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DEMOGRAPHICS

What gender do you identify most with?

- A. Male
- B. Female
- C. Other (please specify) _____

What is your current age?

- A. <35 years old
- B. 35-44 years old
- C. 45-54 years old
- D. 55-64 years old
- E. 65+ years old

What is your age in years?

What category best describes you:

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Hispanic, Latino, or Spanish Origin
- E. Middle Eastern or North African
- F. Native Hawaiian or Other Pacific Islander
- G. White
- H. Some other race, ethnicity, or origin (please specify) _____
- I. I prefer not to answer

What is your current relationship status?

- A. Single (never married)
- B. Married or in a domestic partnership
- C. Widowed
- D. Divorced
- E. Separated

If married or in domestic partnership, what best describes your partner's job?

- A. Physician
- B. Other healthcare professional
- C. Non-medical professional
- D. Home-maker
- E. Other (please specify) _____

Do you have any biological, adopted, foster, or stepchildren?

- A. No
- B. No but I am (or partner is) pregnant or in the process of adopting
- C. Yes, one child
- D. Yes, two children

- E. Yes, three children
- F. Yes, four or more children

If you have children, how many children are under 10 years of age?

- A. I have no children under 10 years of age
- B. 1 child
- C. 2 children
- D. 3 children
- E. 4+ children

TRAINING and BOARD CERTIFICATION

What year did you graduate from Medical School?

What is the location of your medical school?

- A. USA
- B. Canada
- C. Other

What is your professional medical degree?

- A. MD
- B. DO
- C. Other (please specify) _____

Do you have remaining loans accumulated from medical school, residency, or fellowship training period?

- a. Yes
- b. No

Are you Board Certified in PEDIATRICS

- A. Yes
- B. No

Are you Board Certified in SPECIALTY

- C. Yes
- D. No

How many years has it been since you graduated from your fellowship training?

- A. 0-5 years
- B. 6-10 years
- C. 11-15 years
- D. 16-19 years
- E. 20+ years

In what year did you complete your training?

Do you train in an additional specialty/subspecialty? (can include another specialty or a subspecialty within your specialty)

Are there additional specialties or subspecialties in which you have been trained?
Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Neonatal-Perinatal Medicine |
| <input type="checkbox"/> Allergy and Immunology | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Anesthesiology and Pain Medicine | <input type="checkbox"/> Neurodevelopmental Disabilities |

- | | |
|--|--|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Child Abuse Pediatrics | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Developmental-Behavioral Pediatrics | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Hematology-Oncology | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Hospice and Palliative Medicine | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Hospital Medicine | <input type="checkbox"/> Transplant Hematology |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Medical Toxicology | |
| <input type="checkbox"/> Other | |

Are you currently enrolled in Maintenance of Certification? Please check all that apply.

- a. No, I have lifetime certification
- b. No, my initial certification is still current
- c. No, my certification has lapsed
- d. Yes, in my primary specialty/subspecialty: [Q2].
- e. Yes, in my second specialty/subspecialty: [Q6].
- f. Yes, in my third specialty/subspecialty: [Q10].
- g. Yes, in another specialty/subspecialty.
- h. Other (please explain below) [text box]

PRACTICE Demographics

Are you currently:

- a. In training (medical school, residency, fellowship)
- b. Practicing medicine
- c. Retired
- d. Semi-retired
- e. None of these/other (please specify below)

Other [text box]

If applicable, what is your academic rank?

- a. Clinical Instructor
- b. Assistant Professor
- c. Associate Professor
- d. Professor
- e. No academic appointment
- f. Other (please specify) _____

Please indicate your main employment site, that is, the setting in which you spend the most time.

- A. Solo private practice
- B. Group private practice
- C. Hospital/Healthcare System Owned Practice
- D. University Hospital / Medical School Affiliated Practice
- E. Other (please specify) _____

Please indicate your main employment site, that is, the setting in which you spent the most time.

