

# General Pediatrician Survey

Please complete the survey below.

Thank you!

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**You are invited to be in a research study of "The General Pediatrician's Role in Coordinating Care for Children with Rheumatic Disease".**

**You were selected because you are a pediatrician in Minnesota, North Dakota, or South Dakota. If you are a pediatric subspecialist who does not practice general pediatrics, please disregard this email.**

**We ask that you read this form and ask any questions you may have before agreeing to be in the study.**

**This study is being conducted by Colleen Correll, MD, Fellow in Pediatric Rheumatology at the University of Minnesota.**

## **Procedures:**

**You are being asked to complete a survey.**

**It should take approximately 5-10 minutes to complete this survey.**

**\*\*\*Participants who complete the survey will be entered to win a \$400 Amazon gift card.\*\*\***

**The purpose of this survey is to better understand the role pediatricians play in managing and coordinating care for children with rheumatic diseases. There are few pediatric rheumatologists in the United States, and most of them only practice in large academic institutions. Thus general pediatricians play an important role in caring for children with rheumatic diseases, especially in communities distant from large academic institutions. Pediatricians often refer their patients with rheumatic diseases to specialists other than to pediatric rheumatologists, but there is little information describing the pediatrician's role in management and coordination of care of children with rheumatic diseases, or the barriers to referral to pediatric rheumatology clinics. Your participation in this survey will help us have a better understanding of these issues and the reasons for making referrals to pediatric rheumatologists, adult rheumatologists or other specialists.**

**This information can impact future training programs, national meetings, continued medical education, and public policy. Your participation is very important and is much appreciated.**

## **Confidentiality:**

**The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify you. Research records will be stored securely and only researchers will have access to the records. The only record we will have is your**

**email address only if you choose to enter in the drawing to win the Amazon.com gift card. Your email address will be immediately separated from your survey responses and your email address will only be used to enter you into the drawing and to inform you if you have won. Email addresses will be destroyed immediately after completion of the study.**

**Voluntary Nature of the Study:**

**Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota . If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.**

**Contacts and Questions:**

**The researcher(s) conducting this study is: Colleen Correll, MD. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at Pediatric Rheumatology 2450 Riverside Ave, 6th Floor East Building, M668 Minneapolis, MN, 612-626-4598, corr0250@umn.edu.**

**If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.**

**You can print a copy of this information to keep for your records.**

How many years ago did you complete your pediatric residency?

- < 5 years ago
- 5-10 years ago
- 11-20 years ago
- >20 years ago

Are you board certified in any pediatric sub-specialties?

- Yes
- No

If you answered "yes" above, please state your pediatric specialty.

\_\_\_\_\_

Did you complete training in any fields of medicine in addition to pediatrics?

- Yes
- No

If you answered "yes" above please describe:

\_\_\_\_\_

Did the institution at which you completed your pediatrics RESIDENCY have a division of pediatric rheumatology?

- Yes
- No
- Unsure

Did the institution at which you completed MEDICAL SCHOOL have a division of pediatric rheumatology?

- Yes, and it was the same institution that I completed my residency program  
 Yes, and it was a different institution than my residency program  
 No  
 Unsure

How much time did you spend in a pediatric rheumatology clinic during medical school or pediatric residency?

- None  
 1 day to < 4 weeks  
 4-8 weeks  
 Greater than 8 weeks

Over the last 3 years have any of your CME credits focused on pediatric rheumatology?

- Yes  
 No

Which of the following diseases did you encounter during your pediatric RESIDENCY? (Select all that apply)

- None of those listed below  
 Juvenile idiopathic arthritis (JIA), formerly known as juvenile rheumatoid arthritis (JRA)  
 Juvenile dermatomyositis (JDM)  
 Systemic lupus erythematosus (SLE)  
 Rheumatic fever  
 Kawasaki disease  
 Henoch Schonlein Purpura (HSP)  
 Vasculitis (other than Kawasaki disease and HSP)  
 Chronic recurrent multifocal osteomyelitis (CRMO)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Since the COMPLETION of pediatric residency, please indicate if any of your present or past pediatric patients have or had any of the following diseases. (Select all that apply)

- None of my present or past patients had the diseases listed below  
 Juvenile idiopathic arthritis (JIA), formerly known as juvenile rheumatoid arthritis (JRA)  
 Juvenile dermatomyositis (JDM)  
 Systemic lupus erythematosus (SLE)  
 Rheumatic fever  
 Kawasaki disease  
 Henoch Schonlein Purpura (HSP)  
 Vasculitis (other than Kawasaki disease and HSP)  
 Chronic recurrent multifocal osteomyelitis (CRMO)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Including your training in medical school and residency, have YOU PERSONALLY ever made any of the following diagnoses in any of your pediatric patients? (Select all that apply)

