

## Survey Results (Included Responses)



### AMSP New Member Interests Survey

The results of your survey are displayed below. If your survey includes text responses, click the "View" button to read individual results. To exclude a particular response, click the Included Responses button. You can then view the set of individual responses that are currently included and select those you wish to exclude. Results below contain only Included responses

Go to Individual Responses:

Show respondent's emails.

**INCLUDED RESPONSES** →

**EXCLUDED RESPONSES** →

Included Respondents: 70

Excluded Respondents: 0

- [Cross Tabulate](#)  
Cross-reference two different questions
- [Results via Email](#)  
Receive results in spreadsheet format
- [View Recipient Status](#)  
Check the response status of each of your recipients

**EXCLUDE BLANK RESPONSES**

Launch Date 07/09/2004 - 4:08PM  
 Close Date  
 Email Invites 141  
     Visits 87 (62%)  
     Partials 1 (1%)  
     Completes 70 (50%)

#### ASSOCIATION OF MEDICAL SCHOOL PSYCHOLOGISTS

Section VIII, Society of Clinical Psychology  
 Division 12 of the American Psychological Association

Dear AMSP Member:

Thanks for participating in the survey of AMSP members. The Association's Board is working hard to improve member services. The survey will help us achieve that goal. It takes only 5-10 minutes to complete, and so we look forward to receiving your replies.

We plan to provide a preliminary report of survey findings on Friday, July 30th in Honolulu at AMSP's Business and Membership Meeting, and invite you to join us there from noon until one.

The survey is anonymous -- though we do request some demographic information to help us better understand the findings.

Thanks again for your participation!

On behalf of the AMSP Board  
 Jerry Leventhal, President AMSP (Leventha@cmhc.umdj.edu)

#### 1. How long have you been a member of AMSP?

	Number of Responses	Response Ratio
Six months or less (new member).	4	6%
1 Year	0	0%
2 Years	5	7%

3 Years		5	7%
4 Years		6	9%
5 Years or More		50	71%
<b>Total</b>		70	100%

**2.** In what year did you receive your doctorate?

[VIEW](#) 70 Responses

The Journal of Clinical Psychology in Medical Settings (JCPMS) is offered at no extra cost as a benefit to members of AMSP. Are you familiar with JCPMS?

		Number of Responses	Response Ratio
Yes		65	93%
No		5	7%
<b>Total</b>		70	100%

**4.** Have you published in JCPMS?

		Number of Responses	Response Ratio
Yes		25	37%
No		43	63%
<b>Total</b>		68	100%

**5.** Will you submit future manuscripts to JCPMS?

		Number of Responses	Response Ratio
Yes		28	40%
No		6	9%
Perhaps		36	51%
<b>Total</b>		70	100%

**6.** How do you feel about receiving JCPMS as a benefit of membership in AMSP?

[VIEW](#) 69 Responses

**7.** Are you familiar with the AMSP web site?

		Number of Responses	Response Ratio
Yes		31	45%
No		38	55%
<b>Total</b>		69	100%

If you are familiar with the AMSP website, how many times have you gone there in the past two months?

		Number of Responses	Response Ratio
None		20	39%
Once		8	16%

Twice		3	6%
3-4 Times		6	12%
5 or More Times		6	12%
Not Familiar (NA)		8	16%
<b>Total</b>		51	100%

9. What suggestions do you have to improve the AMSP Website?

[VIEW](#) 30 Responses

By now, AMSP members should have received information about the AMSP Consultation Program? Please provide us your thoughts about this program and any suggestions you have to make it better?

[VIEW](#) 47 Responses

11. Are you familiar with the AMSP list serve?

	Number of Responses	Response Ratio
Yes 	47	69%
No 	21	31%
<b>Total</b>	68	100%

If "Yes," in the past two months, how many times have you received and read messages from the list serve?

	Number of Responses	Response Ratio
None in the last 2 months. 	10	18%
Once	0	0%
Twice	2	4%
3-4 Times in the last 2 months. 	5	9%
5 or more times. 	38	69%
<b>Total</b>	55	100%

13. What is your impression of the list serve? How can we make it more useful?

[VIEW](#) 41 Responses



If you are not currently on the AMSP Listserv and want to be added, please enter your email address here.

