

**Appendix Methods. Questions from American Board of Pediatrics Maintenance of Certification Annual Survey, 2017-2018, analyzed in *Responsibilities and Interests of Pediatricians Practicing Hospital Medicine in the United States* (Leyenaar et al, JHM 2021).**

**Introduction Screen Text:**

Pediatrics Training, Workforce, and Career Survey (MOC Enrollment)

You are almost finished with the enrollment process. We greatly appreciate you completing the following 5 to 7-minute survey.

Your responses are vital and help us to:

- inform and improve MOC activities
- craft future examinations and activities in a way that is unbiased, flexible, and responsive to the needs of our trainees and pediatricians;
- estimate the distribution of certified pediatricians and identify potential shortages; and
- advise our internal committees and other national pediatric organizations, particularly those involved in graduate medical education and workforce planning.

All data you provide will be kept strictly confidential, will not be linked in any way to your exam or results, and will be only used in the aggregate once deidentified.

Thank you in advance for your participation!

**Start Survey Questions**

1. Please indicate your primary WORK SETTING (including fellowship) zip or postal code.
  - a. US or Canadian ZIP or POSTAL code: \_\_\_\_\_ [FREE TEXT FIELD]
  - b. My primary work setting is OUTSIDE of the US or Canada
  - c. I am currently unemployed, or in a volunteer position only
2. Are you CURRENTLY in fellowship training?
  - a. Yes
  - b. No
3. How long have you been out of pediatric training (residency and/or fellowship)?
  - a. < 1 year
  - b. ≥ 1 year to < 5 years
  - c. ≥ 5 year to < 10 years
  - d. ≥ 10 years
4. Please indicate whether you are employed full- or part-time.
  - a. Full-time
  - b. Part-time
  - c. Not currently employed, or currently in a volunteer position only
5. On average, over the past 6 months, approximately how many hours did you work each week?  
(Please include ALL time spent in administrative tasks, professional activities, research, medical education, and direct patient care. Exclude time on call when not actually working.)

- a. < 20 hours per week
- b. ≥ 20 hours to < 30 hours per week
- c. ≥ 30 hours to < 40 hours per week
- d. ≥ 40 hours to < 50 hours per week
- e. ≥ 50 hours to < 60 hours per week
- f. ≥ 60 hours or more per week

6. How would you describe the area of your primary work setting?

- a. Urban, inner city
- b. Urban, not inner city
- c. Suburban
- d. Rural

7. Do you CURRENTLY hold an academic appointment?

- a. No
- b. Yes, full-time academic faculty
- c. Yes, part-time academic faculty
- d. Yes, volunteer or courtesy faculty

8. What proportion of your total professional time is spent performing each of the following tasks? (*Please round to the nearest whole number. Do not enter a “%” sign. Values must sum to 100.*)

Task	Time spent (%)
Direct and/or consultative inpatient and outpatient care, including patient billing and charting (with or without trainees)	
Administration	
Research	
Medical education (e.g., time giving or receiving CME, lectures)	
Quality improvement activities	
Other	
Total (must sum to 100)	= 100

9. **ASKED ONLY IN 2017:** Is this allocation of your total professional time approximately what you wanted in your CURRENT position? (*Please consider the allocation of time in your CURRENT position only, not your career path.*)

- a. Yes
- b. No

10. In which of the following areas are you practicing? (*Please check ALL that apply.*)

- a. Pediatric Hospital Medicine → Receive Hospitalist Block

- b. General Pediatrics
- c. Adolescent Medicine
- d. Adult Congenital Heart Disease
- e. Pediatric Allergy and Immunology
- f. Pediatric Cardiology
- g. Child Abuse Pediatrics
- h. Pediatric Critical Care Medicine
- i. Developmental-Behavioral Pediatrics
- j. Pediatric Emergency Medicine
- k. Pediatric Endocrinology
- l. Pediatric Gastroenterology
- m. Pediatric Hematology-Oncology
- n. Hospice and Palliative Medicine
- o. Pediatric Infectious Diseases
- p. Medical Toxicology
- q. Medicine Pediatrics. **(ASKED ONLY IN 2018)**
- r. Neonatal-Perinatal Medicine
- s. Pediatric Nephrology
- t. Neurodevelopmental Disabilities
- u. Pediatric Pulmonology
- v. Pediatric Rheumatology
- w. Sleep Medicine
- x. Sports Medicine
- y. Pediatric Transplant Hepatology
- z. Other (please specify) \_\_\_\_\_

