#### 2015 AAP Workforce Survey: Section on Neurology--Child Neurology Society

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 pediatricians, 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)

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	

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

$\bigcirc$	Solo practice	$\bigcirc$	Non-profit community health center or health dept
$\bigcirc$	Pediatric group practice	$\bigcirc$	Uniform Health Services clinic
$\bigcirc$	Specialty group practice	$\bigcirc$	Medical school/hospital (or parent university)
$\bigcirc$	Multi-specialty group	$\bigcirc$	Community/staff model hospital
$\bigcirc$	HMO staff/group model	$\bigcirc$	Other (please specify below)
Othe	er (please specify)	1	

#### 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

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

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

#### 29. What has changed in the last 12 months?

	Increased	Decreased	Not changed
Volume of referrals has	$\bigcirc$	$\bigcirc$	$\bigcirc$
Complexity of referred patients has	$\bigcirc$	$\bigcirc$	$\bigcirc$

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	$\bigcirc$	$\bigcirc$	$\bigcirc$
Likelihood of general pediatricians and other generalists to treat MORE complex subspecialty patients has	$\bigcirc$	$\bigcirc$	$\bigcirc$
The amount of competition with other pediatric subspecialists has	$\bigcirc$	$\bigcirc$	$\bigcirc$
The amount of referrals from adult subspecialists to me has	$\bigcirc$	$\bigcirc$	$\bigcirc$
The number of inappropriate or questionable referrals has	$\bigcirc$	$\bigcirc$	$\bigcirc$
The incidence or severity of illnesses/conditions in my community that I treat has	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other (please specify below)	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other (please specify)			

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

Yes

No

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

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

	Increased	Decreased	No change
Office hours	$\bigcirc$	$\bigcirc$	$\bigcirc$
Fees	$\bigcirc$	$\bigcirc$	$\bigcirc$
Number of support staff and/or their responsibilities	$\bigcirc$	$\bigcirc$	$\bigcirc$
Number of advanced practice nurses employed	$\bigcirc$	$\bigcirc$	$\bigcirc$
Number of physician assistants employed	$\bigcirc$	$\bigcirc$	$\bigcirc$
Number of physicians for practice	$\bigcirc$	$\bigcirc$	$\bigcirc$
Amount of research/administrative activities	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other (please specify below)	$\bigcirc$	$\bigcirc$	$\bigcirc$
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	
lf yes, ple	ease 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. Are you a member of any of these organizations? Please check all that apply.

	American Academy of Pediatrics (AAP)
A	AAP Section on Pediatric Neurology (SONu)
L A	American Academy of Neurology (AAN)
L A	American Neurological Association (ANA)
	Child Neurology Society (CNS)
5	Society for Pediatric Research (SPR)
	nternational Child Neurology Association (ICNA)
	Dther
Other	(please specify)

41. Are you currently practicing (clinically or otherwise) in the capacity of a pediatric neurologist?

Yes.

Yes, but I am presently on leave.

I have been trained as a pediatric neurologist, but my primary clinical work is as an adult neurologist.

🔵 No.

Other (please specify below)

Other (please specify)

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42. In what capacity do you function as a pediatric neurology professional? Please indicate the percentage of time devoted to each activity. Responses should total 100%.

Independent/private solo clinical practice

Independent/private clinical practice with more than one pediatric neurologist

Independent/private multi-specialty practice

Independent faculty practice

Hospitalist

Ambulatory/outpatient clinical neurology for a hospital system, with some inpatient consultative or admitting responsibilities

Medical school teaching faculty (paid position)

Medical school teaching faculty (unpaid voluntary or adjunct)

#### Administrator or Medical Director/Chief Medical Officer: hospitalbased system

Administrator or Medical Director/Chief Medical Officer: nonhospital based system

Military physician

Pharmaceutical or biomedical company

Telemedicine

Forensic consultant

Pharmaceutical/biomedical industry consultant

Other industry consultant

Insurance company

State government employee

Federal government employee

# 43. In what capacity do you function as a pediatric neurology professional? Please indicate the approximate percentage of time devoted to each activity.

