

American Board of Emergency Medicine

Selected Results of the 2006 Longitudinal Study of Emergency Physician Interim Surveys

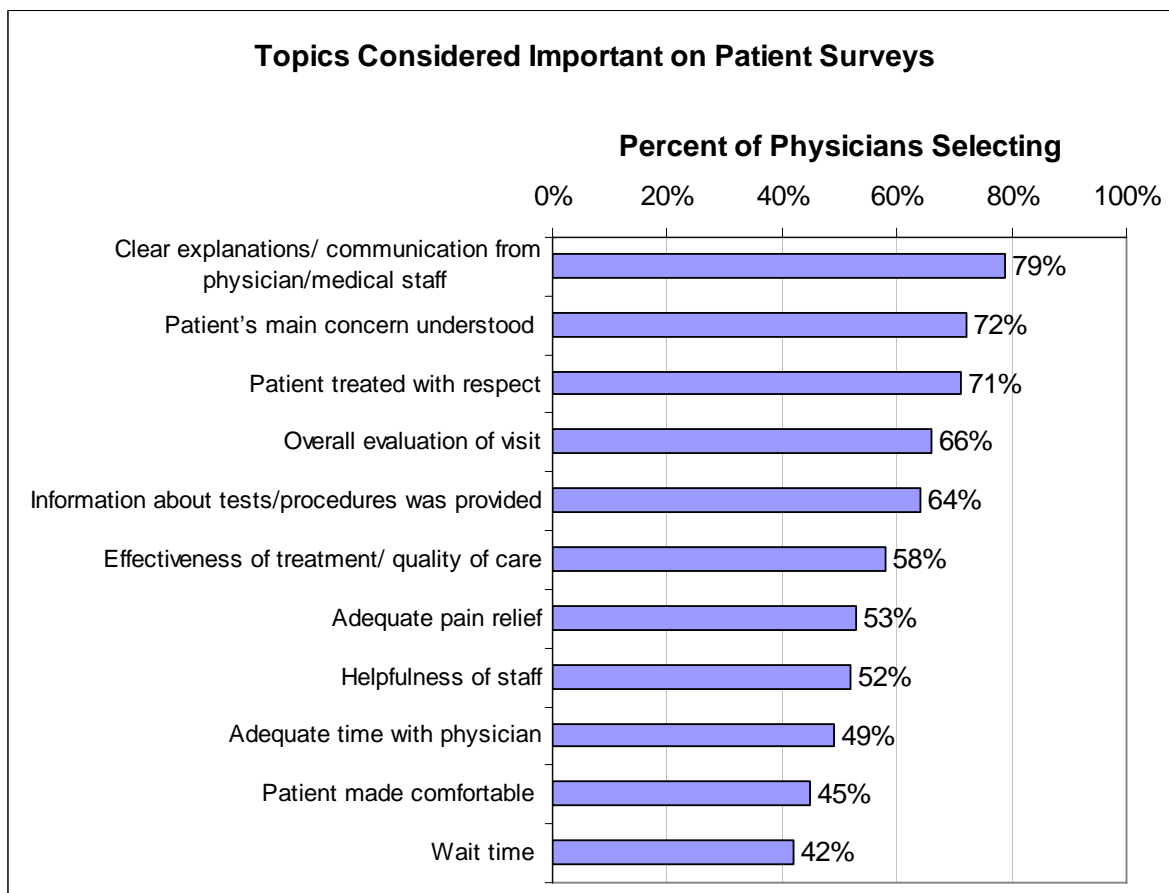
In 2006, ABEM continued the practice of creating three distinct versions of the LSEP interim survey. The main survey, which was sent to physicians currently practicing in EM or an EM subspecialty, focused on the LLSA and on issues related to the assessment of practice performance. Special surveys were developed for those who have retired and those who have left EM to work in another area.

Main EM Survey

EM physicians were asked about their participation in certain diagnostic procedures. Approximately two-thirds indicated that they performed or participated in CT scans of the head (68%) and/or abdominal CT scans (66%). Approximately 57% reported performing continuous 12-lead ECG monitoring, 55% ultrasound, and 52% magnetic resonance imaging (MRI). Among physicians participating in a procedure, the majority also interpret the results of the ECG (91%) and ultrasound (78%), while relatively few interpret the results of CT head scans (38%), abdominal scans (17%), and MRIs (3%).

Half (50%) of respondents indicated they had registered for one or more LLSA examinations. The main reason for not registering was “too busy.”

Asked what topics are most valuable on patient surveys, physicians most often selected “Clear explanations/communication from physician/medical staff.” The chart below shows the percentage of respondents selecting each topic as among the most valuable.



Approximately 62% of respondents attested to their personal participation in one or more practice improvement or quality improvement programs. Of these, 86% indicated that their program includes a review of data from their patient records.

Retired Physician Survey

The retired physicians' survey was completed by 73 respondents. Thirty-six percent (N=26) indicated that an illness or disability was at least part of their reason for retiring. Physical problems contributing to the decision to retire include loss of hearing or vision; limb amputation or paralysis; head injury; chronic pain; back problems; mental/emotional/stress-related disorders; cancer, myasthenia gravis, and other serious illnesses. Only two respondents reported that their disability was related to their work.

The majority of retirees are satisfied with both their retirement (92% are "satisfied" to "very satisfied") and their careers in EM (95% "satisfied" to "very satisfied"). Nearly one-fifth (19%) intend to continue their ABEM certification. Of those planning to continue their certification, 77% plan to participate in EMCC.

The final question on the retired physicians' survey asked whether participants would be interested in an online, computer-delivered administration of the LSEP surveys. Slightly less than half (46%) responded, "Yes."

Alternate Occupation Survey

The alternate occupation survey was completed by 59 former EM physicians. More than one-fifth (22%) are working in occupational medicine, 10% are working in internal medicine, and 2% in physical and rehabilitative medicine. More than half (56%) are employed in other medical areas, and 29% are working in non-medical areas. Additional medical areas include administrative positions, family medicine, anesthesia, pain management, pathology, psychiatry, disaster preparedness/relief, quality control, medical education, academic administration, bioethics, medical informatics, medico-legal consulting, and holistic medicine. Non-medical areas in which respondents are working include academics, consulting, disability analysis, public health, government service, DNA technology, communication and marketing, business operations, real estate, and writing. Most of these positions appear to be at least peripherally related to medicine.

Slightly less than half (49%) of those in alternate occupations plan to continue their ABEM certification. Of these, most (85%) plan to participate in Emergency Medicine Continuous Certification (EMCC).

Nearly all respondents are satisfied with their current positions. Ninety-six percent (96%) report being "satisfied" to "very satisfied." Perceived advantages of respondents' new occupations over EM include the absence of shift work, less stress, a less demanding schedule, balance of work with family needs, and reduced risk of malpractice litigation.

Asked under what circumstances they might consider returning to EM, some indicated that reducing the stressfulness of the working environment, particularly with regard to shift work, might persuade them to return. A small number stated that improved health would bring them back. A few suggested that a critical need for their knowledge and skills might prompt them to return, as for example in the case of a national disaster. Several indicated that they might return to EM if they lost their current position. Others suggested they might consider working in EM again on a part-time basis. However, nearly half of those responding to the question suggested that a return to EM was highly unlikely.

The final question on the alternate occupations survey asked whether participants would be interested in a computer-based administration of the LSEP surveys. Slightly more than two-thirds (69%) responded with a "Yes."