[VIEW](#) 19 Responses

What are some ways in which AMSP can be helpful to psychologists in academic health centers and medical schools?



[VIEW](#) 51 Responses

Would you like AMSP to become an active advocate (or continue advocating) for causes of special concern to psychologists in  
**16.**academic health centers and medical schools?

	Number of Responses	Response Ratio
Yes 	58	95%
No 	3	5%
<b>Total</b>	61	100%



[VIEW](#) 47 Responses

AMSP would like members to take active roles in AMSP activities. Are  
**17.**you interested in becoming active or more active in that respect?

	Number of Responses	Response Ratio
Yes 	28	53%
No 	25	47%
<b>Total</b>	53	100%

[VIEW](#) 29 Responses



**18.**Is it OK if we contact you by e-mail if we have further questions?

	Number of Responses	Response Ratio
Yes 	40	66%
No 	21	34%
<b>Total</b>	61	100%


**19.**If "yes" to the above question, please enter your email address for this contact.

[VIEW](#) 43 Responses

**20.**Gender

	Number of Responses	Response Ratio
Male 	43	65%
Female 	23	35%
<b>Total</b>	66	100%

**21.**Racial/Ethnic Background (Check All That Apply)

	Number of Responses	Response Ratio
African American/Black	3	4%
Asian/Pacific Islander	1	1%
American Indian / Alaskan Native	0	0%
Caucasian/White 	60	90%
Hispanic/Latino(a)	2	3%
<a href="#">VIEW</a> Other, Please Specify	1	1%

How many years have you been in your present primary position at  
**22.**your institution?

Number of Responses    Response Ratio



Please estimate the approximate percentage of your time that is devoted to each of the following activities in your Academic/medical school/health science center? (Please make

**23.** sure Total = 100%)

*The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option*

	1 0-10%	2 20%	3 30%	4 40%	5 50%	6 60%	7 70%	8 80%	9 90%	10 100%
1. Clinical Services	30% 20	12% 8	18% 12	10% 7	7% 5	15% 10	1% 1	3% 2	1% 1	1% 1
2. Research	30% 19	30% 19	13% 8	6% 4	8% 5	6% 4	2% 1	6% 4	0% 0	0% 0
3. Teaching	29% 19	42% 27	18% 12	5% 3	5% 3	0% 0	2% 1	0% 0	0% 0	0% 0
4. Administration	43% 26	31% 19	10% 6	3% 2	3% 2	3% 2	2% 1	5% 3	0% 0	0% 0
5. Other	82% 14	18% 3	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0

What was your approximate **TOTAL ANNUAL INCOME** from all psychology sources (salary, patient revenue, etc) in 2003? DO NOT include non-psychology income (e.g., tenant rent, trust fund income, etc.)

[VIEW](#) 63 Responses

Thanks Again for Your Time!

AMSP Board of Directors

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[REPORT OVERVIEW](#)

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Each individual respondent is referenced under the # column.

#### 2. In what year did you receive your doctorate?

#	Response
1	1992
2	1979
3	1972
4	1980
5	1977
6	1982
7	2003
8	1960
9	2000
10	1982
11	1999
12	1972
13	1974
14	1989
15	1977
16	1972
17	1982
18	1987
19	1977
20	1987
21	1963
22	1989
23	2002
24	1986
25	1986
26	1981
27	1991
28	1967
29	1972
30	1984
31	1972

32 1988  
33 1978  
34 1992  
35 1963  
36 1953  
37 1989  
38 2001  
39 1999  
40 1962  
41 1978  
42 1975  
43 1972  
44 1979  
45 1981  
46 1986  
47 1978  
48 1998  
49 1981  
50 1980  
51 1979  
52 1979  
53 1996  
54 1996  
55 1997  
56 1085  
57 1977  
58 1977  
59 1988  
60 1970  
61 81  
62 1990  
63 1979  
64 1959  
65 1973  
66 1988  
67 1974  
68 1984  
69 1987  
70 1974

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[REPORT OVERVIEW](#)


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Each individual respondent is referenced under the # column.

