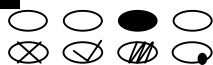




2003 Medical School /Academic Medical Center Psychologists Employment Survey

INSTRUCTIONS

CORRECT MARK
INCORRECT MARKS



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN.
- DO NOT USE RED INK OR A FELT TIP MARKER

- FILL THE OVAL COMPLETELY.
- DO NOT MAKE ANY STRAY MARKS

SECTION 1 INFORMATION ABOUT APPOINTMENTS (Academic or otherwise)

1. In what COLLEGE is your primary appointment (e.g., School of Medicine, School of Health Sciences)?

2. In what DEPARTMENT is your primary appointment (e.g., Dept. of Psychiatry, Dept. of Pediatrics)?

3. If you have a SECONDARY appointment, list the department, college, or NON-ACADEMIC unit in which you have the appointment. If your PRIMARY work is in a non-academic unit AND/OR you don't have an academic appointment but work mostly or entirely in a non-academic unit, list that unit and indicate its non-academic mission.

4. Your PRIMARY medical school/academic medical center **academic** appointment is:

- ☐ N/A, do NOT have an academic appointment → **SKIP TO QUESTION 8**
- ☐ Full Time
- ☐ Part Time

5. Your rank in PRIMARY **academic** appointment is:

- ☐ N/A, do NOT have an academic appointment → **SKIP TO QUESTION 8**
- ☐ Full professor
- ☐ Associate professor
- ☐ Assistant professor
- ☐ Lecturer/Instructor
- ☐ Other (specify) _____

6. Your tenure status in PRIMARY **academic** appointment is:

- ☐ N/A, do NOT have an academic appointment → **SKIP TO QUESTION 8**
- ☐ Tenured
- ☐ Not tenured, on tenure track
- ☐ Not tenured, not on tenure track
- ☐ N/A, tenure system not used
- ☐ Other (specify) _____

7. Your PRIMARY medical school/academic medical center **academic** appointment is:

- ☐ N/A, do NOT have an academic appointment
- ☐ 9-10 months
- ☐ 11-12 months
- ☐ Other (specify) _____

SECTION 2 CHARACTERISTICS OF DEPARTMENT/SCHOOL

8. How many psychologists are in your primary appointment **department** (including yourself)?

EXAMPLE:

If the number is 36, please enter as "036"

	Full Time	Part Time	Total
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

9. How many psychologists are in your primary appointment **medical school/academic medical center** (including yourself)?

Full Time	Part Time	Total
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

10. Is there a separate administrative unit of psychology within your department or college?

- ☐ Yes
☐ No

11. Is there a Chief Psychologist or Administrative Head for psychology at your college or department?

- ☐ Yes
☐ No

12. Please give the name and organizational title of the Chief Psychologist or Administrative Head for psychology at your college/department/institution.

13. Does your employer cover the cost of malpractice insurance?

- ☐ Yes
☐ No

SECTION 3 EMPLOYMENT ACTIVITIES

14. How many hours in a typical workweek do you spend in medical school/ academic medical center activities in your primary appointment?

EXAMPLE:

If the number is 36, please enter as "36"

3	6
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

15. What **percentage** of your time is devoted to each of the following activities in your medical school/ academic health science center?

Research	Teaching	Clinical Service
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
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Administration	Other (specify) _____	100% Total
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	
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16. If you have a teaching role, please list the courses/lecture topics for which you are currently responsible :

Courses:

Lectures:

17. Are you a member of the medical staff in your teaching hospital / academic medical center?

☐ Yes
☐ No → **SKIP TO QUESTION 19**

18. If you are a member of the medical staff in your teaching hospital / academic medical center, do you have **FULL** privileges?

☐ Yes
☐ No → if no, what is/are the limitation(s)?
 (Fill in all that apply)

☐ No admitting privilege
☐ No vote
☐ Cannot write orders
☐ Other (specify) _____

SECTION 4

SALARY INFORMATION

19. What was your annual base salary in 2002 (include income from research grant/clinical income if **INTERNAL** to medical school / academic medical center) (**EXCLUDE independent practice income EXTERNAL to medical school / academic medical center**)?

EXAMPLE:

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20. Are you able/required to supplement your salary with independent practice income external to medical school / academic medical center?

☐ Yes → if yes, what was your clinical income in 2002?

Source : \$.00

☐ No

<input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0
<input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 1
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<input type="text"/> 9 <input type="text"/> 9 <input type="text"/> 9 <input type="text"/> 9 <input type="text"/> 9

21. Are there additional supplements to your income (e.g., consulting, honoraria, teaching, and workshops)?
Do not include clinical income or income from research grants that constitutes part of the salary that you reported in Q 19.