- I have not made any of the diagnoses listed below  
 Juvenile idiopathic arthritis (JIA), formerly known as juvenile rheumatoid arthritis (JRA)  
 Juvenile dermatomyositis (JDM)  
 Systemic lupus erythematosus (SLE)  
 Rheumatic fever  
 Kawasaki disease  
 Henoch Schonlein Purpura (HSP)  
 Vasculitis (other than Kawasaki disease and HSP)  
 Chronic recurrent multifocal osteomyelitis (CRMO)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

How far away (in driving time by car) is your clinic from a pediatric rheumatology clinic?

- Less than 30 minutes
- 30 minutes to 59 minutes
- 1-2 hours
- >2 hours to 4 hours
- >4 hours to 6 hours
- >6 hours

Have you ever referred a patient to a pediatric rheumatologist?

- Yes
- No

If you have referred a patient to a pediatric rheumatologist, please indicate your reason(s) for doing so. (Select all that apply)

- Acute arthritis (< 6 weeks) of unclear etiology
- Chronic arthritis (>6 weeks) of unclear etiology
- High suspicion of a rheumatologic disease (such as JIA, SLE, vasculitis, or JDM)
- Rash
- Fatigue
- Persistent or recurrent fever
- Musculoskeletal pain with an otherwise normal exam
- Positive ANA of unclear significance
- Positive ds-DNA of unclear significance
- Positive HLA-B27 of unclear significance
- Positive RF of unclear significance
- Positive CCP of unclear significance
- Other

If you selected "other" above please explain: \_\_\_\_\_

In cases in which you considered a pediatric rheumatology referral but did not refer a patient to a pediatric rheumatologist, please indicate your reasons for not doing so. (Select all that apply)

- None of my patients have needed to see a pediatric rheumatologist
- The distance or time to travel was too long
- The patient's insurance would not cover a pediatric rheumatology visit
- I managed the patient myself
- The patient improved while waiting to see the pediatric rheumatologist
- I referred to an adult rheumatologist instead
- I referred to a pediatric sports medicine specialist instead
- I referred to a pediatric infectious disease specialist instead
- I referred to a pediatric hematology/oncology specialist instead
- I referred to a pediatric orthopedist instead
- I referred to a general orthopedist instead
- Other

If you selected "other" above please explain: \_\_\_\_\_

Have you ever referred a pediatric patient to an adult rheumatologist?

- Yes
- No

If you have referred a pediatric patient to an adult rheumatologist please indicate your reason(s) for referring to an adult rheumatologist rather than a pediatric rheumatologist. (Select all that apply).

- Travel time or distance to the adult rheumatologist was much less than to the pediatric rheumatologist
- Family preference
- Physician preference
- Insurance reasons
- The patient was a teenager so I thought seeing a pediatric rheumatologist was unnecessary
- Other

If you selected "other" above please explain: \_\_\_\_\_

In what state do you primarily practice?

- Minnesota  
 North Dakota  
 South Dakota  
 Other

If you selected "other" above, please explain: \_\_\_\_\_

How would you describe the geographic location of the clinic in which you spend most of your time?

- Urban  
 Suburban  
 Rural  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Have you ever ordered an antinuclear antibody (ANA) on a pediatric patient?

- Yes  
 No

If you have ordered an ANA on a pediatric patient, please indicate your reason(s) for doing so. (Select all that apply)

- Musculoskeletal pain involving the small joints with an otherwise normal joint exam  
 Musculoskeletal pain involving the large joints with an otherwise normal joint exam  
 Musculoskeletal pain involving both small and large joints with an otherwise normal joint exam  
 Abnormal joint exam (such as swelling, warmth, pain with range of motion, and/or loss of range of motion)  
 Back Pain  
 Fatigue  
 Fever  
 Rash  
 Hair loss  
 Raynaud Phenomenon  
 GI complaints (such as chronic abdominal pain, diarrhea, nausea, and/or vomiting)  
 The patient clinically met criteria for systemic lupus erythematosus (SLE)  
 The patient clinically met criteria for juvenile idiopathic arthritis (JIA)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Have you ever ordered a anti-double-stranded DNA (anti-dsDNA) on a pediatric patient?