	None	<10%	10-49%	50-99%	100%
Independent/private solo clinical practice	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Independent/private clinical practice with more than one pediatric neurologist	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Independent/private multi-specialty practice	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Independent faculty practice	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Hospitalist	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Ambulatory/outpatient clinical neurology for a hospital system, with some inpatient consultative or admitting responsibilities	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Medical school teaching faculty (paid position)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Medical school teaching faculty (unpaid voluntary or adjunct)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Administrator or Medical Director/Chief Medical Officer: hospital- based system	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Administrator or Medical Director/Chief Medical Officer: non- hospital based system	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Military physician	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmaceutical or biomedical company	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Telemedicine	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Forensic consultant	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Pharmaceutical/biomedical industry consultant	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other industry consultant	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Insurance company	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
State government employee	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Federal government employee	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

44. Which of the following activities are involved in your work? Please check all that apply.
General pediatric neurology
Administration (including chief/chair responsibilities)
Teaching
Collaboration/supervision for Advance Practice Nurses/Physician Assistants
None of these
45. Are you engaged in any of the following activities as a part of your work? Please check all that apply.
Pediatric neurology subspecialty (please specify below)
General pediatrics
Clinical research
Translational research
Basic science research
No, I am not engaged in any of these activities
Please specify pediatric neurology subspecialty

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## 46. Please indicate your sources of funding in percentages. All percentages should total 100.

Federal government	
State government	
Private philanthropic foundation	
Nonprofit organization	
Other (including clinical revenue and internal funding)	

47. What percentage of your effort, if any, is covered by external funding, such as the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the National Science Foundation (NSF), the US Department of Defense (DOD), foundations, and/or philanthropy?

0%	41-60%
1-20%	61-80%
21-40%	81-100%

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48. Including yourself, how many pediatric neurologists are in your practice?

<u> </u>
<b>3-5</b>
6-8
9-11
12-15
<b>16-19</b>
<u> </u>
If more than 20, please specify # here:

49. Are you a Pediatric Neurology Division Director/Chief?

Yes

No

50. How many of the physicians in your division have external research funding from the following sources?

	0	1-2	3-5	6-10	11+
NIH	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
CDC	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Department of Defense	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
NSF	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other federal government	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
State funding	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Foundations/nonprofit organizations	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Philanthropic	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

51. Please indicate how many of the following professionals are in your practice setting:

	0	1-2	3-5	6-10	>10
Nurse practitioners	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Physician assistants	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Registered nurses	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Social workers	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Neuropsychologists	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Psychologists	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Occupational therapists	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Speech therapists	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Physical therapists	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Neurotechnologists (EEG technicians, etc.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Other (please specify)					

52. In your opinion, is your current level of physician staffing:

Excessive

Adequate

Insufficient

53. In your opinion, is your current level of nonphysician clinician staffing:

- Excessive
- Adequate
- Insufficient

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#### 54. In the next three years, how many pediatric neurologists do you expect your practice to hire?

	0	1-2	3-5	6-8	>8
New positions	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Replacements for departing neurologists (including retirees)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

55. Does your practice currently have a position(s) available for a pediatric neurologist?

- Yes
- ) No

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#### 56. How many positions are currently available?

Number of positions available:	

#### 57. How many of the available positions are:

Primarily clinical (≥80% effort):	
Primarily research (≥80% effort):	
Blended clinical/research:	

58. How many pediatric neurology residents are in your department/division/practice? (This typically includes PGY3-5, not including residents in the pediatric sections of 5-year categorical programs.)

$\bigcirc$	0 (no active residency program)
$\bigcirc$	1-3
$\bigcirc$	4-6
$\bigcirc$	7+

59. How many pediatric neurology subspecialty fellows are in your department/division/practice? (Typically, this includes PGY 6 and above, not including trainees from adult neurology fellowships who rotate through pediatric neurology services.)