☐ Yes → if yes, indicate amount in 2002.
☐ No

\$

--	--	--	--	--	--

.00

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

22. What was your TOTAL ANNUAL INCOME from all sources in 2002? DO NOT include non-psychology income (e.g., tenant rent, investment income, etc.)

\$

--	--	--	--	--	--

.00

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

23. Are you REQUIRED to earn part of your salary through research grants, or clinical work/independent practice?

If yes, fill in the grid as appropriate and indicate the source(s).

EXAMPLE:

If the percentage is 98, please enter as "098"

0	9	8
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	
9		9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- ☐ Yes, research grants
☐ Yes, clinical work
☐ Yes, both research and clinical
☐ No

24. What is the overhead rate for the clinical work/independent practice income you generate (e.g., Dean's tax, etc)?

☐ N/A

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

25. What is the overhead rate for grant income in your department?

☐ N/A

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SECTION 5 DEMOGRAPHIC INFORMATION

26. Sex

- ☐ Male
☐ Female

27. Ethnic/racial background (Fill in all that apply)

- ☐ African American/Black
☐ Asian/Pacific Islander
☐ American Indian / Alaskan Native
☐ Caucasian/White
☐ Hispanic/Latino(a)
☐ Other (specify) _____

28. Citizenship

- ☐ United States of America
☐ Canada
☐ Other (specify) _____

29. Please enter the zip/postal code of your primary employment setting.

United States

--	--	--	--	--

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Canada

--	--	--	--	--	--	--

30. In what year did you receive your doctorate?

--	--	--	--

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

31. For how many years have you been in your present primary position at this institution?

--	--

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

SECTION 6

EXPERIENCES

32. Have there been changes in your clinical income or salary that are directly traceable to changes in the healthcare reimbursement system (e.g., managed care, and provider panels)?

- ☐ Yes → If YES, what?
☐ No

33. Has your institution undergone a merger with another health care organization in the past 5 years?

- ☐ Yes
☐ No
☐ Don't know / unsure → **SKIP TO QUESTION 36**

34. If your institution underwent a merger with another health care organization in the past 5 years, were psychology positions lost as a result of this action?

- ☐ Yes
☐ No
☐ Don't know / unsure

35. What impact did such a merger have on your daily work activities?

- | | increased | same | decreased |
|--|-----------------------|-----------------------|-----------------------|
| • Number of clinical hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Support for research | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Support for teaching/training | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Time for (my) professional development | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Other (specify _____) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> None | | | |

36. In your department / primary unit, do members of other disciplines comprehend and appreciate the value of psychologists' contributions?

- ☐ Yes
☐ No
☐ N/A - my department / primary unit is composed entirely of psychologists.

37. In units elsewhere in your institution, do members of other disciplines comprehend and appreciate the value of psychologists' contributions?

- ☐ Yes
☐ No
☐ Don't know / unsure

38. Have you ever held or been part of any of the following federal grants?

Please fill in all that apply in the LEFT column. If you were ever the principal investigator for the grant or project, please fill in all that apply in the RIGHT column.

Those that apply Principal investigator

- | | |
|---|-----------------------|
| <input type="radio"/>NIH..... | <input type="radio"/> |
| <input type="radio"/>NIMH..... | <input type="radio"/> |
| <input type="radio"/>HSRA..... | <input type="radio"/> |
| <input type="radio"/>NIDA..... | <input type="radio"/> |
| <input type="radio"/>NIAA..... | <input type="radio"/> |
| <input type="radio"/> ..Other (specify _____) | <input type="radio"/> |

39. For what student groups do you have teaching responsibilities? (*Fill in all that apply*)

- ☐ Psychology students
☐ Psychiatry residents
☐ Medical / surgical residents
☐ Medical students
☐ PA students
☐ Nursing students
☐ Dental students
☐ Other (specify) _____

40. Do you take part in the training of psychology students? (*Please select all locations and levels of training that apply*)

- | | Predoctoral | Internship | Postdoctoral |
|--|-----------------------|-----------------------|-----------------------|
| • Yes, in my department | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Yes, elsewhere in my institution | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • Yes at another institution | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| • No, BUT there ARE opportunities in my department | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

41. Of which of the following organizations are you a member?

- | | Yes | No |
|--------|-----------------------|-----------------------|
| • AAMC | <input type="radio"/> | <input type="radio"/> |
| • AMSP | <input type="radio"/> | <input type="radio"/> |
| • APA | <input type="radio"/> | <input type="radio"/> |

42. Please tell us why you belong to each of the organizations you indicated in question 41?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If the envelope is lost or missing, please mail to:

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