- | | |
|---|---|
| <input type="checkbox"/> Solo practice | <input type="checkbox"/> Non-profit community health or health dept |
| <input type="checkbox"/> Pediatric group practice | <input type="checkbox"/> Uniform Health Services clinic |
| <input type="checkbox"/> Specialty group practice | <input type="checkbox"/> Medical school/hospital (or parent university) |
| <input type="checkbox"/> Multi-specialty group | <input type="checkbox"/> Community/staff model hospital |
| <input type="checkbox"/> HMO staff/group model | <input type="checkbox"/> Other (please specify below) |
- [text box]

Please describe where your primary practice location is:

- A. Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA, MD, DE, DC)
- B. Midwest (ND, SD, NE, KS, MN, WI, IA, MO, MI, IL, IN, OH)
- C. South (OK, TX, AR, MS, LA, KY, WV, VA, NC, TN, SC, GA, AL, FL)
- D. West (AK, HI, WA, OR, CA, ID, NV, UT, MT, WY, CO, NM, AZ)
- E. Canada
- F. Mexico
- G. Other (please specify) _____

What is the zip code of your main employment site?

U.S. zip code (5 digits) [text box]

Canadian zip code [text box]

Other [text box]

How would you describe the community type of your main employment site?

- i. Urban, inner city
- j. Urban, not inner city
- k. Suburban
- l. Rural

Job Search, Retirement, Future Plans

How did you find out about your **first job position** after graduating from fellowship training?

- Word of mouth/non-written information
- Journal advertisement
- Posting at Specialty meeting/scientific session
- Council on Pediatric Subspecialties website
- Society of Pediatric Cardiology Training Program Directors website
- Position was created for me
- Other website (please specify below)
- Other [text box]

How did you find out about your **most recent (if applicable) job position** after graduating from fellowship training?

- Word of mouth/non-written information
- Journal advertisement
- Posting at Specialty meeting/scientific session
- Council on Pediatric Subspecialties website
- Society of Pediatric Cardiology Training Program Directors website
- Position was created for me
- Other website (please specify below)
- Not Applicable
- Other [text box]

Have you changed jobs in the last 3 years?

- a. Yes
- b. No

What was your motivation for changing jobs? Please rank up to 3 (drag and drop into the appropriate order).

- Increased salary/benefits
- Academic advancement
- My spouse/significant other had a professional opportunity in another location
- Better/reasonable work hours
- Improved intellectual stimulation
- Academic setting
- Teaching opportunities
- Research opportunities
- Leadership opportunities
- Work-life balance
- Other (please specify below)
- Other [text box]

Do you plan on changing jobs in the next 3 years?

- a. Yes
- b. No

If so, what is your motivation for changing jobs? Please rank up to 3 (drag and drop into the appropriate order).

- Increased salary/benefits
- Academic advancement
- My spouse/significant other had a professional opportunity in another location
- Better/reasonable work hours
- Improved intellectual stimulation
- Academic setting
- Teaching opportunities
- Research opportunities
- Leadership opportunities
- Work-life balance
- Other (please specify below)
- Other [text box]

What best describes your plans to retire?

- Currently retired
- Planning to retire in the next 1-2 years
- Planning to retire in the next 3-5 years
- Planning to retire in the next 5-10 years
- Not planning to retire in the next 10 years

What best describes your reasons for retirement? Check all that apply.

- Not applicable, not planning on retiring in the next 10 years
- Personal health issues
- Personally planned age to retire
- Mandated or practice required age to retire
- Job dissatisfaction
- Accepting a practice buyout
- Other reason (please specify below)
- Other [text box]

CURRENT PRACTICE

Do you provide direct patient care?

- a. Yes
- b. No

What best describes your current TOTAL work practice?

- Full time Equivalent (FTE)
 - 80% part time/FTE
 - 60% part time/FTE
 - 40% part time/FTE
 - 20% part time/FTE
 - Other (please specify below)
- Other [text box]

What best describes your current CLINICAL work practice?

- Full time Equivalent (FTE)
- 80% part time/FTE
- 60% part time/FTE
- 40% part time/FTE
- 20% part time/FTE
- Other (please specify below)

If partial FTE, my primary reason for this is:

- Not applicable, FTE
 - Personal/family issues
 - Transitioning towards retirement
 - No FTE jobs available in my area
 - Other (please specify below)
- Other [text box]

Do you take call as part of your clinical responsibilities?

