primarily interested in keeping a strong knowledge base and take pride in maintaining their certificate.

The single major factor that has led physicians to leave EM is their interest in a new professional area (35%). On the other hand, another 35% of those who left cited shift work, clinical burnout, or personal health issues as their primary reason for leaving. Comments suggest that night shifts, particularly as the physician grows older, were a problem for some. Dealing with hospital administration was a problem for others. Several respondents reported that the decision to leave EM was affected by a combination of factors, including illness and burnout. Others simply left to pursue new opportunities.

General comments offered at the end of the alternate occupation survey were supportive of the longitudinal study and the information it provides.

2006 Surveys

Customized surveys were again sent to currently practicing EM physicians, retirees, and former EM physicians in 2006. The LSEMR was not administered in 2005 but was sent to a new sample of first-year residents in 2006. Data from these surveys should be available by early 2007.