$\bigcirc$	0 (no active fellowship programs)
$\bigcirc$	1-3
$\bigcirc$	4-6
$\bigcirc$	7+

60. In your current patient mix, approximately what proportion has each of the following categories of disorders?

	Outpatient	Inpatient
Headaches/migraine		
Seizures/epilepsy		
Movement disorders (including tics/Tourette)		
Neurodevelopmental and intellectual disabilities (including Autism Spectrum Disorders)		
Neuropsychiatric/neurobehavioral and learning disorders (including ADHD)		
Neuromuscular disorders		
Neuroimmunology (including MS and ADEM)		
Metabolic disorders		
Neurogenetic disorders (non-neuromuscular)		
Neuro-oncology		
Brain injury (including sports concussion)		
Fetal/neonatal neurology		
Sleep disorders		
Other (please specify below)		
Other (please specify)		

61. How many half day clinics do you work each week?

none
1-2
3-5
6-8
9-10

62. On average, how many weekends are you on call annually?

none
1-5
6-10
11-15
16-20

- 21-25
- 26+

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63. Do you plan to fully retire in the next five years?

Yes

- No
- Not sure

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#### 64. Do you plan to do any of the the following in the next five years? Please check all that apply.

	Yes	No	Not sure
Significantly reduce my clinical responsibilities	$\bigcirc$	$\bigcirc$	$\bigcirc$
Significantly reduce my research responsibilities	$\bigcirc$	$\bigcirc$	$\bigcirc$
Significantly reduce my administrative activities	$\bigcirc$	$\bigcirc$	$\bigcirc$

65. Do you plan to stop taking care of pediatric neurology patients in the next five years?

Yes

No

Not sure

66. What do you plan to do when you stop taking care of pediatric neurology patients? Please check all that apply.

	Take an administrative role in a hospital or medical school	
	Take another administrative role (please specify below)	
	Work in industry	
	Work for the federal government	
	Work for state government	
	Provide clinical care to non-neurology patients	
	Work in a career outside of medicine	
	Other (please specify)	
Other (please specify another choice, or add comments you have about your plans):		

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67. What are the primary reasons that you no longer take care of pediatric neurology patients? Please check all that apply.

I am fully or semi-retired	Prefer to work in another specialty (please specify below)
Financial considerations	Prefer industry
Could not find suitable pediatric neurology position	Prefer governmental job
Prefer nonclinical position	Family responsibilities
Prefer to work as a general pediatrician	Other
Other (please specify):	

68. Do you have any plans to return to the practice of pediatric neurology in the future?

Yes, within a few years

Yes, at some point in the future

) No

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69. If you had it to do over, and knowing what you know now, would you choose pediatric neurology or neurodevelopmental disabilities as your subspecialty today?

- Definitely
  Probably
  Maybe
  Probably not
- Definitely not

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70. Please explain why you might not choose pediatric neurology or neurodevelopmental disabilities again.

Extremely Extremely positive Positive Neutral Negative negative N/A Hours worked ()()()()Intellectual challenge ()()()Compensation ()()()Academic setting  $\bigcirc$ ()()Opportunity/requirement  $\bigcirc$ ()()()()to teach Research opportunities  $\bigcirc$  $\bigcirc$ Administrative tasks and ()()()()requirements Professional satisfaction ()()()Patient population ()()()Flexible work schedules ()()()Ability to provide lifespan services (pediatric and ()()()()adult) Varied professional and  $\bigcirc$ ()()practice opportunities Industry opportunities ()()()Work-life balance

71. In thinking about the positive and negative aspects of pediatric neurology as a subspecialty, how would you rate each of the following factors?

72. Child neurology training positions continue to fill at lower rates than most other specialties in the National Resident Matching Program (NRMP). In your opinion, what are the primary reasons for this? Please drag and drop into a rank-order list (1 = most important reason).

Insufficient exposure in college and medical school
Students interested in pediatrics are generally not interested in neurology
Students interested in neurology are generally not interested in children
Length of training
The requirement for adult neurology training
Perceived intellectual difficulty of the specialty
Lower income compared to other specialties

73. In your opinion, what clinical areas should receive more emphasis in child neurology training in the future? Please check all that apply.

Headaches/migraine
Seizures/epilepsy
Movement disorders (including tics/Tourette)
Neurodevelopmental and intellectual disabilities (including Autism Spectrum Disorders)
Nuropsychiatric/neurobehavioral and learning disorders (including ADHD)
Neuromuscular disorders
Neuroimmunology (including MS and ADEM)
Metabolic disorders
Neurogenetic disorders (non-neuromuscular)
Neuro-oncology
Brain injury (including sports concussion)
Fetal/neonatal neurology
Sleep disorders
Other (please specify)
Other (please specify):

74. Should any of the following alternative training options be established for board routine eligibility in pediatric neurology?