#### 6. How do you feel about receiving JCPMS as a benefit of membership in AMSP?

#	Response
1	I like it.
2	Terrific benefit.
3	It adds to the cost of membership and is not of especially high quality. I would prefer not to have a forced subscription.
4	nice but not completely necessary
5	very positive, very favorable JCPMS is an excellent practitioner's journal
6	good idea
7	This is an excellent benefit. I look forward to my first issue.
8	OK, if there is no extra cost associated with it
9	It is wonderful the association provides this as a benefit and it is a good journal.
10	excellent
11	it is appropriate
12	Right now, it is the ONLY benefit of membership ...
13	I welcome it.
14	it is one of the few tangible benefits of membership.
15	Great. Excellent journal.
16	Good.
17	Appreciative.
18	Positively
19	great benefit
20	?
21	I consider it fairly important
22	This is an important aspect of my decision to become a member.
23	It is the only benefit we have! and it is an outstanding journal for clinical psychologists practicing in medical settings
24	would like to see and evaluate it
25	I think it is great.
26	Very good journal and I like receiving JCPMS as a benefit
27	I support it
28	Good benefit of membership
29	It's okay. Rarely in my exact area of expertise though (services to deaf people)
30	it is of value
31	Excellent.

- 32 I appreciate it.
- 33 Hope the benefit continues; The journal articles are particularly applicable for a medical setting
- 34 An excellent benefit for AMSP and the journal - I'd like to see a discount rate for residents/interns
- 35 Positive
- 36 Exceptionally helpful in my clinical, research and teaching roles.
- 37 I like this journal
- 38 Nice. Otherwise wouldn't subscribe.
- 39 It's OK. Wouldn't mind additional written info re current events at AHC/med school sites.
- 40 great benefit
- 41 It is ok
- 42 good
- 43 Sounds like a good option, but depends on the cost.
- 44 important
- 45 I love it
- 46 Not interested
- 47 one of the nice selling points when I suggest that colleagues joint AMSP
- 48 enjoy it
- 49 like
- 50 OK
- 51 Truly a great benefit, especially when university and health sciences budgets are getting/have gotten tighter!
- 52 Love it.
- 53 I think it's a great benefit.
- 54 important
- 55 Good
- 56 Good
- 57 good
- 58 ok
- 59 Its a tangible product that represents the professional mission of psychologists in our group. It should be continued.
- 60 fine
- 61 Important benefit since we already pay dues for so many orgs (i.e., APA, Div. 38, 12, 25, AMSP, SBM, NRHSP, PPA, etc x 3!)
- 62 important benefit
- 63 It provides a new content emphasis that I like, though few articles are near my own area of research.
- 64 good
- 65 it's good and important
- 66 It should be the official journal and remain a benefit of membership
- 67 I like receiving it but over the years it has become too research oriented for my needs. When I first received it as a "trial" many years ago it was focused on clinical practice issues. JCPMS, like Health Psychology is of less interest to a clinical health psychologist or faculty member.
- 68 Excellent benefit. I enjoy it.
- 69 good idea

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[REPORT OVERVIEW](#)


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### 9. What suggestions do you have to improve the AMSP Website?

#	Response
1	Publicize it to the members - I was not aware that there was a web site.
2	Include an AMSP membership directory with hypertext email links.
3	leave as is if not broke; don't fix it!
4	None
5	publish abstracts from the journal, lists of meetings or grand rounds around the country, discussions of mission of AMSP
6	Let more members know about it.
7	None. It's pretty good.
8	Not applicable
9	no improvements on the website, but let's make the association count for something in addition to the journal
10	Expand the member directory to include areas of research interests and clinical interests, and indication of clinical referral acceptance.
11	None
12	Looks great to me
13	None
14	?
15	Add more information and also useful links.
16	none
17	none
18	not familiar enough with it to make suggestions
19	none at this time
20	Nothing comes to mind
21	Occasional emailed newsletters with info about website updates
22	none
23	more publicity
24	none yet
25	none
26	publicize it
27	NOne, keep it current.
28	Last time I checked it was "under construction" I'll try it again. Are members contact info listed on the webiste. If not they should be.
29	Didn't know about it. Advertising it and promoting it would be a good idea.
30	could this be a place job opportunities are listed...maybe already the case

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[REPORT OVERVIEW](#)


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By now, AMSP members should have received information about the AMSP Consultation Program? Please provide us your thoughts about this program and any suggestions you **10.** have to make it better?

