2015 AAP Workforce Survey - Developmental Behavioral Pediatrics

This survey asks for information about your career and educational and training issues. The survey is organized into a general section, which is asked of all respondents, and a section which is specific to your subspecialty or AAP section. Please answer all of the questions to the best of your ability. Please consult records concerning number of patients seen, procedures performed, and so forth. For the purposes of this survey, "specialty" refers to your initial training (i.e., the specialty in which you completed your residency training). A "pediatric subspecialist" is a physician who treats children, either through training in a pediatric medical subspecialty or surgical specialty, or through training in an adult specialty AND pediatrics. As an example, if you are a pediatric otolaryngologist, then your specialty training might be internal medicine and your subspecialty could be adult otolaryngology, with a second subspecialty in pediatric otolaryngology.

Please direct questions or concerns about this survey to Holly Ruch-Ross,ScD, research and evaluation consultant, at hruchross@aol.com.

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This section of the survey asks for specific information about your specialty training and certification.

1. What is your professional degree?

- ◯ M.D.
- ◯ D.O.
- ◯ Other degree (please specify below)

Other (please specify)

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For PSYCHOLOGISTS, provided below are guidelines for completing survey items that may seem more relevant to medical professionals:
1. “Medical school” refers to your terminal degree program;
2. “Specialty” refers to your initial graduate training (ie, Counseling Psychology, Clinical Psychology, School Psychology, or Neuropsychology);
3. “Subspecialty” refers to specialized training after your initial graduate degree (eg, child clinical psychology, pediatric psychology, or pediatric neuropsychology, behavioral sleep medicine, or

other area of specialty);
4. For questions regarding your primary area please consider yourself a subspecialist.

For NURSE PRACTITIONERS, provided below are guidelines for completing survey items that may seem more relevant to medical professionals:
1. "Medical school" refers to your terminal degree program;
2. "Specialty" refers to your initial graduate training (ie, Pediatrics, Family, Acute Care);
3. "Subspecialty" refers to National Board Certification (eg, Pediatrics, Pediatric Mental Health Specialist);
4. For questions regarding your primary area please consider yourself a subspecialist.

For OTHER PROFESSIONALS, please consider the guidance for psychologists and nurse practitioners in completing the survey.

The AAP and the Society for Developmental and Behavioral Pediatrics appreciate the contributions of all who provide care to children with developmental and behavioral concerns and value the information you will provide by completing this survey.

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2. What is the primary, or first, specialty or subspecialty in which you have been trained?
For example, if you are a neonatologist, then your specialty training would be pediatrics with a subspecialty in neonatology. You would enter "pediatrics" here, and you will be able to enter "neonatology" on a subsequent question.
Please enter only one response; you will be asked about additional specialties later.

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3. In what YEAR did you complete your training in [Q2]?

4. Are you board certified in [Q2]?

- ◯ Yes
- ◯ No

5. Did you train in an additional specialty/subspecialty?

- ◯ Yes
- ◯ No

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6. What is the second specialty or subspecialty in which you have been trained? Please enter only one response; you will be asked about additional specialties later.

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7. In what YEAR did you complete your training in [Q6]?

8. Are you board certified in [Q6]?

- ◯ Yes
- ◯ No

9. Did you train in an additional specialty/subspecialty?

- ◯ Yes
- ◯ No

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10. What is the third specialty or subspecialty in which you have been trained? Please enter only one response.

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11. In what YEAR did you complete your training in [Q10]?

12. Are you board certified in [Q10]?

- ◯ Yes
- ◯ No

13. Please list any additional specialties or subspecialties in which you have been trained.

Specialty/Subspecialty

Specialty/Subspecialty

Specialty/Subspecialty

Specialty/Subspecialty

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

- ☐ No, I have lifetime certification
- ☐ No, my initial certification is still current
- ☐ No, my certification has lapsed
- ☐ Yes, in my primary specialty/subspecialty: [Q2]
- ☐ Yes, in my second specialty/subspecialty: [Q6]
- ☐ Yes, in my third specialty/subspecialty: [Q10]
- ☐ Yes, in another specialty or subspecialty
- ☐ Other (please explain below)

Other (please explain)

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

- ◯ Solo practice
- ◯ Pediatric group practice
- ◯ Specialty group practice
- ◯ Multi-specialty group
- ◯ HMO staff/group model
- ◯ Non-profit community health center or health dept
- ◯ Uniform Health Services clinic
- ◯ Medical school/hospital (or parent university)
- ◯ Community/staff model hospital
- ◯ Other (please specify below)

Other (please specify)

16. Are you a hospitalist?

- ◯ Yes
- ◯ No

17. What is the zip code of your main employment site?

U.S. zip code (5 digits)

Canadian zip code

Other

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

- ◯ Urban, inner city
- ◯ Urban, not inner city
- ◯ Suburban
- ◯ Rural

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

Hours worked

20. 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.