- Yes  
 No

If you have ordered an anti-dsDNA on a pediatric patient, please indicate your reason(s) for doing so. (Select all that apply)

- Musculoskeletal pain involving the small joints with an otherwise normal joint exam  
 Musculoskeletal pain involving the large joints with an otherwise normal joint exam  
 Musculoskeletal pain involving both small and large joints with an otherwise normal joint exam  
 Abnormal joint exam (such as swelling, warmth, pain with range of motion, and/or loss of range of motion)  
 Back Pain  
 Fatigue  
 Fever  
 Rash  
 Hair loss  
 Raynaud Phenomenon  
 GI complaints (such as chronic abdominal pain, diarrhea, nausea, and/or vomiting)  
 The patient clinically met criteria for systemic lupus erythematosus (SLE)  
 The patient clinically met criteria for juvenile idiopathic arthritis (JIA)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Have you ever ordered a rheumatoid factor (RF) on a pediatric patient?

- Yes  
 No

If you have ordered a RF on a pediatric patient please indicate your reason(s) for doing so. (Please select all that apply)

- Musculoskeletal pain involving the small joints with an otherwise normal joint exam  
 Musculoskeletal pain involving the large joints with an otherwise normal joint exam  
 Musculoskeletal pain involving both small and large joints with an otherwise normal joint exam  
 Abnormal joint exam (such as swelling, warmth, pain with range of motion, and/or loss of range of motion)  
 Back Pain  
 Fatigue  
 Fever  
 Rash  
 Hair loss  
 Raynaud Phenomenon  
 GI complaints (such as chronic abdominal pain, diarrhea, nausea, and/or vomiting)  
 The patient clinically met criteria for systemic lupus erythematosus (SLE)  
 The patient clinically met criteria for juvenile idiopathic arthritis (JIA)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Have you ever ordered an anti-cyclic citrullinated peptide antibodies (anti-CCP) on a pediatric patient?

- Yes  
 No

If you have ordered an anti-CCP on a pediatric patient, please indicate your reason(s) for doing so. (Select all that apply)

- Musculoskeletal pain involving the small joints with an otherwise normal joint exam  
 Musculoskeletal pain involving the large joints with an otherwise normal joint exam  
 Musculoskeletal pain involving both small and large joints with an otherwise normal joint exam  
 Abnormal joint exam (such as swelling, warmth, pain with range of motion, and/or loss of range of motion)  
 Back Pain  
 Fatigue  
 Fever  
 Rash  
 Hair loss  
 Raynaud Phenomenon  
 GI complaints (such as chronic abdominal pain, diarrhea, nausea, and/or vomiting)  
 The patient clinically met criteria for systemic lupus erythematosus (SLE)  
 The patient clinically met criteria for juvenile idiopathic arthritis (JIA)  
 Other

If you selected "other" above please explain: \_\_\_\_\_

Have you ever ordered an HLA-B27 genetic test on a pediatric patient?

- Yes  
 No

If you have ordered an HLA-B27 on a pediatric patient, please indicate your reason(s) for doing so. (Select all that apply)

- Musculoskeletal pain involving the small joints with an otherwise normal joint exam
- Musculoskeletal pain involving the large joints with an otherwise normal joint exam
- Musculoskeletal pain involving both small and large joints with an otherwise normal joint exam
- Abnormal joint exam (such as swelling, warmth, pain with range of motion, and/or loss of range of motion)
- Back Pain
- Fatigue
- Fever
- Rash
- Hair loss
- Raynaud Phenomenon
- GI complaints (such as chronic abdominal pain, diarrhea, nausea, and/or vomiting)
- The patient clinically met criteria for systemic lupus erythematosus (SLE)
- The patient clinically met criteria for juvenile idiopathic arthritis (JIA)
- Other

If you selected "other" above please explain: \_\_\_\_\_

Are you interested in seeing more CME geared toward pediatric rheumatology?

- Yes
- No

If you chose "yes" above, please indicate which approach to increasing CME in pediatric rheumatology would work best for you. (Select all that apply):

- More presentations at national meetings
- More local presentations
- More self-directed learning (such as online learning or through journals)
- Other

If you selected "other" above, please explain: \_\_\_\_\_

If you chose "no" above, please explain:

- I am not interested in increasing CME geared toward pediatric rheumatology
- I am interested, but I have limited time, and CME geared toward other topics are more important
- I do not see enough pediatric rheumatology in my practice for it to be worthwhile
- Other

If you selected "other" above, please explain: \_\_\_\_\_

What is your gender?

- Female
- Male

What is your age range?

- < 30 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70 years old or greater

Please enter your email address in the box provided only if you are interested in entering the drawing for a \$400 Amazon.com gift card. Please note that your email address will be used only for the purpose of the drawing and to inform you if you won. It will NOT be linked back to your responses in the survey. Email addresses will be destroyed immediately after completion of the study. If you choose not to enter your email address you will not be included in the drawing.

Please re-enter your email address to verify:

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