

CHARACTERISTICS OF DEPARTMENT/SCHOOL

EXAMPLE:

EXAMPLE:

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

0	9	8
●	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

Full time	Part time	TOTAL
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10
6	6	12
7	7	14
8	8	16
9	9	18
10	10	20
11	11	22
12	12	24
13	13	26
14	14	28
15	15	30
16	16	32
17	17	34
18	18	36
19	19	38
20	20	40
21	21	42
22	22	44
23	23	46
24	24	48
25	25	50
26	26	52
27	27	54
28	28	56
29	29	58
30	30	60
31	31	62
32	32	64
33	33	66
34	34	68
35	35	70
36	36	72
37	37	74
38	38	76
39	39	78
40	40	80
41	41	82
42	42	84
43	43	86
44	44	88
45	45	90
46	46	92
47	47	94
48	48	96
49	49	98
50	50	100

1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102

Full time	Part time	TOTAL
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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 ☐ No

☐ Yes ☐ No

☐ Yes **SKIP TO QUESTION 15**☐ No

☐ Yes, elsewhere in my institution

☐ Yes, at another institution (specify)

☐ No

☐ Yes SKIP TO QUESTION 17

☐ No

☐ Yes, elsewhere in my institution

☐ Yes, at another institution

If yes, indicate how

☐ No☐ Yes ☐ No

SECTION 3

EMPLOYMENT ACTIVITIES

18. What percentage of your time is devoted to medical school/health science center activity?

EXAMPLE:

If the amount is 55, please enter as "055"

0	5	5	%
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	

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

Clinical service	Research	Teaching
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

Admini- stration	Other (specify)	100% 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

20. If you have a teaching role, please list the courses/lecture topics for which you are currently responsible:

Courses:

Lectures:

21. For what student groups do you have teaching responsibility?
(Fill in all that apply):

- ☐ Medical students
☐ PA students
☐ Nursing students
☐ Dental students
☐ Psychology students
☐ Other (specify) _____

22. Are you a member of the teaching hospital/health science center medical staff?

- ☐ Yes ☐ No **SKIP TO QUESTION 24**

23. If you are a member of the teaching hospital/health science center medical staff, 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

24. What was your annual base salary in 1996 (include income from research grant/clinical income if INTERNAL to medical school) (EXCLUDE independent practice income EXTERNAL to medical school)?

EXAMPLE:

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

\$

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

.00

25. Are you able to supplement your salary with independent practice income external to medical school?

☐ Yes If yes, what was your clinical income in 1996?

Source

\$

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

.00

☐ No

26. Are there additional supplements to your income (e.g., consulting, honoraria, teaching, workshops)? Do not include clinical income or income from research grants that constitute part of the salary that you reported in Q 24.

☐ Yes If yes, indicate amount in 1996.

☐ No

\$

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

.00

27. What was your TOTAL ANNUAL INCOME from all sources in 1996? Do NOT include non-psychology income (e.g., tenant rent, trust fund income, etc.)

\$

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

.00

28. Are you required to earn part of your salary through clinical work/independent practice or research grants?

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

EXAMPLE:

If the percentage is 53, please enter as "053"

0	5	3
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

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

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

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

%

30. What is the overhead rate for grant income?

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

31. Sex

- ☐ Male
☐ Female

32. 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) _____

SECTION 5

DEMOGRAPHIC INFORMATION
(cont.)

33. Please enter the zip code of your primary employment setting.

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

34. In what year did you receive your doctorate?

19

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

35. 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

36. Has your clinical income or salary been affected by changes in the health care system (e.g., managed care, provider panels)?

☐ Yes ☐ No

If Yes, how?

37. If you work in a hospital, has the institution undergone a merger with another health care organization in the past 5 years?

☐ Yes ☐ No **SKIP TO QUESTION 40**

38. If yes, were psychology positions lost as a result of this action?

☐ Yes ☐ No

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

☐ None

(Fill in all that apply)

- ☐ More clinical hours were required
☐ Less support for research
☐ Less support for teaching/training
☐ Less time for (my) professional development
☐ Other (specify) _____

40. Are you a member of the Association of Medical School Psychologists?

☐ Yes **SKIP TO QUESTION 42**

☐ No

41. If no, why not? (Fill in all that apply)

- ☐ Do not know about the organization.
- ☐ I've never been asked to join.
- ☐ Annual dues (\$45) are too high.
- ☐ Perceive little value from the group.
- ☐ Belong to too many organizations.
- ☐ Other (specify) _____

42. Are you a member of the American Psychological Association?

- ☐ Yes ☐ No **SKIP TO QUESTION 44**

43. If yes, list your Division affiliations:

44. Do you believe that psychologists who work in or are affiliated with academic health science centers need a separate professional association directly concerned with their needs and interests?

- ☐ Yes ☐ No

45. Would you join such an organization if you felt it was responsive to your needs?

- ☐ Yes
- ☐ No
- ☐ Maybe

46. Would you be willing to devote time to serving such an organization?

- ☐ Yes
- ☐ No
- ☐ Maybe

47. If you believe there is currently an organization that serves this need, please list.

48. AMSP is in a unique position to lobby for psychologists in medical settings. On which **one** activity below would you like AMSP to focus its efforts to benefit its members?

- ☐ Increasing salaries
- ☐ Providing a unified voice to medical school/center administrators
- ☐ Providing a unified voice to managed care/health care organizations
- ☐ Serving as a resource for questions on aspects of clinical service, research, training (e.g., comparison of practices across sites)
- ☐ Other _____

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