	Should be an option	Should NOT be an option
5 years of training with fewer months of adult neurology	$\bigcirc$	$\bigcirc$
4 years of training (1 year of general pediatrics and 3 years of neurology)	$\bigcirc$	$\bigcirc$
4 years of training (1 year of general pediatrics and 3 years of neurology, with fewer adult neurology months)	$\bigcirc$	$\bigcirc$
Other suggestion:		

75. Was neurology a required clerkship in your medical school?

- 🔵 Yes
- 🔵 No

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76. What year of medical school was your required neurology clerkship?

- 3rd year
- 4th year
- Other

Other (please specify)

77. Was child neurology a component of your medical school neurology clerkship?

- Yes
- 🔵 No

78. During your career, at how many distinct institutions/practices/organizations have you worked as a pediatric neurologist since completing training?



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#### 79. Which of the following resources did you use to pay for medical school? Please check all that apply.

	Type of resource	Percent contribution
Bank or other loans		
Public Health Service Corps/National Health Service Corps scholarship		
Other scholarship		
Personal or family funds		
Military		
Other forms of support (please specify below)		
Other (please specify)		
80. If you took out	a bank or other loan, what was the total amount financed?	

I did not take out a bank or other loan.	\$201,000 to \$250,000
<pre>\$50,000</pre>	\$251,000 to \$300,000
\$51,000 to \$100,000	\$301,000 to \$400,000
\$101,000 to \$150,000	> \$400,000
() \$151,000 to \$200,000	

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#### 81. How many years did it take you to pay off the debt?

	I have paid off my loans, and it took me:	I have not paid off my loans, and it will take me:
Years to pay		

82. Please estimate the percent of your income received from each of the following entities. Enter "0" if you do not work for a specific type of entity.

Hospital/medical center (% income received)

Medical school

Hospital or medical school independent physician group

Sole proprietorship LLC, owner

Sole proprietorship LLC, employee

Group practice, LLC or corporation, voting shareholder

Group practice, LLC or corporation, non-voting shareholder

Gropu practice, LLC or corporation, employee, non-shareholder

Government agency

Military

Industry

Other

83. How do you derive your income from professional pursuits as a physician? Please estimate the percent of your income which comes from the following sources. If you derive no income from a particular source, please enter "0".

Hospital paycheck

Medical school paycheck

Hospital or medical school physician group paycheck

Government paycheck

Paycheck from private practice independent group, non-partner

Paycheck from private practice/independent practice group, equity partner or shareholder

Income derived from legal/forensic consultation/work

Income derived from industry consultation/work

Other

84. For the portions of your professional income obtained from an employer, what form of accountability is utilized? Please check all that apply.

Work Relative Value Units (WRVUs)

Cash basis (i.e., the amount of cash collections [not charges] that are credited to your work)

Other formulas of accountability (please describe below)

I am not held to any financial accountability by any employer that employs me.

Other (please specify)

85. What does your compensation consist of? Please provide percent of compensation for each, and indicate if guaranteed or not guaranteed/variable/contingent.

	Percent	Guaranteed/not guaranteed
Base salary		
Bonus		
Percent of total revenues collected by me		
Percent of total revenues collected by the entire group or division		
Shares or options		
Deferred compensation		
Other (describe below)		
Other (please specify)		

86.	What does	your benefit	package	consist of?	Please	choose a	II that	apply.
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	Medical insurance for me only
	Medical insurance for me and my family
	401K
	Loan repayment program for me (undergraduate or medical school educational debt)
	Tuition reimbursement for professional education after medical school for me
	Tuition reimbursement for my children
	Dental insurance
	Flexible Spending Account
	Reimbursement of all licensures and liability insurances
	Reimbursement for professional dues
	Reimbursement for professional meetings/conferences, including live and other CME activities
	Disability insurance
	Company car or mileage reimbursement
	Other benefits (describe below)
Othe	er (please specify)
L	

87. Please select the statement that most closely aligns with your beliefs regarding your compensation.

I am compensated fairly and the accountability for my compensation is appropriate.

I am compensated fairly but I am opposed to how accountability is measured.

