

Pediatric Hospital Medicine Core Competencies - NEEDS ASSESSMENT SURVEY

Introduction

Thank you for your participation in this PHM Core Competencies Revision survey. The survey will ask you about each of the main content areas of the PHM Core Competencies: Clinical, Specialized Clinical, Core Skills, and Systems Improvements. For each of the sections, you will be asked a series of 3 questions about excluding chapters, editing the content of existing chapters, and potential new chapters. At the end of the survey we ask you basic demographic information to help us assure we are receiving responses from a broad representation of the PHM Community. Thank you for assisting in this needs assessment process.

Section 1: COMMON CLINICAL DIAGNOSES AND CONDITIONS

1. COMMON CLINICAL DIAGNOSES AND CONDITIONS Question 1 of 3: Please mark if you believe any chapter listed below should be excluded. Please mark only chapter(s) you believe should be EXCLUDED.

- ☐ Acute abdomen
- ☐ Asthma
- ☐ ALTE (BRUE)
- ☐ Bone and joint infections
- ☐ Bronchiolitis
- ☐ CNS infections
- ☐ Diabetes Mellitus
- ☐ Failure to Thrive
- ☐ Fluids and Electrolytes
- ☐ Fever of Unknown Origin
- ☐ Gastroenteritis
- ☐ Kawasaki
- ☐ Neonatal Fever
- ☐ Neonatal jaundice
- ☐ Nutrition
- ☐ Pain Management
- ☐ Pediatric Advanced Life Support
- ☐ Pneumonia
- ☐ Respiratory Failure
- ☐ Seizures
- ☐ Shock

FIG 1a. Needs Assessment Survey

- ☐ Sickle Cell Disease
- ☐ Skin and Soft Tissue Infections
- ☐ Toxic Ingestion
- ☐ Upper Respiratory Infections
- ☐ Urinary Tract Infection

2. COMMON CLINICAL DIAGNOSES AND CONDITIONS Question 2 of 3: Please offer COMMENTS or suggest content changes for a given chapter. For example, you may wish to suggest certain elements to include/exclude in a chapter.

Acute abdomen	<input type="text"/>
Asthma	<input type="text"/>
ALTE (BRUE)	<input type="text"/>
Bone and joint infections	<input type="text"/>
Bronchiolitis	<input type="text"/>
CNS infections	<input type="text"/>
Diabetes Mellitus	<input type="text"/>
Failure to Thrive	<input type="text"/>
Fluids and Electrolytes	<input type="text"/>
Fever of Unknown Origin	<input type="text"/>
Gastroenteritis	<input type="text"/>
Kawasaki	<input type="text"/>
Neonatal Fever	<input type="text"/>
Neonatal jaundice	<input type="text"/>
Nutrition	<input type="text"/>
Pain Management	<input type="text"/>
Pediatric Advanced Life Support	<input type="text"/>
Pneumonia	<input type="text"/>
Respiratory Failure	<input type="text"/>
Seizures	<input type="text"/>
Shock	<input type="text"/>

FIG 1b. Needs Assessment Survey

Sickle Cell Disease	<input type="text"/>
Skin and Soft Tissue Infections	<input type="text"/>
Toxic Ingestion	<input type="text"/>
Upper Respiratory Infections	<input type="text"/>
Urinary Tract Infection	<input type="text"/>

3. COMMON CLINICAL DIAGNOSES AND CONDITIONS Question 3 of 3: Please list any chapter you believe should be added to this section. Please note the purpose and value for this proposed addition chapter. If possible, suggest author(s) for the chapter.

New chapter 1	<input type="text"/>
New chapter 2	<input type="text"/>
New chapter 3	<input type="text"/>
New chapter 4	<input type="text"/>
New chapter 5	<input type="text"/>

Section 2: SPECIALIZED CLINICAL SERVICES

4. SPECIALIZED CLINICAL SERVICES Question 1 of 3: Please mark if you believe any chapter below should be excluded. Please only mark chapter(s) you believe should be EXCLUDED.

- ☐ Child Abuse and neglect
- ☐ Hospice and Palliative Care
- ☐ Leading a healthcare team
- ☐ Newborn Care and Delivery Room
- ☐ Technology Dependent Children
- ☐ Transport of the Critically Ill Child

5. SPECIALIZED CLINICAL SERVICES Question 2 of 3: Please offer COMMENTS or suggest content changes for a given chapter. For example, you may wish to suggest elements to include/exclude in a given chapter.

Child Abuse and neglect	<input type="text"/>
Hospice and Palliative Care	<input type="text"/>
Leading a healthcare team	<input type="text"/>
Newborn Care and Delivery Room	<input type="text"/>
Technology Dependent Children	<input type="text"/>

FIG 1c. Needs Assessment Survey

Bladder cath/suprapubic tap

9. CORE SKILLS Question 3 of 3: Please list any chapter you believe should be added to this section. Please note the purpose and value for this proposed addition chapter. If possible, suggest author(s) for the chapter.