As a resident or fellow in training - %

Direct patient care (include time spent on patient-related record keeping and other office work) - %

Administration (include activities related to planning/managing services in hospitals or other health facilities) - %

Teaching - %

Clinical research - %

Basic science research - %

Health services research - %

Other medical activities not involving the direct care of patients (e.g., committee work, consulting with agencies) - %

Other - %

21. Do you provide direct patient care?

- Yes
- No

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

primary care pediatrics - %

pediatric medical subspecialty (specify area below) - %

pediatric surgical specialty (specify area below) - %

another specialty, including adult (specify area below) - %

23. Please specify specialty areas in which you provide direct patient care.

Pediatric medical subspecialty

Pediatric surgical specialty

Another specialty (including adult)

Other

24. Do you receive referrals for pediatric patients?

- ◯ Yes
- ◯ No

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25. 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 subspecialists/surgical specialists
- ☐ Pediatric nurse practitioners
- ☐ Non-pediatric nurse practitioners
- ☐ Physician assistants
- ☐ Others (please specify below)

Other (please specify)

26. 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

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

- ◯ Yes
- ◯ No
- ◯ No, not in a network

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

- ◯ Yes
- ◯ No, neither has changed

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29. What has changed in the last 12 months?

	Increased	Decreased	Not changed
Volume of referrals has.....	◯	◯	◯
Complexity of referred patients has.....	◯	◯	◯

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

	Increased	Decreased	Not changed
Likelihood of general pediatricians and other generalists to treat LESS complex subspecialty patients has.....	◯	◯	◯
Likelihood of general pediatricians and other generalists to treat MORE complex subspecialty patients has.....	◯	◯	◯
The amount of competition with other pediatric subspecialists has.....	◯	◯	◯
The amount of referrals from adult subspecialists to me has.....	◯	◯	◯
The number of inappropriate or questionable referrals has.....	◯	◯	◯
The incidence or severity of illnesses/conditions in my community that I treat has.....	◯	◯	◯
Other (please specify below).....	◯	◯	◯

Other (please specify)

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31. Do you face competition for your pediatric subspecialty services in your geographical area?

- ◯ Yes
- ◯ No

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

- ☐ General pediatricians
- ☐ Family physicians
- ☐ Other pediatric medical subspecialists/surgical specialists
- ☐ Physicians trained in adult medicine in my subspecialty
- ☐ Non-physician medical personnel (e.g., advanced practice nurses, chiropractors)
- ☐ Related health personnel (e.g., psychologists, nutritionists)
- ☐ Urgent care center
- ☐ Retail based clinic(s)
- ☐ Others (please specify below)

Other (please specify)

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

- ◯ Yes
- ◯ No

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

	Increased	Decreased	No change
Office hours	◯	◯	◯
Fees	◯	◯	◯
Number of support staff and/or their responsibilities	◯	◯	◯
Number of advanced practice nurses employed	◯	◯	◯
Number of physician assistants employed	◯	◯	◯
Number of physicians for practice	◯	◯	◯
Amount of research/administrative activities	◯	◯	◯
Other (please specify below)	◯	◯	◯

Other (please specify)

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35. 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

36. Have you used telemedicine/telehealth as a part of consultation with another physician or non-physician clinician? Please check all that apply.

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

If yes, please specify the types of physicians or non-physician clincians involved, and the format of the consultation.

37. Have you ever taken an extended leave of absence or sabbatical from the clinical practice of medicine?

- ( ) Yes
- ( ) No

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38. How long were you away from medicine when you took your extended leave?

- ( ) Less than 2 years
- ( ) 2-5 years
- ( ) 6-10 years
- ( ) More than 10 years

Please feel free to share any comments you have about your leave.

39. Did you engage in any of the following activities to prepare yourself for your return to clinical practice? Please check all that apply.

- [ ] I have not returned to clinical practice
- [ ] Assessment/evaluation program
- [ ] Continuing medical education (CME) courses
- [ ] Mentoring by or shadowing another physician(s)
- [ ] Volunteer activities
- [ ] Formal physician reentry program or mini-residency
- [ ] Other (please specify below)

Other (please specify)

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40. Do you assess or treat patients for developmental or behavioral concerns?

- ( ) Yes
- ( ) No

41. How many children (birth to 21 years) do you see during a typical week in outpatient settings for developmental and/or behavioral concerns?

