

# **Academic Section Environmental Scan Pediatric Hospital Version**

Page 1

### **Pediatric Environmental Scan**

Academic Section of the Canadian Association of Emergency Physicians

June 20, 2016

#### Introduction

The Academic Section will undertake an environmental scan of pediatric emergency medicine (PEM) activities at all Canadian medical schools and major teaching hospitals. This scan will help the Academic Section meet several of its objectives, as outlined in its Terms of Reference:

- Create a database of academic activities, physician leaders, infrastructure, and resources at each Canadian medical school
- Support academic PEM departments, divisions or units at each medical school and teaching hospital to ensure appropriate status, resources, and infrastructure
- Support teaching programs and directors in the education of medical students, pediatric or EM, off-service residents, pediatric EM fellows, faculty physicians, community physicians, and allied health professionals
- Promote high-quality research activities at Canadian medical schools and teaching hospitals in order to improve patient care

We expect that the scan will identify areas of strength and weakness at each medical school and teaching hospital, allowing the Academic Section to better plan strategies to improve academic activities. We believe that individual sites may be empowered by the knowledge of what is being done elsewhere and this may lead to successful requests for increased support from the universities and hospitals.

#### **Process**

A questionnaire has been developed with questions focusing on the three main domains of Administration, Education, and Research. Staff at CAEP will work with administrative staff at each site to complete the electronic survey form.

Where necessary, a member of the Academic Section will conduct telephone interviews with physician leaders to supplement data obtained on the form. The questionnaire questions are attached.

We plan to compile tables allowing easy comparison of sites. Some specific data related to funding will be kept confidential. Detailed tables will be offered to leaders at each site and ultimately we hope to make the results publicly accessible. Finally, an abbreviated version will be published in *CJEM*.

#### Page 2

#### **Survey Outline**

(survey page number)

1.	Ad	lmi	nistr	ation	Qu	estions
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- (a) University Status 4
- (b) Major Teaching Hospitals
- (c) University Personnel 6
- (d) Faculty 7

#### 2. Education Questions

- (a) Undergraduate Education 8
- (b) Off-service Resident Education PEM 9
- (c) PEM Fellowship Program 10
- (d) Sub-specialty Fellowship Training 12
- (e) Special Programs 14
- (f) (Outreach) Continuing Professional Development (CPD) 15
- (g) Faculty Development 16

#### 3. Research Questions

- (a) Funded Clinician Researchers PEM 17
- (b) Research Infrastructure 18
- 4. Confidential Funding Questions (2 options) 19

#### Page 3

University Name	
Name of Departr	nent or Divison:
Name and conta	ct information of person(s) completing survey:

#### Page 4

#### 1. Administration Questions

#### (a) University Status

Is Pediatric Emergency Medicine (PEM) specifically recognized as a specialty at your university?

•	C Yes
•	C No
•	Since yes (PEM is recognized as a specialty), what is it recognized as?  Department
	Joint Department
•	Division
•	Section
•	C
	Other aleges are sift.
	Other, please specify
•	Since yes (PEM is recognized as a specialty), what is it primarily within?  Pediatrics
•	Emergency Medicine
•	Surgery
•	
	Other, please specify
•	Can faculty have cross-appointments to Emergency Medicine (EM)?  O Yes
•	C No
	What % of your faculty have cross-appointments to EM?
	%
	Page 5
	1. Administration Questions (b) Major Teaching Hospitals
	(defined as a large academic health science centre with a wide range of residency programs as well as medical student clerkship activity; usually these hospitals are in close proximity to a medical school and conduct research)
•	Do you have a specialized Pediatric Hospital?  O Yes

•	C No
	Since yes (specialized Pediatric Hospital), list the name:
	Since there is no specialized Pediatric Hospital, do you have separate specialized pediatric ED?
•	C Yes
•	o No
•	Does your pediatric ED regularly take residents for rotations?  O Yes
•	O No
	Page 6
	1. Administration Questions (c) University Personnel
•	Does your PEM department or division have an Academic Chair/Chief?  Yes
•	O No
•	Since yes there is an Academic Head/Chief, is the position funded?  Yes
•	o No
•	Since the Academic Chair/Chief is funded, indicate source of funding (all that apply):  University
•	☐ Hospital
•	Physician Group
•	
	Other, please specify
•	Does your PEM Group have a university-recognized Academic Vice-chair/Vice-chief?  O Yes
•	o No
	Since yes there is a university recognized Academic Vice-chair / Vice-chief, is this position funded?
•	