#	Response
1	Terrific program.
2	excellent leave as is
3	unfamiliar with the consultation program
4	I do not believe I have received this information as of yet.
5	I do not remember getting this information
6	It is a good idea.
7	seems like a good start at something new
8	I don't remember seeing this info
9	Excellent program; should be expanded.
10	None.
11	Not yet received
12	good idea I plan to use it
13	I have not yet received the information you mentioned.
14	a step in the right direction
15	haven't received it yet
16	No thoughts, unaware of the program.
17	I am not sure that I have received such information
18	??
19	I'm clueless.
20	Seems like a good idea
21	Looks good to me; Let's see how many people take advantage of the opportunity
22	Why so few people? Why not have sources identified for types of info
23	An excellent idea, needd to publicuse it more.
24	Is a very nice component of this organization and should be very well received.
25	I think it's a great idea and will certainly take advantage of this opportunity
26	I haven't had time to really consider the program.
27	Hard to say. It looks good, but first see how it goes.
28	great idea and important member service
29	I am really not that familiar with it.

- 30 I guess I am too new a member, have not received the information.
- 31 unfamiliar with this program
- 32 am not familiar with it
- 33 I have not received information about the consultation program.
- 34 not sure I see personal need for this
- 35 sounds like a good idea
- 36 Good idea. I would like more info about the consultants, their professional careers, what they feel they can offer.
- 37 Have not received information
- 38 none
- 39 haven't received any information yet
- 40 none yet
- 41 none
- 42 Its an interesting idea that could be helpful to members. I think that along with the names of the people who are available to consult, some information about them would be helpful. Using the listserve for general consultation should also be promoted. Also, rather than having just three names perhaps there could be a central coordinator who could survey a broad list of people who are available for consultaition.
- 43 have not heard about it
- 44 It is a good plan, hope it can help colleagues
- 45 I am not familiar with this. Through what venue should I have heard of it (is it the informal "mentor" program mentioned on the listserv? If so it should be more clearly formalized- I saw a few members mobilize around a specific members request.
- 46 Not interested in it at this time.
- 47 i have not had time to really think about this but it seems like a good idea

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[REPORT OVERVIEW](#)


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#### 13. What is your impression of the list serve? How can we make it more useful?

#	Response
1	Love it. Especially appreciate Dr. Wedding's frequent and cogent postings.
2	Not sure; it's somewhat insular.
3	a little dull
4	excellent more discussion of salient issues more comments about JCPMS articles
5	I like it as it provides an opportunity for some good discussion topics for members.
6	not much happening there;
7	I benefit from it and don't have specific suggestions.
8	Excellent for communication, but not too overloaded.
9	I'm probably going to drop out of all the list serves I subscribe to, including AMSP. Between the huge volume of list serve traffic and the mountains of spam I receive, list serves have become almost completely useless. PLEASE switch to some sort of web-based technology so we don't have to sift through zillions of emails to pick out the one or two interesting messages that might be buried somewhere in the middle.
10	Quite good
11	list serve is good already; only improvement is to make this a larger, more meaningful association; time to broaden past the "medical school" affiliation and include medical settings
12	I thought listserv was spelled listserv
13	The listserv is excellent. The traffic has been very enlightening over the years.
14	Ok as is.
15	Seems informative but broader than interests of clinical psychology
16	I wish there were more discussion topics rather than just announcements
17	Excellent
18	Share clinical and research resources on serve (i.e., colleagues, am looking for a couple of references on ... please help)
19	The list serve is not that helpful.
20	Not really able to say at this time.
21	It's OK -- but quite a few postings are not particularly relevant for me.
22	useful info especially for regional and national issues
23	I do not have one.
24	ok
25	Often interesting. Set it up so individual correspondence goes only through backchannel
26	not on list serve, so cannot make any suggestions
27	NA
28	Ok as far as list serves go.