### HOSPITALIST BRANCH

<b>11.</b> What proportion of your total direct and/or consultative clinical care is spent in each of the following WORK SETTINGS? <i>(Please round to the nearest whole number. Do not enter a "%" sign. Values must sum to 100.)</i>	
	Time spent (%)
Pediatric hospital	
Community (non-pediatric) hospital	
Outpatient/ambulatory care setting	
Total (must sum to 100)	

<b>12. [Seen if #11, Pediatric Hospital &gt; 0]</b> What proportion of your total direct and/or consultative clinical care IN A PEDIATRIC HOSPITAL is spent in the following areas? <i>(Please calculate general pediatric and subspecialty time based on the proportion of encounters <u>that you bill as a generalist or subspecialist</u>. Please round to the nearest whole number. Do not enter a "%" sign. Values must sum to 100.)</i>	
	Time spent (%)
Inpatient general pediatrics care (patients up to 21 years old)	
Inpatient pediatric subspecialty care (patients up to 21 years old)	

Labor and delivery	
Inpatient normal newborn care	
Neonatal intensive care	
Pediatric intensive care	
Outpatient general pediatric care (patients up to 21 years old)	
Outpatient pediatric subspecialty care (patients up to 21 years old)	
Emergency department care	
Other	
Total (must sum to 100)	

**13. [Seen if #11, Community Hospital > 0]**

What proportion of your total direct and/or consultative clinical care IN A COMMUNITY (Non-Pediatric) HOSPITAL is spent in the following areas? (*Please calculate general pediatric and subspecialty time based on the proportions of encounters that you bill as a generalist or subspecialist. Please round to the nearest whole number. Do not enter a "%" sign. Values must sum to 100.*)

	Time spent (%)
Inpatient general pediatric care (patients up to 21 years old)	
Inpatient pediatric subspecialty care (patients up to 21 years old)	
Labor and delivery	
Inpatient normal newborn care	
Neonatal intensive care	
Pediatric intensive care	
Outpatient general pediatric care (patients up to 21 years old)	
Outpatient pediatric subspecialty care (patients up to 21 years old)	
Inpatient adult general care (patients 21 years old or older)	
Inpatient adult subspecialty care (patients 21 years old or older)	
Emergency department care	
Other	
Total (must sum to 100)	

**14. ASKED IN 2017 ONLY:** In which of the following areas do you intend to maintain certification? (*Please check ALL that apply.*)

- a. General Pediatrics
- b. Adolescent Medicine
- c. Cardiology
- d. Child Abuse Pediatrics
- e. Critical Care Medicine
- f. Developmental-Behavioral Pediatrics
- g. Emergency Medicine
- h. Endocrinology
- i. Gastroenterology
- j. Hematology-Oncology
- k. Infectious Diseases

- l. Neonatal-Perinatal Medicine
- m. Nephrology
- n. Pulmonology
- o. Rheumatology
- p. Transplant Hepatology
- q. Other

- 15.** Do you plan to take the certifying exam in pediatric hospital medicine when it becomes available?
- a. Yes
  - b. No
  - c. Unsure

- 16.** What is the primary reason you want to become certified in pediatric hospital medicine?
- a. Personal desire to become a board-certified pediatric hospitalist
  - b. It may increase my earning capacity
  - c. It may make me more attractive for promotions or other hospital medicine positions
  - d. My place of employment may start to require it
  - e. A future place of employment may require it
  - f. Preference to take the sub-specialty exam over the general pediatrics exam
  - g. I want to teach pediatric hospital medicine
  - h. Other (please specify): \_\_\_\_\_

- 17.** Please briefly explain why you are not intending to take the pediatric hospital medicine certifying exam (e.g., time commitment, I may not meet qualifications, I may change practice areas).

- 18.** Please briefly explain why you are unsure about taking the pediatric hospital medicine certifying exam (e.g., time commitment, I may not meet qualifications, I may change practice areas).  
Open Text Box

- 19.** Please rate your interest in the activities described by the following statements. (*Check ONE response for each statement.*)

	Not at all interested	Somewhat interested	Very interested
Participating in quality improvement activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving as a leader or consultant for quality improvement activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 20.** How would you describe your work schedule?

- a. Shift schedule
- b. On-service work in blocks (for example, for a week), with call from home
- c. On-service work in blocks (for example, for a week), without call from home
- d. Combination of shifts and blocks
- e. Other

- 21.** Please indicate how your work schedule affects your ability to participate in the following activities. (*Check ONE response for each statement.*)

	Substantial negative effect	Minimal negative effect	No effect	Minimal positive effect	Substantial positive effect	Not applicable
Lead QI projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in QI projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform clinical responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach trainees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain work-life balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### END HOSPITALIST BRANCH

Thank you for your participation in this survey. You have now completed the Maintenance of Certification enrollment process.