•	O No	
	If the Academic Vice-chair / Vice-chief is funded, indicate source of fundapply):  University	ing (all that
•		
•	Hospital	
•	Physician Group	
•		
	Other, please specify	
	Indicate number of FTE (full-time equivalent) administrative staff (exclus specifically for education or research staff):	ive of those
•	Indicate source of funding for FTE administrative staff (select all that appunite staff)	oly):
•	Hospital	
•	Physician Group	
•		
	Other, please specify  Page 7	
	1. Administration Questions (d) Faculty	
	Total MDs working in your PEM Group:	
	Indicate how many MDs in each of the following categories.	
		Number?
	Primary appointment to university dept/divsion of PEM	
	Full professors	
	Associate professors	
	Assistant professors	
	Lecturers	
	Clinical appointment	
	Indicate the number of non-physician PhDs with university appointment:	

	Page 8
	2. Education Questions  Most questions relate to Faculty whose primary appointment is with Pediatric Emergency Medicine and who work at the major teaching hospitals.  (a) Undergraduate Education
•	Do you have a PEM clerkship program?  Yes
•	o No
•	Since yes (PEM clerkship program), how many weeks is your clerkship program?
	Longitudinal program
•	0
	Specific number of weeks, specify how many:
•	$\circ$
	Other, please specify
	Since yes there is a clerkship program, then what is the average number of students per year?
	Since yes there is a clerkship program, then what is the maximum number of students?
	Is there a Clerkship Director?
•	O No
	Since yes there is a Clerkship Director, is the position funded?
•	O Yes O No
•	C No

•	C No			
•	Since yes (to non-clinical "teaching shifts", are these	shi	ifts funded?	
•	O No			
	Please answer the following yes/no questions.			
			Yes or No	
		O	Yes	
	Do you provide observerships or electives to pre-clerkship students?	0	No	
		0	Yes	
	Do you have a combined Education Committee for all programs?	O	No	
	Do you have a componentian or points aveter to reward faculty for	0	Yes	
	Do you have a compensation or points system to reward faculty for teaching activities?	0	No	
	Since you have a compensation or points system to remuch (\$) is provided in total per year:  Page 9  2. Education Questions			
	(b) Off-service Resident Education - PEM			
•	Do you have a Director of Resident Education (i.e., Cl  O Yes  No	erks	ship Director)?	
•	C Yes			
•	<ul> <li>Yes</li> <li>No</li> <li>Since yes, is the Director of Resident Education position</li> </ul>			
•	<ul> <li>Yes</li> <li>No</li> <li>Since yes, is the Director of Resident Education position</li> <li>Yes</li> </ul>	tion	funded?	
•	<ul> <li>Yes</li> <li>No</li> <li>Since yes, is the Director of Resident Education position</li> <li>Yes</li> <li>No</li> <li>Indicate source of funding for Director of Resident Education</li> </ul>	tion	funded?	
	<ul> <li>Yes</li> <li>No</li> <li>Since yes, is the Director of Resident Education position</li> <li>Yes</li> <li>No</li> <li>Indicate source of funding for Director of Resident Education</li> <li>University</li> </ul>	tion	funded?	