- 29 I enjoy receiving the opinions of the membership. Sometimes the thread gets to be too long with replies.
- 30 I think people must backchannel a lot of responses, which means the rest of us miss out on discussions sometimes.
- 31 It's helpful that I have not been inundated with mail so that I am more likely to look at the items I do receive.
- 32 no suggestions
- 33 Its OK
- 34 It's very helpful. Usually appreciate the information on the list serve.
- 35 good list serve
- 36 na
- 37 it's helpful
- 38 It is useful I think we need to make sure to have email access for all members for periodic mailings
- 39 I find the reports from AAMC and interesting but less relevant than forum for specific discussion/consultation opportunities for members. YOU MUST FIND A WAY TO HAVE A MESSAGE SENT THROUGH THE LISTSERV BUT WITH THE RETURN ADDRESS TO THE INDIVIDUAL WHO IS SENDING IT. I have become very weary of receiving members personal responses to each other (most of whom seem to be in an "in" group of core members) Also under the current system it makes it difficult if not impossible to respond directly to an individual posting- some members don't even have their personal contact information at the end of their note. There must be a way to "reply" to the sender and "reply all" if one wishes to respond to the entire listserv. Unless this is addressed I am thinking of getting off the list.
- 40 Many times very informative.
- 41 very helpful

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Each individual respondent is referenced under the # column.

If you are not currently on the AMSP Listserv and want to be added, please enter your **14.** email address here.

#	Response
1	on it
2	shannonmoss@bellsouth.net
3	No, I do not wish to be added
4	jl2001@med.cornell.edu
5	drshaevitz@aol.com
6	dhindman@ucla.edu
7	fristad.1@osu.edu
8	black@tulane.edu
9	robert_pollard@urmc.rochester.edu
10	N/A
11	on already
12	epenick@kumc.edu
13	ljohnson@aucmed.edu
14	Mark.R.Elin@BHS.Org
15	Barbaraw@mclaren.org
16	spencejo@msu.edu
17	dnorman@partners.org
18	bgross@usc.edu
19	lynn-richman@uiowa.edu

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[REPORT OVERVIEW](#)


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What are some ways in which AMSP can be helpful to psychologists in academic health centers and medical schools?

15.

#	Response
1	by presenting opportunities for external funding (i.e., NIH)
2	The salary surveys with APA are tremendously helpful.
3	Exchange data and ideas.
4	create opportunities for debate on the controversial issues, e.g. prescription privileges for psychologists, suicide induction caused by antidepressants, how to handle patients exposed to risky polypharmacy with psychotropics
5	advise on establishing independent departments of psychology
6	focus on primary care psychology
7	As a postdoc, I am interested in classified ads advertising positions available in medical schools for psychologists.
8	Louder voice as psychology on our medical center campus has continued to be minimized and is in danger of being eliminated.
9	broadend mission to include more than medical school psychologists, focus on academic health science centers and teaching hospitals, it will broaden out membership
10	provide current information on salary levels to utilize in negotiations
11	Salary surveys more frequently. How to get positions in departments other than the traditional ones like psychiatry, family medicine, pediatrics.
12	Provide more information about AMSP members' research expertise. Journal editors and study section administrators might find this information helpful in identifying potential reviewers.
13	Continue to provide surveys of compensation data--base salary and supplemental.
14	Advocacy for parity in staff appointment process (e. g., admitting privileges)
15	Identify ways that psychologists can take leadership roles.
16	Provide a forum for discussing mutual concerns, suggestions for more successful interdisciplinary collaboration, guidance on managing the ethical and ideological differences in an interdisciplinary medical setting.
17	start by eliminating the bias toward medical schools, as many in this group practice in other medical settings and have no real interest in the complete emphasis on medical schools
18	maintaining communication about unique issues for work in these settings
19	enlarge itself by including psychologists at teaching hospitals
20	Have more conventions like the one held in St. Louis some years ago. It was a very pleasant professional experience.
21	Reimbursement issues for clinical services
22	Position papers; research information regarding reimbursement
23	lobby for acceptance of new CPT health and behavior billing codes; salary surveys
24	Provide info about billing, coding, privileges, etc.
25	Join advocacy efforts for better managed care treatment of clinical psychology services, especially including psychological assessment, RVU problems in that area. Also assist APA in procuring funding for graduate medical education for clinical psychology trainees.