New visits:

Return/follow-up visits:

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42. What is the estimated total number of billable and/or FACE-TO-FACE time in minutes you spend during an INITIAL evaluation of a developmental and/or behavioral problem. Please enter a whole number.

Number of minutes:

43. What is the estimated total number of non-billable and/or non-FACE-TO-FACE time in minutes you spend during an INITIAL evaluation of a developmental and/or behavioral problem. Please enter a whole number.

Number of minutes:

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44. What is the estimated total number of billable and/or FACE-TO-FACE time in minutes you spend for a RETURN or FOLLOW-UP visit of a developmental and/or behavioral problem(s). Please enter a whole number.

Number of minutes:

45. What is the estimated total number of non-billable and/or non-FACE-TO-FACE time in minutes you spend for a RETURN or FOLLOWUP visit of a developmental and/or behavioral problem. Please enter a whole number.

Number of minutes:

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46. What overall FTE do you work? For example, half time would be 0.50.

FTE:

47. How many half-days per week do you provide direct clinical care (i.e, number of 1/2 day clinical sessions each week)?

Number half-day clinical sessions:

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48. Please indicate the diagnostic categories of pediatric patients you commonly evaluate and treat for developmental and/or behavioral problems. Please do not include categories that you rarely treat. Please mark all that apply.

- [ ] Developmental delays/global developmental delay
- [ ] Language/communication disorders
- [ ] Learning disorders
- [ ] Intellectual disabilities (mental retardation)
- [ ] Attention deficit hyperactivity disorders
- [ ] Autism spectrum disorders
- [ ] Genetic syndromes (e.g., Down syndrome, VCFS)
- [ ] Sleep problems
- [ ] Toileting problems (delayed toilet training, enuresis, encopresis)
- [ ] Developmental coordination disorder/mild motor delays
- [ ] Cerebral palsy/neuromotor dysfunction
- [ ] Spina bifida
- [ ] Multi-handicapped children
- [ ] Trauma-physiological problems (e.g., TBI,spinal cord injury)
- [ ] Sensory deficits (e.g., vision or hearing)
- [ ] Other (please specify)

- [ ] Neonatal follow-up
- [ ] Seizure disorders
- [ ] Obesity/eating disorders
- [ ] Failure to thrive
- [ ] Behavior disorders (e.g., ODD, conduct disorder)
- [ ] Emotional disorders (e.g., anxiety, OCD, depression, etc.)
- [ ] PTSD (post-traumatic stress disorder)
- [ ] Gender dysphoria
- [ ] Tics or habits
- [ ] Self-injurious behavior 1 (e.g., head banging and self biting)
- [ ] Self injurious behavior 2 (e.g., cutting)
- [ ] Excoriation (skin picking disorder)
- [ ] Trichotillomania
- [ ] Substance use/abuse

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49. What percentage of the patients you see in developmental and/or behavioral pediatrics fall into each of the following age groups? Responses should total 100.

Infants (< 1 year)

Toddler/Preschool (1-5 years)

Early school (6-9 years)

Pre-adolescent/Adolescent (10-17 years)

Young adults/adults (18 to 25 years)

Adults (>25 years)

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50. Which, if any, of the following are constraints to your seeing more pediatric patients with developmental and/or behavioral problems? Please mark all that apply.

- [ ] Administrative duties (planning, supervision)
- [ ] Administrative duties (paperwork)
- [ ] Teaching/research commitments
- [ ] Time spent on telephone consultations
- [ ] Inadequate reimbursement
- [ ] Complexity of clinical problems
- [ ] Other (please specify)
- [ ] Lack of adequate training
- [ ] Lack of clinical support by other professionals (e.g., social workers, psychologists, case managers)
- [ ] Time constraints imposed by RVU or billing expectations
- [ ] Time constraints imposed by set appointment time slots
- [ ] No constraints

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51. Do you have a medical school or academic appointment?

- ◯ Yes
- ◯ No

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52. Which developmental and/or behavioral training or educational programs were offered by your practice during the past year? Please mark all that apply.

- [ ] No programs were offered by my practice
- [ ] Medical student rotations
- [ ] Elective resident rotations
- [ ] Required resident rotations
- [ ] Fellowships
- [ ] Mini-fellowship (e.g., preceptorship for practicing MD)
- [ ] Teaching/supervision on inpatient unit
- [ ] Teaching/supervision in outpatient clinic
- [ ] Psychology practicum/grad study
- [ ] Psychology internship
- [ ] Psychology fellowship
- [ ] Pediatric nurse practitioners
- [ ] Other

Other (please specify)

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53. Are you involved in research or scholarly activities related to DB Peds? Please mark all that apply.