	Other, please specify
	How many off-service (non-EM or non-pediatrics) residents rotate through annually?
•	Do you provide specific education sessions for rotating residents?  O Yes
•	C No
	Page 10
	2. Education Questions (b) Pediatric Emergency Medicine Fellowship Program
•	Do you offer PEM Fellowship training program?  O Yes
•	o No
	Page 11
	2. Education Questions (b) Pediatric Emergency Medicine Fellowship Program (continued)
	How many CARMS fellows per year?
	Minimum number in the last 2 years:
	Average number over the past 2 years:
	Maximum number in the past 2 years:
	How many fellows per year funded from other sources?
	Minimum number in the last 2 years:
	Average number over the past 2 years:
	Maximum number in the past 2 years:
•	Do you have a Fellowship Director?  O Yes
•	O No

•	Since yes, is the Fellowship Director funded?  O Yes
•	O No
•	Indicate source of funding for the Fellowship Director (select all that apply):  ☐ University ☐ Hospital ☐ Physician Group
	Other, please specify
•	Is there an Assistant Fellowship Director?  O Yes
•	O No
•	Since yes, is the Assistant Fellowhip Director position funded?  O Yes  No
•	Indicate source of funding for Assistant Fellowship Director (select all that apply):  University
•	☐ Hospital
•	Physician Group
•	
	Other, please specify
	Indicate number of FTE support staff for PEM Fellowship Program:
	Page 12
	2. Education Questions (d) Sub-specialty Fellowship Training
•	Do you offer advanced PEM Fellowship training?  O Yes  No

#### Page 13

#### 2. Education Questions

## (d) Sub-specialty Fellowship Training (continued)

Indicate types of advanced PEM Fellowship training and whether the Director is funded.

marcato typos or davantos	a i ziii i onomonip tianinig ana miotioi tilo ziioot	
	Do you have this type of fellowship?	Is the Director funded
Ultrasound:	Yes	O Yes
Oltrasouriu.	No	O No
EMO / Dispaters	Yes	O Yes
EMS / Disaster:	O No	O No
O:	Yes	Yes
Simulation	O No	O No
-1	O Yes	Yes
Education	O No	O No
_	Yes	Yes
Trauma	O No	O No
	Yes	Yes
QI	O No	O No
	Yes	Yes
Others	O No	O No
If necessary, identify "oth	ers" and indicate if the director is funded.	
Page 14		
2. Education Questions (e) Special Programs		
How many physicians hav A second box will appear to descri	re a stipend to teach: ibe the "Other", once you have entered the number of physicians.	
	Number	Name / Describe
Ultrasound		

	Number	Name / Describe
Simulation		
Other 1		
Other 2		
Other 3		
Page 15		
2. Education Questions (f) (Outreach) Continuing Professiona	al Development (CPD)	
Do you have a Director of CPD?  Yes		
• © No		
Since yes, is the Director of CPD funded  • Yes	?	
• © No		
Indicate source of funding for Director of  University  ■ University	f CPD (select all that apply):	
• Hospital		
Physician Group		
• 🗖		
Other, please specify		
<ul> <li>Do you host an annual PEM CPD/CME co</li> <li>Yes</li> </ul>	onference?	
• © No		
Since yes you hold an annual PEM CPD/	CME conference, how many day	/s?
Since yes you hold an annual PEM CPD/ there last year?	CME conference, how many reg	istrants were

Does your Department/Division of PEM host any of the following workshops or training courses?

	Do you host any of the following worksho courses?	pps or training How many p year?
	© Yes	<b></b>
PALS	O No	
	© Yes	
APLS	O No	
	Yes	
ATLS	O No	
NDD	Yes	
NRP	O No	
I litera a como d	Yes	
Ultrasound	O No	
Cinculation	Yes	
Simulation	O No	
Other	© Yes	
Other	O No	
If you indicated other,	please name and indicate how many per year.	
Do you provide CPD/C	ME Outreach lectures/workshops at community ho	enitale?
O Yes	wie Outreach lectures/workshops at community hos	spitais:
© No		
Since yes, how many of community hospitals p	CPD/CME Outreach lectures/workshops do your pro per year?	ovide at
Page 16		
2. Education Question (g) Faculty Developm		
Please indicate the nu	mber of the following:	
	_	Number
Faculty members with a grade	uate education degree	
Faculty members who have c	completed a formal education fellowship	