- 26 advocacy
- 27 Tjhe consultation process is an excellent way to learn about negotiating the shoals in med schools
- 28 Strongly support and promote distribution of the APA 2002 survey of psychologists working in med schools. Salaries are squeezing out a significant number of non- MD providers and new emphasis for any sort of salary parity need be supported by AMSP.
- 29 ?
- 30 Work more on informing interns and student of AMSP so that they will enroll once graduated.
- 31 Be more active and keep us informed; get us involved in those activities.
- 32 be representative of more med school psychologistd
- 33 suggest ways of earning more money for individuals and programs
- 34 Updates on services that can be provided by Student Support services Updates on the Learning Disability accomodations Updates and suggestions for medical school curriculum in Behavioral Sciences Sample Labs that can be conducted in Behavioral Sciences Student-driven programs for studying and self-support that are available Test-taking strategy programs Anxiety reduction programs that are useful
- 35 plan a conference to include clinical,academic,research and political issues
- 36 am interesting i getting full medical priviledges in our medical setting
- 37 continue to provide information about resources available
- 38 identity
- 39 Salary surveys, advocates for psychologists in the MD world.
- 40 Provide more discussion time/space regarding how medical school psychologists can help undergraduate medical students in their issues related to PERSONAL as well as professional growth and development.
- 41 networking, provide collaborators for research projects, provide the political power of a group voice for psychologists at med schools
- 42 Improving status relative to MD peers; reimbursement issues
- 43 more frequent (local) meetings
- 44 salary survey
- 45 Visible programs at APA, AAMC, AADS. We need to be involved with both psychologists and the other professionals who we work along side with.
- 46 provide leadership and mentoring. Needs to define oppourtunities for pscyhologists in AHC.
- 47 salary information and amount of time in clinical,teaching and research of members
- 48 We need to grow our membership base, AMSP cross the boundaries of specialization in psychology and can address the issues relevant to scholarship, practice,research wihin acamdemic health centers
- 49 Providing a forum for discussing issues specific to psychologists in academic health centers and medical schools- maintaining identify as psychologists while working on equal rights and status with physician colleagues 2.comparing roles, obstacles and strategies for behavioral scientists in the medical school or post graduate medical faculty 3. discussion of gender issues- my experience is that men are less likely to be devalued (e.g. as a woman I've had to insist on using my "Dr." title. Male psychologist colleagues are given that respect automatically.
- 50 No ideas at time.
- 51 working with apa, divisions, and other groups to assure needs of this group of psychologists are met; developing relevant data bases, links to relevant training programs and job ops...AMSP probably does most of this already

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Would you like AMSP to become an active advocate (or continue advocating) for causes of **16**.special concern to psychologists in academic health centers and medical schools?