- YES
- NO

How much of your time is spent on in-patient clinical duties? (e.g. 13 weeks out of 52 weeks a year spent on in-patient service is 25% of your time)

- B. 0-10%
- C. 11-25%
- D. 26-50%
- E. Greater than 50%

If applicable, on average how many **inpatient consults** do you perform per week that you are on inpatient service?

- 1-5
- 6-10

11-15
16-20
21+

If applicable, on average how many **inpatients** are on inpatient service?

1-5
6-10
11-15
16-20
21+

What proportion of your direct patient care time is spent in primary care pediatrics and in subspecialty care? Please note that responses should add to 100.

Primary care pediatrics - %

[text box]

Pediatric medical subspecialty - %

[text box]

Pediatric surgical subspecialty - %

[text box]

Another specialty, including adult - %

[text box]

During a typical work week, what is the total number of hours you usually work?

Hours worked:

During a typical work week, what is the total number of hours you usually work, including at your practice site, hospital, and at home (e.g. note-writing, reviewing charts, returning work emails)?

- A. 0-25 hours
- B. 26-35 hours
- C. 36-50 hours
- D. 51-60 hours
- E. 61-70 hours
- F. 71+ hours

Which of the following describes the environments in which you care for patients (check all that apply)

- A. Hospital
- B. Clinic
- C. Satellite Clinic
- D. Other

How many TOTAL clinic half-sessions do you do per week?

How much time is typically allotted for a new patient visit in your practice?

- a. 15 minutes
- b. 20 minutes
- c. 25 minutes
- d. 30 minutes
- e. 45 minutes
- f. 60 minutes
- g. More than 60 minutes

How much time is typically allotted for a follow up patient visit in your practice?

- A. 15 minutes
- B. 20 minutes
- C. 25 minutes
- D. 30 minutes
- E. 45 minutes
- F. 60 minutes
- G. More than 60 minutes

During a typical work week, what percent of your time do you spend in the following professional activities? If you do not spend any time in a particular activity, please indicate zero (0) in the appropriate space. Note that your responses should total 100.

- a. Direct patient care (including time spent on patient-related record keeping and other office work - % [text box]
- b. Administration (include activities related to planning/managing services in hospitals or other health facilities) - % [text box]
- c. Teaching - % [text box]
- d. Clinical research - % [text box]
- e. Basic science research - % [text box]
- f. Health services research - % [text box]
- g. Other musical activities not involving the direct care of patients, e.g., committee work, consulting with agencies - % [text box]
- h. Other - % [text box]

REFERRALS / CHANGES TO CLINICAL PRACTICE

From which sources do you receive referrals? Please check all that apply.

- Pediatric generalists
 - Family physicians
 - General internists
 - Obstetric/gynecologists
 - Adult medicine subspecialists
 - Pediatric medical/surgical subspecialists
 - Pediatric nurse practitioners
 - Physician assistants
 - Other (please specify below)
- Other (Please specify)
[text box]

Do you receive referrals from any of the following sites? Please check all that apply.

- Urgent care centers
- Community agencies
- School districts
- None of these sites

Do your pediatric referrals come from only within your own practice or managed care network?

- a. Yes
- b. No
- c. No, not in a network

Has the volume or complexity of pediatric referrals that you have received in the last 12 months changed compared to previously?

- d. Yes
- e. No, neither has changed

Please best describe your referral pattern in the last 5 years by answering the statements below:

- A. Volume of referrals has:
 - a. Increased
 - b. Decreased
 - c. Not Changed
- B. Complexity of referred patients has:
 - a. Increased
 - b. Decreased
 - c. Not Changed

- C. Likelihood of general pediatricians and other generalists to treat complex pediatric gastrointestinal conditions in their patients has:
- Increased
 - Decreased
 - Not Changed
- D. Likelihood of general pediatricians and other generalists to treat general pediatric gastrointestinal conditions (e.g. reflux, functional constipation) in their patients has:
- Increased
 - Decreased
 - Not Changed

How pressured do you feel to increase the number of patients seen?

