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PCICS Pediatric Cardiac Intensive Care Workforce Faculty Survey

You are invited to participate in a survey designed by the Pediatric Cardiac Intensive Care Society (PCICS).

For survey purposes, "Cardiac ICU" is defined as a unit physically and administratively separate from a Pediatric ICU and staffed separately. A "Multi-disciplinary ICU" is defined as one which cares for cardiac patients as well as those with other critical illness. Multi-disciplinary ICU will include those units where the teams are separate and/or cardiac patients cohorted.

Click here to download and read the Workforce Survey IRB Information Cover Sheet		
[Attachment: "Workforce Survey InformationCover Sheet.pdf"]		
Do you provide care for critically ill pediatric cardiac patients as attending faculty in an ICU?	○ Yes ○ No	
What setting best describes your primary site of practice?		
○ Academic, University-based○ Academic, Non-university based○ Private practice○ Other		
Please specify other:		
Which of the following training pathways reflects your training	g for managing cardiac patients in the ICU?	
 □ Pediatrics, Pediatric Critical Care Medicine (CCM), Advance □ Pediatrics, Pediatric Cardiology, Advanced Cardiac Intensive □ Pediatrics, Neonatology, Advanced Cardiac Intensive Care □ Pediatrics, Neonatology, Cardiology □ Pediatrics, Dual Training (Pediatric CCM and Pediatric Cardiology) □ Pediatrics, Pediatric CCM, No additional training □ Pediatrics, Pediatric Cardiology, No additional training □ Anesthesia, Pediatric Anesthesia/Critical Care □ General Surgery, Cardiothoracic Surgery, Pediatric Cardiot □ Other or additional training 	ve Care Fellowship Fellowship liology Fellowships)	
Please specify other:		

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4	(Please select all that apply) In which of the following fields did you achieve board certification? This refers to all original certification, not the first boards in which you became certified.
	☐ Pediatrics ☐ Internal Medicine ☐ Anesthesia ☐ Pediatric CCM ☐ Pediatric Cardiology ☐ Neonatology ☐ General Surgery ☐ Cardiothoracic Surgery ☐ Pediatric Cardiothoracic Surgery ☐ Dediatric Cardiothoracic Surgery ☐ Dediatric Cardiothoracic Surgery ☐ Other ☐ Eligible but not certified in
	Please specify other:
	Eligible but not certified in
5	(Please select all that apply) In which of the following fields have you maintained board certification? ☐ Pediatrics ☐ Internal Medicine
	Anesthesia Pediatric CCM Pediatric Cardiology Neonatology General Surgery Cardiothoracic Surgery Pediatric Cardiothoracic Surgery Other
	Please specify other:
6	In what year did you complete all of your formal specialty/subspecialty training
7	How many years have you been in practice as an attending physician (starting after completion of your last year of training)? Please answer to the nearest whole number.
8	Where are the majority of critically ill pediatric cardiac (surgical and medical) patients cared for in your hospital?
	 Multi-disciplinary ICU or PICU Cardiac ICU Separate cardiac medical and cardiac surgical ICUs Other
	Please specify other:
9	Does your center offer ACGME fellowships in pediatric cardiology or CCM? Yes, in pediatric cardiology Yes, in CCM



10	Does your center offer an advanced fellowship in
11	Do you feel that the ability for the advanced cardiac intensive care fellows from your program (those completing one year additional training after categorical fellowship) to find desirable faculty positions has changed in the last 5 years?
	 Yes, easier to find desirable faculty positions Yes, harder to find desirable faculty positions No change in ability to find desirable faculty positions
12	Do you feel that the ability for the dually trained fellows from your program (those completing cardiology and critical care medicine fellowships) to find desirable faculty positions has changed in the last 5 years?
	 Yes, easier to find desirable faculty positions Yes, harder to find desirable faculty positions No change in ability to find desirable faculty positions NA - There have not been dually trained fellows from my institution
13	Putting aside all external or personal reasons that a fellow might choose a training pathway, as a faculty, do you advise/recommend that categorical fellows from your program interested in a career in cardiac intensive care seek one year advanced cardiac ICU training or a second fellowship for dual training?
	 One year advanced cardiac ICU fellowship Second fellowship to achieve dual training No real preference Dependent on individual fellow's strengths/weaknesses Other
	Please specify other:
14	How many daytime (typically 10-12h) shifts do you attend in the cardiac (or multi-disciplinary) ICU during the year?
15	Do you spend your clinical time in arears other than cardiac (or multi-disciplinary) ICU?
	○ Yes ○ No
	If yes, please select all that apply.
	 □ OR (anesthesia) □ Inpatient acute care cardiology □ PICU or other non-cardiac pediatric ICU □ Neonatal ICU □ Outpatient cardiology, general clinic □ Outpatient cardiology, subspecialty clinic (single ventricle, PH, heart failure, cardiac neurodevelopmental)
	program etc) Cardiology consult service Sedation service Heart Failure CT Surgery
	□ Other
	Please specify other:



16	Does your cardiac (or multi-disciplinary) ICU have routine (sch	eduled) attending faculty on-call in-house at night?			
	Yes, on weeknights only				
	 No (i.e., call is usually taken from home, but attendings oc and/or trainee inexperience) 	casionally stay in the hospital due to patient acuity			
	and/or trainee mexperience/				
17	What format is provided for the in-house faculty on-call at nig	ht?			
	Night Call (typically just one night)				
	Night shift / nighttime block of service (more than one night Other	it in a row)			
	Please specify other:				
	How many nights in a row does an individual faculty				
	attend?				
18	If you have in-house faculty at night, do you have a defined u service commitments?	oper age limit to either end or reduce night call or night			
	○ Yes				
	○ No				
	○ Other				
	Please specify other:				
	(Select all that apply) The defined upper age limit is used for?				
	☐ A reduction in night call/ service				
	An end to night call/ service				
	Age at reduction				
	Age at reduction				
	Ago at and				
	Age at end				
19	Do you take weeknight (Mon-Thurs) night call during				
13	your daytime cardiac (or multi-disciplinary) ICU	○ No			
	service week?				
	How often do you take weeknight (Mon-Thurs) night call during your daytime cardiac (or multi-disciplinary) ICU				
	service week?				
	○ Frequently ○ Occasionally (eg holiday schedule, other fo	aculty out of town) O Infrequently			
20	During a typical/average week (7 days) on cardiac or multi-disciplinary ICU service, how many hours do you work				
	(including all clinical, academic, educational and administrative				
	activity and night call/service when in house.				

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21	During a typical/average week (7 days) NOT on cardiac or n work (including all clinical, academic, educational and admi charting activity and night call/service when in house.	nulti-disciplinary ICU service, how many hours do you nistrative work)? Include after-hours administrative or
22	How many weeks of cardiac (or multi-disciplinary) ICU servi Assume no other salary-supported administrative role, extra	
	(Skip if FTE is not formally defined at your program)	
23	Is night call or nighttime service included in those FTE calculations	○ Yes ○ No
24	How many nights a year (on average) do you take night call or nighttime service?	
25	If you take in-house night call or nighttime service, do you receive additional compensation for those nights (above your base salary)?	○ Yes ○ No
	How is additional compensation given? Additional compensation is given for each night call or not additional compensation is given only if additional nights A fixed additional compensation is given above base sale Other	s are worked above a set number
	Please specify other:	



(Please select all that apply) If you expect to decrease your clinical time in the cardiac (or multi-disciplinary) ICU, what is the primary reason for decreasing service time?				
(select all that apply) What type of wellness services are provided?				
☐ Counseling or coaching services ☐ On-site gym/fitness ☐ Other				
YesNoDecline to answer				
abetes, or obesity)				



31	Have you experienced any of the following on a regular basis, since becoming a cardiac (or multi-disciplinary) ICU attending physician? Please select all that apply.
	 □ Poor eating habits □ Significant weight gain □ Infrequent Exercise □ Lack of self-care (including routine well visits to physician, dental visits, etc.) □ Insufficient family or self time affecting home life □ Struggles with personal relationships

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Specialized training and board certification questions:			
32	Would you favor ACGME accreditation for advanced fellowship training in pediatric cardiac critical care?	Yes	No
33	Would you favor American Board of Pediatrics (ABP) certification in pediatric cardiac critical care?	0	0
34	If you had the option to test in for ABP certification in pediatric cardiac critical care, would you sit for the exam?	0	0
35	If you had the option to maintain your pediatric critical care medicine or cardiology sub-boards by receiving questions more applicable to pediatric cardiac critical care, would you choose to do so?		

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Burnout questions (the following questions will be anonymous and will not be link identifiable information):			
36	During the past month, have you felt burned out from work?	Yes	No
37	During the past month, have you had to do work on the weekends to "catch up" or complete things?		
38	During the past month, have you worried that your work is hardening you emotionally?	0	
39	During the past month, have you often been bothered by feeling down, depressed, or hopeless?	0	0
40	During the past month, have you fallen asleep while sitting inactive in a public place?	0	0
41	During the past month, have you felt that all things you had to do were piling up so high that you could not overcome them?	0	0
42	During the past month, have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	0	
43	During the past month, has your physical health interfered with your ability to do your daily work at home and/or away from home?	0	



	For the following 2 questions, please rate how much you agree with the following statements on the 7-point Likert scale:					itements		
		Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
14	The work I do is meaningful to	\circ	\bigcirc	\circ	\bigcirc	\bigcirc	\circ	\circ
45	My work schedule leaves me enough time for my personal/family life	0	0	0	0	0	0	0



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	Demographics questions	
16	What is your gender?	 Male Female Other Decline to answer
	Please specify other:	
17	Are you of Hispanic or Latino origin?	
18	What is your race?	 ○ African American/Black ○ American Indian or Alaska Native ○ Asian ○ Caucasian/White ○ Native Hawaiian or Other Pacific Islander ○ Mixed Race ○ Other ○ Decline to answer
	Please specify other:	
19	What is your age?	