#	Response
1	parity for consumers; parity for practitioners
2	Inclusion of psychology in GME funding.
3	see above (although i oppose prescription privileges for psychologists. my suggestion is to create a lively forum for debate about such issues
4	salary faculty promotion guidelines
5	I think issues related to the departments under which we are housed are important issues (e.g., psychiatry vs. family medicine).
6	Faculty status issues
7	Integration of psychology into medical school curriculum and providing clinical health and behavior expertise.
8	independence in all centers, teaching us all about JCAHO rules and how to use them to psychologists' advantage... more on training curricula for psychologists , not so focused on training MDs..
9	hospital privileges prescription privileges
10	Salary and promotion/tenure
11	See # 15
12	mental health parity
13	dwindling training programs secondary to funding; improved insurance coverage
14	NOT prescription privileges
15	tenure, promotion, salary support
16	More integration of behavioral science requirements by LCGME.
17	As above
18	health and behavior code acceptance by insurers; hospital admitting privileges
19	See #15.
20	see above and add to these some specific academic concerns, such as notifications of grant availabilities, sponsorship of clinical psychology research activities
21	Parity with other medical disciplines; gender equality
22	1. More basic bio sciences in Health Psychology training - 2. GME funding for Psychology in AHECs 3. Biobehavioral integration in Medical education
23	I think we are not strong enough yet to have a great deal of clout in that area
24	above
25	the importance of mental health issues in medical problems
26	Admitting privileges and full member status
27	not sure

- 28 medical staff membership, academic advancement and scientific training
- 29 Psychologists should be part of the medical staff training funds from Medicare/Medicaid should be make more available to psychologists as well as state training funds some cooperation between APA and ACGME
- 30 The importance of medical-psychological and neuropsychological services both within the university medical school environment and for professional staff as well.
- 31 continue to advocate for billing of health psych services versus patients having to meet DSM-IV-TR criteria in order to get reimbursed.
- 32 parity in salaries for similar levels of responsibility
- 33 salary
- 34 Hospital privileges, parity with MD's, etc.
- 35 The clinician/administrative roles played by psychologists.
- 36 psychology as a free-standing dept full med staff privileges for psychologists
- 37 funding for fellowships, reimbursement issues, RVUs, status relative to MD peers
- 38 role of Consult Liaison Psychologists
- 39 children's services and insurance reimbursement, esp for "mental health"
- 40 prescription priviledges
- 41 Models of organizational structure; models for practise privileges; models for evaluating professional achievement in the modern world of tenure advancement, ie, rolling contracts which have a time limit. Promoting ABPP as one way to document the Specialty skills of faculty practitioners.
- 42 GME, independent departments,
- 43 status of psychologists in med schools such as tenure,privileges etc
- 44 parity in privileges; funding for training
- 45 1.Full Medical Staff membership and Attending status for psychologists 2.Salary commensurate with a doctoral level psychologists responsibilities and skills
- 46 Continued support for training issues, health care programs for persons with chronic health conditions.
- 47 working to get new health and behavior codes used and paid for; mental health parity; advocating for the IOM report on behavioral science in medical education and all of its implications; advocating for clinical health psychology programs to be one of the "accredited" APA professional programs; funding internship and post-doc programs in health care settings; developing/advocating/highlighting multidisciplinary programs between psych and others - medicine, nursing, ethics, epidemiology, public health - to increase pool of psychologists trained in multidisciplinary health care practice and research; advocating for increased funding for behavioral science research etc...obviously AMSP can not do this alone but could work with other relevant groups

## Survey Results (Included Responses)

[REPORT OVERVIEW](#)


### AMSP New Member Interests Survey

Questions that required written responses are displayed by individual query. The "Report Overview" button or "Back" button will return you to your survey results.

Each individual respondent is referenced under the # column.

AMSP would like members to take active roles in AMSP activities. Are you interested in becoming active or more active in that respect?

#	Response
1	I would like to be made aware of any opportunities that may be available so I would be better able to select those in which I have interest.
2	I would like to help out, but I live in Australia, and AMSP is a US focussed group
3	perhaps, depending on the issue
4	Board member
5	Not at this time. Am president-elect of local psychological assn.
6	?
7	if the association becomes more visible and viable
8	I am flexible and willing to assist in various areas.
9	Whatever you need.
10	I am very active in several other professional psychology organizations and cannot afford more time in this area
11	I'm already quite active with AMSP
12	1. Curriculum for training psychologists 2. behavioral sciences in Med Ed 3. GME funding
13	AMSP national committee work
14	I'm not sure what opportunities are available??
15	I am active -- an member of the AMSP Board
16	already active
17	maybe conferences, bioethical issues, professional identity, collegial support, etc.
18	I have a limited amount of time, but would be interested in knowing what you need
19	open
20	overwhelmed
21	Psychologists-of-color; diversity issues
22	I'm not sure. I would be willing to represent my institution in some way.
23	not at this time
24	leadership and editorial reviews
25	anything to do with infants, children and adolescents
26	My reply is actually a maybe, I have been active in a number of other settings and would need to see a clear issue for me to get involved with that has personal salience.
27	I have gone to emeritus status recently, which is why I'm less enthusiastic than I hope is typical for our membership.
28	I am active in a manner best suited for my time and ability.
29	I am willing to help out but it needs to be very task-focused given all of my other duties and obligations