- Extremely pressured
- Very pressured
- Somewhat pressured
- Slightly pressured
- Not at all pressured

How pressured do you feel to increase your workload? (eg. More hospital committees, teaching, etc)

- Extremely pressured
- Very pressured
- Somewhat pressured
- Slightly pressured
- Not at all pressured

In the past 3 years, has the average time (face to face plus related documentation time) that you spend per patient:

- Increased
- Decreased
- Not Changed

What has changed in the last 12 months?

- Volume of referrals has..... increased decreased not changed
- Complexity of referred patients has..... increased decreased not changed

To what do you attribute the change in referrals the last 12 months? Please indicate below which and how conditions have changed in your area. Please check one for each response.

Likelihood of general pediatric with other pediatricians and other generalists to treat LESS complex subspecialty patients has...

increased decreased not changed

Likelihood of general pediatricians and other generalists to treat MORE complex subspecialty patients has....

increased decreased not changed

The amount of competition with other pediatric subspecialists has.....

increased decreased not changed

The amount of referrals from adult subspecialists to me has.....

increased decreased not changed

The number of inappropriate or questionable referrals has.....

increased decreased not changed

The incidence or severity of illnesses/conditions in my community that I treat has...

increased decreased not changed

Other (please specify below)

Other [text box]

Do you face competition for your pediatric subspecialty services in your geographic area?

- a. Yes
- b. No

From whom do you face competition for your pediatric subspecialty services? Please check all that apply.

General pediatricians

Family physicians

Other pediatric subspecialists

Physicians trained in adult/internal medicine in my specialty

Non-physician medical personnel (e.g., advanced practice nurses, chiropractors)

Urgent care center

Retail based clinic(s)

Others (please specify below)

Others [text box]

Have you modified your practice as a result of competition with others?

- c. Yes
- d. No

How have you modified your practice as a result of competition with others?

- | | | | |
|---|------------------------------------|------------------------------------|------------------------------------|
| Office hours | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Fees | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Number of support staff and/or their responsibilities | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Number of advanced practice nurses employed | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Number of physicians for practice | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Amount of research/administrative activities | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Other (please specify below) | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |
| Other [text box] | <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased | <input type="checkbox"/> No change |

What is the typical waiting time for a non-emergency appointment for a new patient in your principal practice site?

- Same day
- 1-2 days
- 3-7 days
- 8-14 days
- 15 days-4 weeks
- More than 4 weeks to 8 weeks
- More than 8 weeks to 16 weeks
- More than 16 weeks

Have you used telemedicine/telehealth as part of a consultation with another practitioner? Please check all that apply.

- Yes, for convenience
- Yes, for a group consult
- Yes, to obtain a second or expert opinion
- Yes, to provide an expert opinion
- Yes, for patient(s) in a rural area
- Yes, due to unacceptable wait times
- No

If yes, please specify the types of practitioners involved, and the format of the consultation.

[text box]

What is the typical wait time for your 3rd next available non-emergency appointment for

a new patient to receive?

- A. Same day
- B. <7 days
- C. 7-14 days
- D. 15-28 days
- E. Greater than 4 weeks
- F. I do not know

Do you participate in telemedicine/telehealth visits for your patients?

- A. Yes
- B. No

Please answer the following questions to the best of your ability:

A. I have adequate clinical support and resources to provide patient care.

- 1. Strongly Agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree

B. I have autonomy with regards to making clinical decisions.

- 1. Strongly Agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree

C. I have autonomy with regards to my schedule and practice routine.

- 1. Strongly Agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree

With regards to your clinical practice in the last 5 years, have you seen nursing support:

- A. Increase
- B. Decrease
- C. Not Change

With regards to your clinical practice in the last 5 years, have you seen administrative assistant support:

- A. Increase

- B. Decrease
- C. Not Change

What is the primary method used to determine your compensation?

- a. Salaried position no incentive pay
- b. Salaried with bonus based on billing
- c. Incentive pay based entirely on billing
- d. Salary with portion at risk if target not met
- e. Other (please specify) _____

ELECTRONIC HEALTH RECORD

Which EHR company does your practice use for outpatient documentation?