I am compensated unfairly but accountability is appropriate.

I am compensated unfairly and accountability is inappropriate.

Other (describe below)

Other (please specify)

88. Please explain why you stay in your present position even though you feel you are unfairly compensated. Please also note if your current compensation has influenced your long-term plans for staying in that position.



89. In your opinion, in the future the compensation of child neurologists will:

- O Decrease significantly
- Decrease moderately
- Stay the same
- Increase moderately
- Increase significantly

90. Please choose the response that best matches your thoughts regarding the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Child neurology is a professionally satisfying career.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Child neurology offers superior compensation.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Child neurology offers opportunities to maintain a healthy work/life balance.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

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- 91. Do you manage patients with epilepsy?
- O Yes
- 🔵 No

#### 92. Do you read EEGs?

O Yes

No

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93. How were you trained to read EEGs?
Residency in neurology
Residency in pediatric neurology
Fellowship in clinical neurophysiology/EEG/epilepsy
Other
Other (please specify)
94. Do you have an epilepsy specialist in your group/at your institution?

- 🔵 Yes
- 🔵 No

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95. Do you refer children with epilepsy to a specialty epilepsy center?

Yes

No

96. How far away from your group/institution is the specialty epilepsy center to which you refer?

- 0-10 miles
- 11-20 miles
- 21-40 miles
- () 41-60 miles
- > 60 miles

97. What is the current wait time for patients to see the specialist?

- 1 month or less
- 2 to 6 months
- More than 6 months

98. How many APRNs work collaboratively with child neurologists in epilepsy specialty care at your institution?

0
1-3
4-6
7-9
10+

99. Do you use telemedicine services to care for children with epilepsy?

Yes

🔵 No

100. For these telemedicine services, are you personally the epilepsy provider, or do you consult with an epilepsy specialist?

$\bigcirc$	I am the epilepsy provider.
------------	-----------------------------

I consult with an epilepsy specialist.

Other

Other (please specify)

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101. Would you ever consider using telemedicine to care for children with epilepsy?

- Yes
- No

#### 102. How confident are you in your ability to do each of the following?

	Not at all confident	Not so confident	Confident	Very confident
Educate and motivate children and youth with epilepsy to comply with their action plan.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Communicate with children and youth with epilepsy about transition and related issues (e.g., taking on medication responsibilities, asking questions of healthcare professionals, seeing doctors who specialize in adult care).	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Communicate with families and caregivers about epilepsy in children and youth, including safety, sports, moods, contraception.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

#### 103. How knowledgeable are you about each of the following?

	Not at all knowledgeable	Not very knowledgeable	Knowledgeable	Very knowledgeable
Pharmacological management of epilepsy in children and youth.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
The treatment of mental and emotional health issues in children and youth with epilepsy.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

#### 104. Of the children and youth with epilepsy in your practice:

	Very few (<10%)	Some (10- 49%)	Most (50-89%)	Almost all (>90%)	All (100%)
How many have an epilepsy action plan or care coordination plan?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
For how many have you shared an epilepsy action plan or care coordination plan with their school or childcare setting?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
For how many do you have access to the information you need to care for them?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

105. After appointments with children and youth with epilepsy, how often do you share visit findings and an epilepsy action plan or care coordination plan with the child's primary care provider?

$\bigcirc$	Rarely	
$\bigcirc$	Sometimes	
$\bigcirc$	Most of the time	
$\bigcirc$	Almost always	
$\bigcirc$	Always	
$\bigcirc$	Other	
Othe	er (please specify)	
<u>.</u>		

106. If the opportunity to be trained in pediatric seizure management (virtually) were offered to you free of charge, how likely would you be to participate for 1 hour a week for a 6- to 12-month period?

Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

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

107. What is your sex?

Male

Female

108. Are you of Hispanic, Latir	no or Spanish origin?
Yes	
Νο	
109. What is your race? Pleas	e check all that apply.
Asian	
Native Hawaiian or Other Pacifi	c Islander
Black/African American	
American Indian or Alaska Nativ	/e

Other

White

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

111. What is the location of your medical school?

🔵 U.S.

Canada

Other

112. Is there anything else you would like to tell us about your practice of pediatric neurology?



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