New chapter 1

New chapter 2

New chapter 3

New chapter 4

New chapter 5

Section IV: HEALTHCARE SYSTEMS: SUPPORTING AND ADVANCING CHILD HEALTH

10. HEALTHCARE SYSTEMS: SUPPORTING AND ADVANCING CHILD HEALTH Question 1 of 3: Please mark any of the chapters below that you believe should be excluded. Mark only the chapter(s) you believe should be EXCLUDED.

☐ Advocacy

☐ Business Practices

☐ Communication

☐ Cost Effective Care

☐ Continuous Quality Improvement

☐ Education

☐ Ethics

☐ Evidence Based Medicine

☐ Health Information Systems

☐ Legal Issues/Risk Management

☐ Patient Safety

☐ Research

☐ Transitions of Care

11. HEALTHCARE SYSTEMS: SUPPORTING AND ADVANCING CHILD HEALTH Question 2 of 3: Please offer COMMENTS or suggest content changes for a given chapter. For example, you may wish to suggest certain elements to include/exclude in a chapter.

Advocacy

Business Practices

Communication

Cost Effective Care

FIG 1d. Needs Assessment Survey

Continuous Quality Improvement	<input type="text"/>
Education	<input type="text"/>
Ethics	<input type="text"/>
Evidence Based Medicine	<input type="text"/>
Health Information Systems	<input type="text"/>
Legal Issues/Risk Management	<input type="text"/>
Patient Safety	<input type="text"/>
Research	<input type="text"/>
Transitions of Care	<input type="text"/>

12. HEALTHCARE SYSTEMS: SUPPORTING AND ADVANCING CHILD HEALTH Question 3 of 3: Please list any chapter you believe should be added to this section. Please note the purpose and value for this proposed addition chapter. If possible, suggest author(s) for the chapter.

New chapter 1	<input type="text"/>
New chapter 2	<input type="text"/>
New chapter 3	<input type="text"/>
New chapter 4	<input type="text"/>
New chapter 5	<input type="text"/>

Section V (final section): DEMOGRAPHICS

13. Please mark all of your current working environment(s), noting your primary environment as 1, next most common as 2, and so on. If you do not work in a particular work environment listed, please note that as well:

	Community site, affiliated with a tertiary center	Community site, independent	Tertiary care center
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DO NOT WORK IN THIS ENVIRONMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DO NOT WORK IN THIS ENVIRONMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIG 1e. Needs Assessment Survey

Continuous Quality Improvement

Education

Ethics

Evidence Based Medicine

Health Information Systems

Legal Issues/Risk Management

Patient Safety

Research

Transitions of Care

12. HEALTHCARE SYSTEMS: SUPPORTING AND ADVANCING CHILD HEALTH

Question 3 of 3: Please list any chapter you believe should be added to this section. Please note the purpose and value for this proposed addition chapter. If possible, suggest author(s) for the chapter.

New chapter 1

New chapter 2

New chapter 3

New chapter 4

New chapter 5

Section V (final section): DEMOGRAPHICS

13. Please mark all of your current working environment(s), noting your primary environment as 1, next most common as 2, and so on. If you do not work in a particular work environment listed, please note that as well:

	Community site, affiliated with a tertiary center	Community site, independent	Tertiary care center
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DO NOT WORK IN THIS ENVIRONMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DO NOT WORK IN THIS ENVIRONMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Enter another option</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIG 1f. Needs Assessment Survey

14. Please note how often you work with medical trainees:

	Never	Occasionally (ex: once monthly)	Often (ex: several times monthly)	Very often (ex: multiple times weekly)	Always (daily)
Medical students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical or surgical (GME) residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical or surgical (GME) fellows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NP students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PA students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please note how often you work with others to care for your patients:

	Never	Occasionally (ex: once monthly)	Often (ex: several times monthly)	Very often (ex: multiple times weekly)	Always (daily)
Nurse Practitioners or Physician Assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical or surgical (GME) residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical or surgical (GME) fellows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please choose the region in which you work (all refer to the United States unless noted):

- ☐ Pacific (CA, WA, OR, HI, AK, Guam,)
☐ West (ID, MT, WY, NV, UT, CO, AZ, MN)
☐ Midwest North (ND, SD, NE, KS, MN, IA, MO)
☐ Southwest (TX, OK, AR, LA)
☐ South (MS, TN, KY, AL)
☐ Midwest East (WI, IL, IN, MI, OH)
☐ Mid Atlantic (NY, PA, NJ)
☐ South Central (MS, AL, TN, KY)
☐ New England (ME, VT, NH, MA, CT, RI)
☐ South Atlantic (WV, MD, DE, DC, VA, NC, SC, GA, FL, Puerto Rico, virgin Islands)
☐ Canada
☐ Mexico
☐ Other (list)

FIG 1g. Needs Assessment Survey

17. Please note how you spend your time (annually) using the percentage ranges noted below. Please use your best estimate for your time spent in each category. Do not be concerned if the total does not add to 100%.

	0-25%	26-50%	51-75%	>75%
Administration (includes Education, Quality and safety, Directorships, other admin work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please give us any other comments or suggestions you may have for the PHM Core Competency revision. Thank you!

FIG 1h. Needs Assessment Survey