- a. Epic
- b. Cerner
- c. Multiple EHRs (at different locations)
- d. No EHR
- e. Other (please specify) _____

Which EHR company does your practice use for inpatient documentation?

- a. Epic
- b. Cerner
- c. Multiple EHRs (at different locations)
- d. No EHR
- e. Other (please specify) _____

Do you use any of the following for documentation in EHR? (please check all that apply)

- f. Scribes
- g. Dragon voice-recognition software
- h. Other voice-recognition software (please specify) _____
- i. None of the above

Please answer the following questions to the best of your ability regarding electronic records:

A. EHR in my practice is user-friendly.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

B. EHR has enhanced my patient care/satisfaction.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

C. EHR has decreased my documentation time.

- a. Strongly Agree

- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

D. EHR has improved my work-life balance.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

BURNOUT

How often do you feel the following:

I've become more callous toward people since I took this job:**

- 0 Never
- 1 A few times a year or less
- 2 Once a month
- 3 A few times a month
- 4 Once a week
- 5 A few times a week
- 6 Every Day

I feel burned out from my work:**

- 0 Never
- 1 A few times a year or less
- 2 Once a month
- 3 A few times a month
- 4 Once a week
- 5 A few times a week
- 6 Every Day

**Survey questions adapted from Human Services Survey for Medical Personnel-MBS-HSS (MP). Copyright ©1981, 2016 by Christina Maslach @ Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

With regards to feelings of burnout, please rate whether each aspect of clinical care below is a major, minor, or non-contributor to your feelings of burnout:

- A. Insufficient nursing support
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- B. Increased patient load/demands
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- C. Excessive on-call coverage
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- D. Increased issues with insurance companies

- a. Minor contributor
- b. Major contributor
- c. Non-contributor
- E. Decreased administrative support
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- F. Electronic health record use
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- G. Increased satellite locations
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- H. More complex patients
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor
- I. Other (please specify) _____
 - a. Minor contributor
 - b. Major contributor
 - c. Non-contributor

I feel I have an adequate amount of time for my family/personal life.

- j. Strongly Agree
- k. Agree
- l. Neutral
- m. Disagree
- n. Strongly Disagree

OVERVIEW / SUMMARY QUESTIONS

If I had the opportunity, I would choose my pediatric subspecialty again.

A. Yes

B. No (if no, please state reason if possible) _____

What is the MOST important challenge facing the field at this time?

- A. Lack of good jobs for future CLINICIANS
- B. Lack of RESEARCH funding
- C. Decrease in administrative and clinical support
- D. Training too many trainees
- E. Training too few trainees
- F. Salary
- G. Other

DIVISION DIRECTOR / CLINICAL DIRECTOR SURVEY

How many of your new hires in the last 2 years came from each of the following?:

Total number of new hires (last 2 years)	[text box]
New hires directly from my own 3-year fellowship:	[text box]
New hires directly from other 3-year fellowship:	[text box]
New hires directly from my own 4/advanced fellowship:	[text box]
New hires directly from other 4-year fellowship:	[text box]
Established faculty/staff hires from another cardiology program:	[text box]

How many faculty positions do you anticipate having open in the next ?months?

	0	1	2	3	4	5+
Next 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next 13-24 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about any future hires, please rank your order of preference for their level of expertise:

- Categorical 3-year fellowship
- 4th year/advanced training
- Established faculty
- Not applicable, not planning to hire in the next 24 months

For which of the following reasons do you anticipate recruiting in the next 24 months?
Please check all that apply.

- To replace departing/retiring faculty
- To expand the program
- Not applicable, not planning to hire in the next 24 months

Which of the following would classify your institution/practice?

- a. Very Large (30+ faculty/practitioners)
- b. Large (10-29 faculty/practitioners)
- c. Medium (6-9 faculty/practitioners)
- d. Small (<5 faculty/practitioners)

Which of the following would further classify your institution/practice?