		Number
Faculty members who are funded to carry out education scholarshi	р	
Faculty members with external peer-reviewed salary awards for educational research / scholarship		
Number of external peer-reviewed education grants that your group currently holds		
Number of education focused peer-reviewed publications that your group has had in past 5 years		
Does your University have an Academic Education	Institute/Facility wi	th PhD educators?
• O Yes		
• No		
Education scholarship funding		
	Yes or No	If yes, how much per year
Do you reward faculty for education scholarship, excluding salary	Yes	
awards?	No	
	Yes	
Do you provide internal education grants?	O No	
Page 17  3. Research Questions (Most questions relate to Faculty whose primary appropriate to the major to the property of the prope	-	Pediatric
Emergency Medicine and who work at the major tea (a) Funded Clinician Researchers - PEM	acning nospitals.)	
Do you have a Director of Research?		
• C Yes		
• O No		
Since yes, is the Director of Research position fund • Yes	ded?	
• O No		
Indicate the <u>number</u> for each of the following:		
Physicians with salary support to conduct research		
Funded physicians who have completed a research fellowship with MSc/MPH/PhD degree		
Physician classified as Clinician Investigators/Scientists (>25% devoted to research		
Are these physicians affiliated with university or ho	spital research inst	titute?

C Yes
C No
Since yes, then please name the university or hospital research institute.  Indicate the <u>number</u> for the following:
External peer-reviewed salary awards
External peer-reviewed grants currently held by PIs in your group
Number of these from CIHR or HSFC as PI
Total amount of external peer-reviewed funding held as PI:
Indicate the following:
At present, how many multi-centre studies does your site coordinate?
In addition, how many peer-reviewed studies are you participating in?
How many non-education peer-reviewed publications has your group had in past 5 years?
Do you participate in Pediatric Emergency Research Canada (PERC)?  Yes
O No
Page 18
3. Research Questions (b) Research Infrastructure
Do all faculty have access to:  PhD Biostatisticians?
☐ Database and programming support?
Other, please specify
■ Not applicable

Indicate the number of staff available.

Full-time non-physician staff for research	activities	
Part-time non-physician staff for research	activities:	
Do you:	,	
	Yes or No Yes	How much is provided per year?
Have a compensation or points system to reward faculty for abstracts or publications?	O No	
Provide internal research grants?	O Yes	
Do you have a facilitator for resi  • O Yes  • No		
How many summer students are  Do you offer a Research Fellows  Yes  No  Since yes, how many years is the	ship?	rch annually?
Since yes, do the fellows obtain  No graduate degree  MSc  MPH  MHSc  PhD  Since yes, do Research Fellows  Yes		?
• © No Page 19		

4. Confidential Funding Questions (option 1) (Funding data will be kept confidential and only provided in anonymous aggregate format)

[Data will be collected one or more times, depending on number of divisions]

Total Academic budget for Departmen	nt or Division (inclu	uding education	and research)
<b>(\$):</b>			
Funding Sources by %			
	If necessary, d	escribe:	Percentage
University			
Hospital			
Physicians / Practice Plan			
Ministry of Health / Alternate Funding Plan			
Other			
Total			0
4. Confidential Funding Questions (Funding data will be kept confidential format)  [Data will be collected one or more times.]	and only provide	_	
Total Academic budget for Department (\$):  Breakdown of total budget by source:	·	uding education	and research)
3 ,	\$	D	escribe source, if necessary:
University	Ψ	Ъ	escribe source, it necessary.
Hospital			
•			
Physicians / Practice Plan  Ministry of Health / Alternate Funding			
Plan			
Other			
Total stipend for academic Chair/Chie	ef (\$):		
Total Education budget for Department awards, but including staff, physician	stipends, departm		
Total stipends for all physician direct	ors per program:		
	\$	D	escribe source, if necessary:
Education and Scholarship			
Undergraduate Clerkship			
Pediatric Emergency Fellowship			

	\$	Describe source, if necessary:
Off-service Residents		
Ultrasound		
Simulation		
Fellowships		
Continuing Professional Development		
Faculty Development		
Other		
Annual internal research budget for E and salary awards, but including staf	-	•
Total stipend for Research Director:		

#### Thanks!

Thank you very much for the time and effort you and your groups have made. Your contributions will help form a Canadian strategy to improve academic activities.

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