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Each individual respondent is referenced under the # column.

19. If "yes" to the above question, please enter your email address for this contact.

#	Response
1	oliver2@aol.com
2	smoss@familymed.umsmc.edu
3	anna.churhansen@adelaide.edu.au
4	jacob@nso1.uchc.edu
5	Archerrp@evms.edu
6	jd Robinson@aol.com
7	jlr2001@med.cornell.edu
8	PCF4V@Virginia.edu
9	mcarey@mco.edu
10	drshaevitz@aol.com
11	dmorgan3@kumc.edu
12	dhindman@ucla.edu
13	fristad.1@osu.edu
14	robin005@umn.edu
15	posmith@familymed.umsmc.edu
16	black@tulane.edu
17	Robert_Pollard@urmc.rochester.edu
18	gdavis1@d.umn.edu
19	johnstoneg@health.missouri.edu
20	balljd@evms.edu
21	cubicba@evms.edu
22	jcarr@u.washington.edu
23	brent.vandorsten@uchcs.edu
24	you already have it
25	epenick@kumc.edu
26	ljohnson@aucmed.edu
27	Mark.R.ELin@BHC.Org
28	Barbaraw@mclaren.org
29	dweiss@itsa.ucsf.edu
30	spencejo@msu.edu
31	dnorman@partners.org

32 robert.lee@emory.edu or rlee08@emory.edu  
33 ann.maddrey@utsouthwestern.edu  
34 geffken@psychiatry.ufl.edu  
35 marycrit78@AOL.com  
36 bgross@usc.edu  
37 KOBOS@UTHSCSA.EDU  
38 hcoons@voicenet.com  
39 billha@itsa.ucsf.edu  
40 lynn-richman@uiowa.edu  
41 I thought this was anonymous!  
42 telliott@uab.edu  
43 suzanne.johnson@med.fsu.edu

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## Survey Results (Included Responses)

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What was your approximate **TOTAL ANNUAL INCOME** from all psychology sources (salary, patient revenue, etc) in 2003? DO NOT include non-psychology income (e.g., tenant rent, trust fund income, etc.)

**24.** trust fund income, etc.)

#	Response
1	120000
2	\$155,000
3	\$260,000
4	\$125,000
5	\$145,000
6	\$138,000
7	33,000
8	\$52,000
9	\$86,000
10	AUD75,000
11	175,000
12	200,000
13	100,000
14	140000
15	\$126,000
16	\$100,000
17	\$87,000
18	Salary + Benefits= \$87,000
19	73000
20	87,000
21	38000
22	\$90,000
23	I am 75% time. With that, I earned \$78,350
24	71,000 not counting benefits
25	>120K
26	95,000
27	\$200000
28	100,000
29	115,000

30 \$108,000  
31 65,000  
32 \$40,000 (partially retired)  
33 \$130,000  
34 75,000  
35 55,000  
36 70,000  
37 100,000  
38 120,000  
39 \$ 83,000,00  
40 180,000  
41 130000nm 13025000  
42 120000  
43 65000.00  
44 130000  
45 200,000  
46 160k  
47 54,650  
48 68,000  
49 109 K  
50 100,000  
51 35,000  
52 100,000.00++  
53 200,000.00  
54 100K  
55 155  
56 \$190000  
57 \$172,000  
58 110,000  
59 130,000  
60 128,000  
61 Way too little- I'm embarrassed to say.  
62 90,000  
63 151,000