- e. Academic (with Fellowship and Advanced 4th year Fellowship)
- f. Academic (with Fellowship)
- g. Academic (no Fellowship)
- h. Hospital-based Practice (i.e. hospital owned)
- i. Group Private Practice
- j. Solo Private Practice
- k. Other (please specify) _____

Where is your primary practice located?

- a. Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA, MD, DE, DC)
- b. Midwest (ND, SD, NE, KS, MN, WI, IA, MO, MI, IL, IN, OH)
- c. South (OK, TX, AR, MS, LA, KY, WV, VA, NC, TN, SC, GA, AL, FL)
- d. West (AK, HI, WA, OR, CA, ID, NV, UT, MT, WY, CO, NM, AZ)
- e. Canada
- f. Mexico
- l. Other (please specify) _____

Please specify how many individuals in the following groups regardless of their dedicated time/effort are contribute to the division's clinical practice:

H. Physicians (MD/DO/MBBS/MBBCh) _____

I. APPs (NP/PA/FNP) _____

J. RN _____

K. LPN/LVN _____

L. MA _____

M. Administrative Staff _____

N. Nutritionists _____

O. Social Workers _____

P. Psychologists _____

Q. Case Managers _____

R. Research Assistants _____

What is the MD/DO to RN/MA ratio present in ambulatory clinics assisting patients at clinical visits?

- A. <1:1
- B. 1:1
- C. 1:2
- D. 1:3
- E. 1:4
- F. 1:5 or more RN/MAs

How many total CLINICAL FTEs are part of your division/group?

- A. Physicians (MD/equivalent) cFTE _____
- B. APPs (NP/PA/equivalent) cFTE _____

How many total OTHER THAN CLINICAL FTEs (i.e. FTEs that are dedicated to education, administration, other roles, etc) are part of your division/group?

- A. Physicians (MD/equivalent) _____
- B. APPs (NP/PA/equivalent) _____

For each type of role in your division, how much of their FTE (i.e. 0.10 (as decimal)) is dedicated to administrative activities

* please enter 0 if no FTE is provided even if there is the title or if you do not have the specific program and/or title listed below

- a. Division Director _____
- b. Clinical Director _____
- c. Training Program Director _____
- d. Clinical Program Directors
 - i. Clinical Program 1 _____
 - ii. Clinical Program 2 _____
 - iii. Clinical Program 3 _____

Does your division utilize RVU goals to determine clinical expectations and expected productivity in your practice?

- A Yes
- B No

What is the wRVUs goal in your practice for a 1.0 clinical FTE? Please answer even if you do not have a 1.0 FTE (e.g. A 0.5 FTE expected to generate 2,000 wRVU would be normalized to a 4,000 wRVU goal for a 1.0 cFTE) _____

How many clinical half-day sessions (clinic + other) are expected for a FULL-TIME 1.0 clinical FTE? _____

How much time is typically allotted for a new patient visit in your practice?

- h. 15 minutes
- i. 20 minutes
- j. 25 minutes
- k. 30 minutes
- l. 45 minutes
- m. 60 minutes
- n. More than 60 minutes

5. How much time is typically allotted for a follow up patient visit in your practice?
 - A. 15 minutes
 - B. 20 minutes
 - C. 25 minutes
 - D. 30 minutes
 - E. 45 minutes
 - F. 60 minutes
 - G. More than 60 minutes

6. Do you offer weekend clinic sessions?
 - A. Yes, every weekend
 - B. Yes, periodically
 - C. No
 - D. No, not yet but it is being discussed with our pediatric gastroenterology providers

7. Do you offer evening clinic sessions?
 - A. Yes, weekly
 - B. Yes, periodically
 - C. No
 - D. No, not yet but it is being discussed with our pediatric gastroenterology providers

8. How many FULL-TIME Clinical FTE (ie 1.0 cFTE) do you have in your group/division? (i.e. full-time clinicians without academic, administrative, or research time)? _____

9. Please answer the following questions regarding compensation
 - A. Do providers receive incentive-based bonuses?
 - a. Yes
 - b. No

 - B. If yes, what is the approximate value of these incentive-based bonuses?
 - A. <2.5% of salary
 - B. 2.5 – 5% % of salary
 - C. 6 – 10 % of salary
 - D. 11 – 15% of salary
 - E. >15% of salary

