Iyer MS, Way DP, Kline J, Wallihan R, Stanley RM. A Comparison of National Pediatric Procedures Training Guidelines With Actual Clinical Practice in Ohio. *J Grad Med Educ*. 2019;11(2):159–167.

Supplemental: Survey Instrument

What Procedures Do General Pediatricians Perform in Daily Practice?

Directions: Please complete this survey only if you <u>completed</u> a pediatrics residency. Check the answer that best matches your practice.

1. Did you complete a pediatrics or medicine-pediatrics residency program?

   ☐ YES --> Go to item 2

   ☐ NO --> Skip to item 7

2. Please estimate how often you personally perform each of the following procedures. Use the option that most closely matches your practice. The numbers after each option offer guidance in estimating times per year:

	Almost Never < 3	Occasionally 4-11	Monthly 12-26	Almost Weekly 27-50	Almost Daily > 50
Bag Mask Ventilation	☐	☐	☐	☐	☐
Bladder Catheterization	☐	☐	☐	☐	☐
Giving Immunizations	☐	☐	☐	☐	☐
Lumbar Puncture	☐	☐	☐	☐	☐
Incision and Drainage of an Abscess	☐	☐	☐	☐	☐
Neonatal Endotracheal Intubation	☐	☐	☐	☐	☐
Peripheral Intravenous Catheter Placement	☐	☐	☐	☐	☐
Reduction of a Simple Dislocation	☐	☐	☐	☐	☐
Simple Laceration Repair	☐	☐	☐	☐	☐
Simple Removal of a Foreign Body	☐	☐	☐	☐	☐
Temporary Splinting of a Fracture	☐	☐	☐	☐	☐
Umbilical Catheter Placement	☐	☐	☐	☐	☐
Venipuncture	☐	☐	☐	☐	☐

3. Please list any procedures that you commonly perform (12 or more times per year) that were not on the list above.

____

____

____

Iyer MS, Way DP, Kline J, Wallihan R, Stanley RM. A Comparison of National Pediatric Procedures Training Guidelines With Actual Clinical Practice in Ohio. *J Grad Med Educ*. 2019;11(2):159–167.

Supplemental: Survey Instrument

4. From your residency training, how well prepared were you to perform these procedures? Use the following key to rate your level of preparedness.

Unprepared; Somewhat prepared; Well prepared; Not sure

	Unprepared	Somewhat prepared	Well prepared	Not sure
Bag Mask Ventilation	☐	☐	☐	☐
Bladder Catheterization	☐	☐	☐	☐
Giving Immunizations	☐	☐	☐	☐
Lumbar Puncture	☐	☐	☐	☐
Incision and Drainage of an Abscess	☐	☐	☐	☐
Neonatal Endotracheal Intubation	☐	☐	☐	☐
Peripheral Intravenous Catheter Placement	☐	☐	☐	☐
Reduction of a Simple Dislocation	☐	☐	☐	☐
Simple Laceration Repair	☐	☐	☐	☐
Simple Removal of a Foreign Body	☐	☐	☐	☐
Temporary Splinting of a Fracture	☐	☐	☐	☐
Umbilical Catheter Placement	☐	☐	☐	☐
Venipuncture	☐	☐	☐	☐

5. Since entering practice, please list any procedures for which you pursued additional training (i.e. Took a formal course or workshop, pursued independent study or practiced skill independently).

____

____

6. Based on your experience, please rate the importance of teaching these skills to residents who plan to practice pediatrics in the future. Use the following key to rate importance.

Not at all important; Minimally important, negligible; Moderately important, but still a factor; Considerably important; Very important, critical

	Not at all	Minimally	Moderately	Considerably	Very, Critical
Bag Mask Ventilation	☐	☐	☐	☐	☐
Bladder Catheterization	☐	☐	☐	☐	☐
Giving Immunizations	☐	☐	☐	☐	☐
Lumbar Puncture	☐	☐	☐	☐	☐
Incision and Drainage of an Abscess	☐	☐	☐	☐	☐
Neonatal Endotracheal Intubation	☐	☐	☐	☐	☐
Peripheral Intravenous Catheter Placement	☐	☐	☐	☐	☐
Reduction of a Simple Dislocation	☐	☐	☐	☐	☐
Simple Laceration Repair	☐	☐	☐	☐	☐
Simple Removal of a Foreign Body	☐	☐	☐	☐	☐
Temporary Splinting of a Fracture	☐	☐	☐	☐	☐
Umbilical Catheter Placement	☐	☐	☐	☐	☐

Iyer MS, Way DP, Kline J, Wallihan R, Stanley RM. A Comparison of National Pediatric Procedures Training Guidelines With Actual Clinical Practice in Ohio. *J Grad Med Educ*. 2019;11(2):159–167.

Supplemental: Survey Instrument

Demographics– Please answer a few questions about you and your practice.

7. In what type of setting do you practice? (Please check all that apply).

- ☐ Clinic
- ☐ Emergency Department
- ☐ Hospital/Medical Center
- ☐ Labor & Delivery Room
- ☐ Newborn Nursery
- ☐ Private Practice
- ☐ Urgent Care
- ☐ Other, Please specify: ____________________

8. Please answer these additional questions about your practice environment.

	YES	NO
Is your practice affiliated with Nationwide Children's Hospital?	☐	☐
Do you have hospital admitting privileges?	☐	☐
Are there multiple providers (MD, DO, NP, PA) that you work with in your practice?	☐	☐
Do you work full-time?	☐	☐

9. In what year did you complete your pediatrics residency? ____________________

10. At what institution did you complete your pediatrics residency? ____________________

11. Did you complete medicine-pediatrics residency program?

☐ YES --> Go to item 12 ☐ NO --> Skip to item 13

12. What percentage of your patients are children (pediatrics)? ____________________

13. Did you complete sub-specialty training (i.e. fellowship)?

☐ YES --> Go to item 14 ☐ NO --> Skip to item 15

14. In what subspecialty did you complete fellowship training? ____________________

	FEMALE	MALE
15. Please provide your gender.	☐	☐

Thank you for your contribution to this important project.