- [ ] I am not currently involved in research or scholarly activities related to DB Peds.
- [ ] Clinical research (e.g., descriptive or other)
- [ ] Diagnostic mechanisms research
- [ ] Health services research
- [ ] Intervention research
- [ ] Lab/bench research
- [ ] Other (please specify)
- [ ] Program evaluation
- [ ] Public policy
- [ ] Quality improvement
- [ ] Speaking/writing about developmental and/or behavioral issues
- [ ] Translational research
- [ ] Treatment outcomes

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54. Do you plan to retire in the next 3 to 5 years?

- ◯ No
- ◯ Yes, fully
- ◯ Yes, partially

55. Thinking about the community in which you practice, do you anticipate the need for more pediatric subspecialists in the next 3 to 5 years? Please check all that apply.

- ☐ No, there is no need for additional pediatric subspecialists.
- ☐ Yes, my community will need more pediatric subspecialists in my discipline.
- ☐ Yes, my community will need more pediatric subspecialists in another discipline (specify below).

Other discipline (please specify)

56. Will you or will your employer be hiring additional non-replacement pediatric subspecialists in your field in the next 3 to 5 years?

- ◯ Yes
- ◯ No
- ◯ Uncertain

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57. What changes to your practice do you anticipate in caring for patients with developmental and/or behavioral problems in the next 3 to 5 years?

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58. What is the level of interest in the patient-centered medical home (PCMH) at your principal practice site?

- ◯ Not interested in pursuing at this time.
- ◯ Considering or exploring the possibility of seeking recognition by the National Committee for Quality Assurance (NCQA) as a PCMH.
- ◯ Intending to seek NCQA recognition in the next year.
- ◯ Currently recognized as PCMH by NCQA.

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59. At your principal practice site, do you use an electronic health record (EHR)?

- ◯ Yes, our charts are fully computerized.
- ◯ Yes, we combine an EHR and paper records.
- ◯ We are currently in transition to an EHR.
- ◯ We do not use an EHR.

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60. To which of the following professional groups do you belong? Please check all that apply.

- [ ] Academic Pediatric Association
- [ ] American Academy for Cerebral Palsy and Developmental Medicine
- [ ] American Academy of Child and Adolescent Psychiatry
- [ ] American Academy of Family Physicians
- [ ] American Academy of Pediatrics
- [ ] American Academy of Pediatrics Council on Children with Disabilities
- [ ] American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics
- [ ] American Academy of Pediatrics Section on Neurology
- [ ] American Psychological Association Division 33: Intellectual and Developmental Disabilities
- [ ] American Psychological Association Division 53: Clinical Child and Adolescent Psychology
- [ ] American Psychological Association Division 54: Society of Pediatric Psychology
- [ ] American Academy of Sleep Medicine
- [ ] American College of Medical Genetics
- [ ] American Pediatric Society
- [ ] Child Neurology Society
- [ ] National Association of Pediatric Nurse Practitioners
- [ ] Society for Developmental and Behavioral Pediatrics
- [ ] Society for Pediatric Research
- [ ] Society for Research in Child Development

61. Which of the following meetings have you attended at least once in the past five years? Please check all that apply.

- [ ] American Academy of Child and Adolescent Psychiatry Annual Meeting
- [ ] American Academy of Cerebral Palsy and Developmental Medicine Annual Meeting
- [ ] American Academy of Pediatrics National Conference and Exhibition
- [ ] American Academy of Sleep Medicine Annual Meeting
- [ ] American College of Medical Genetics Annual Clinical Genetics Meeting
- [ ] American Psychological Association Annual Convention
- [ ] Child Neurology Society Annual Meeting
- [ ] International Meeting for Autism Research (IMFAR)
- [ ] National Association of Pediatric Nurse Practitioners Annual Meeting
- [ ] Pediatric Academic Societies (PAS) Annual Meeting
- [ ] Society for Developmental and Behavioral Pediatrics Annual Meeting
- [ ] Society for Research in Child Development Biennial Meetings
- [ ] Society of Pediatric Psychology Annual Conference

You are almost finished! Please take one more moment to answer a few questions about yourself.

62. What is your sex?

- ◯ Male
- ◯ Female

63. Are you of Hispanic, Latino or Spanish origin?

- ◯ Yes
- ◯ No

64. What is your race? Please check all that apply.

- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black/African American
- ☐ American Indian or Alaska Native
- ☐ White
- ☐ Other

65. In what year did you graduate from medical school?

66. What is the location of your medical school?

- ◯ U.S.
- ◯ Canada
- ◯ Other

67. Is there anything else you would like to tell us about your experience with the practice of developmental and behavioral pediatrics?

Thank you for participating in the AAP 2015 Workforce Survey. We appreciate your time!