 - C. Is compensation decreased for unmet RVU goals?
 - A. Yes
 - B. No

 - D. What percentage of providers in your practice meet RVU goals?
 - A. 100%

- B. 76 – 100%
- C. 50 – 75%
- D. <50%

10. Have any of the following strategies for managing burnout been employed to help physicians in your division?

- Having flexible work days from home
 - A. Yes
 - B. No
- Having mandatory work hour limits
 - A. Yes
 - B. No
- Holding didactic lectures on burnout and wellness
 - A. Yes
 - B. No
- Performing “Burnout/wellness check ins” during individual physicians’ annual reviews
 - A. Yes
 - B. No
- Holding after-hours events (e.g. happy hours, group dinners, book clubs, recreational events)
 - A. Yes
 - B. No
- Other activities
 - A. Yes (If yes, please specify) _____
 - B. No

11. Are you in the process of developing such activities?

- a. Yes (if yes, please specify) _____
- b. No

12. Has your Department of Pediatrics provided any of the following activities/allowances to manage burnout that pediatricians and pediatric subspecialists may be experiencing in your institution?

- Creation of a Physician Wellness Committee
 - Yes
 - No
- Flexible work days from home
 - Yes
 - No
- Mandatory work hour limits
 - Yes
 - No
- Didactic lectures on burnout and wellness
 - Yes
 - No

- Mindfulness/Meditation activities
 - Yes
 - No
- Social events (e.g. happy hours, dinners, book clubs, group exercise, recreational events)
 - Yes
 - No
- Other (please specify) _____
- Not yet, but we are in the process of doing so
- No

FELLOWSHIP DIRECTOR SURVEY

Are you a categorical fellowship Program Director?

- a. Yes
- b. No

In the last 2 years combined, how many fellows have successfully completed your 3-year categorical fellowship program? If none, please enter "0".

fellows [text box]

In the last 2 years combined, how many fellows have dropped out of your categorical training program? Please do not include those who transferred to another program to pursue training. If none, please enter "0".

fellows [text box]

For those who dropped out of training, primary reason for dropping out of program:

[text box]

Of those individuals who successfully completed the 3-year categorical program at your institution **in the last 2 years**, how many took a job versus how many went on to a 4th year or other advanced subspecialty training (includes other training programs)?

fellows who took a job after 3 years of categorical training [text box]

fellows who went on to 4th year or other advanced training [text box]

For individuals who took a job after the categorical 3-year fellowship program in the past 2 years, how many took positions in the following settings? If none of your fellows took a job after the 3-year program, please enter zero "0" in all boxes.

Academic Setting - # [text box]

Private Practice Setting - # [text box]

Outside USA/International - # [text box]

Other - # [text box]

For individuals who took a job after completing a 4th year or other advanced training in the past 2 years, how many took positions in the following settings? If none of your fellows took a job after advanced training, please enter zero "0" in all boxes.

Academic Setting - # [text box]

Private Practice Setting - # [text box]

Outside USA/International - # [text box]

Other - # [text box]

In general, how easy or difficult has it been for your 3-year categorical graduates in the last 2 years to find positions appropriate to their skills and training?

[] Extremely easy

[] Somewhat easy

Neither easy nor difficult

Somewhat difficult

Extremely difficult

Comments: [text box]

In general, how easy or difficult has it been for your 4th year or advanced training graduates in the last 2 years to find positions appropriate to their skills and training in the following subspecializations? If you did not train any advanced fellows in these specializations in the last 2 years, please select "N/A".

Extremely easy

Somewhat easy

Neither easy nor difficult

Somewhat difficult

Extremely difficult

Comments: [text box]

In thinking about the next 2 years, do you plan to change the size of your 3-year categorical fellowship class? Please indicate the number of fellows currently accepted into your program each year, and the anticipated number in 2 years:

Current # fellows per year: [text box]

Future (in 2 years) # fellows per year: [text box]

Please explain the reasons for any changes in the size of your fellowship program (i.e., clinical service needs, response to duty hour restrictions, changing job market etc).

[text box]