

2015 AAP Workforce Survey - Section on Cardiology and Cardiac Surgery

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, research and evaluation consultant, at hruchross@aol.com.

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

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 might 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/subspecialties later.

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

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

10. What is the third specialty or subspecialty in which you have been trained? Please enter only one response.

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

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

- 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)

15. Please indicate your main employment site, that is, the setting in which you spend the most time.

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

Other (please specify)

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

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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 add to 100.

primary care pediatrics - %

pediatric medical subspecialty (specify area below) - %

pediatric surgical specialty (specify area below) - %

another specialty, including adult (specify area below) - %

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23. Please specify specialty areas in which you provide direct patient care.

Pediatric medical subspecialty	<input type="text"/>
Pediatric surgical specialty	<input type="text"/>
Another specialty (including adult)	<input type="text"/>
Other	<input type="text"/>

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 subspecialties
- Pediatric medical/surgical subspecialists
- 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

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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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complexity of referred patients has...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Other (please specify)

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

- Yes
- No

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32. From whom do you face competition for your pediatric subspecialty services? Please check all that apply.

- General pediatricians
- Family physicians
- Other pediatric subspecialists
- 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of support staff and/or their responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of advanced practice nurses employed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of physicians for practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of research/administrative activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 practitioner? 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

If yes, please specify the types of practitioners 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)

40. Are you a member of any of these organizations? Please check all that apply.

- American Academy of Pediatrics Section on Cardiology and Cardiac Surgery
- American College of Cardiology
- American Heart Association
- American Society of Echocardiography
- Heart Rhythm Society
- Society for Cardiac Angiography and Interventions
- International Society for Heart and Lung Transplantation
- Other (please specify additional organizations below)

Other:

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41. Have you changed jobs in the last three years?

- Yes
 No

42. What was your motivation for changing jobs? Please rank up to three (drag and drop into the appropriate order).

<input type="text"/>	Increased salary/benefits
<input type="text"/>	Academic advancement
<input type="text"/>	My spouse/significant other had a professional opportunity in another location
<input type="text"/>	Reasonable work hours
<input type="text"/>	Intellectual stimulation
<input type="text"/>	Academic setting
<input type="text"/>	Teaching opportunities
<input type="text"/>	Research opportunities
<input type="text"/>	Leadership opportunities
<input type="text"/>	Work-life balance
<input type="text"/>	Other (please specify below)

43. Other motivation for changing jobs:

44. During a typical week, how many pediatric cardiology patients (<18 years of age) and how many adult patients (18 years of age or older) with congenital heart disease do you personally see? If you do not see either category of patients, please enter "0".

of pediatric cardiology patients personally seen:

of adult cardiology patients personally seen:

45. How many newborn patients do you personally evaluate per month to exclude congenital heart disease?

newborns personally evaluated:

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46. Please indicate what percentage of your patients fall into the following categories.

Percentages should total 100%.

Pediatric referrals with no heart disease (innocent murmur, chest pain, etc.):	<input type="text"/>
Pediatric patients with acquired or congenital heart disease:	<input type="text"/>
Adult patients with congenital heart disease:	<input type="text"/>
Pediatric patients with rhythm disorder only:	<input type="text"/>
Adult patients with rhythm disturbance only:	<input type="text"/>
Pediatric cardiac transplant patients:	<input type="text"/>
Adult cardiac transplant patients:	<input type="text"/>

47. Please evaluate the number of pediatric cardiologists and the number of pediatric cardiac centers in your area (mark ONE response for each).

	Insufficient	Adequate	Excessive
The # of pediatric cardiologists in my area is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The # of pediatric cardiac centers in my area is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. How many physician assistants or nurse practitioners do you utilize in your practice? If none, please enter "0."

# of physician assistants:	<input type="text"/>
# of nurse practitioners:	<input type="text"/>

49. Please indicate which of the following procedures you personally perform in pediatric patients or patients with congenital heart disease. Of those you perform, please estimate how many you performed during 2014.

	Do you perform in pediatric patients?	Do you perform in adults with congenital heart disease?	If you perform, estimated # in 2014:
Diagnostic cardiac catheterizations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interventional cardiac catheterizations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transthoracic echocardiography	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fetal echocardiography	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transesophageal echocardiography	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnostic electrophysiology	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiofrequency ablations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pacemaker implantations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardiac MRI	<input type="text"/>	<input type="text"/>	<input type="text"/>

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50. Please estimate how many of the following pediatric cardiac surgical procedures are performed per year at your primary institution (i.e., the institution at which you spend the majority of your professional time). If none, please enter "0".

Open heart surgery - #	<input type="text"/>
Closed heart surgery - #	<input type="text"/>
Neonatal cardiac surgery (< 1 month of age) #	<input type="text"/>
Norwood procedure for HLHS - #	<input type="text"/>
Arterial switch in neonates - #	<input type="text"/>
Pediatric cardiac transplantation - #	<input type="text"/>

51. Indicate where you refer pediatric patients for cardiac surgery not performed in your primary institution. Please check all that apply.

- Another institution in the same state < 50 miles away
- Another institution in the same state ≥ 50 miles away
- Out-of-state institution
- My program does not typically refer

52. Did you receive post-fellowship training (not CME) in any of the following areas?

	I received training in this area:	If received, the length of training was:
Pediatric interventional cardiac catheterization	<input type="text"/>	<input type="text"/>
Pediatric electrophysiology	<input type="text"/>	<input type="text"/>
Pediatric echocardiography/imaging	<input type="text"/>	<input type="text"/>
Pediatric cardiac transplantation	<input type="text"/>	<input type="text"/>
Adult congenital heart disease	<input type="text"/>	<input type="text"/>
Pediatric critical care	<input type="text"/>	<input type="text"/>
Pediatric heart failure/transplantation	<input type="text"/>	<input type="text"/>
Basic science research	<input type="text"/>	<input type="text"/>
Other (please indicate type of training below)	<input type="text"/>	<input type="text"/>

Other type of training:

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53. Please assess the training you received in the following areas during your pediatric cardiology fellowship:

	Insufficient	Appropriate	Excessive	Did not receive training in this area
Outpatient pediatric cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient nonsurgical pediatric cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postoperative care of pediatric cardiac patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other:

54. Are you a categorical fellowship program director?

- Yes
- No

55. In the last 2 years combined, how many fellows have successfully completed your 3-year categorical fellowship program?

of fellows:

56. In the last 2 years combined, how many fellows have dropped out of your categorical training program? Do not include those who pursued cardiology training at another program. If none, please enter "0".

of fellows:

57. Of those individuals who successfully completed the categorical 3-year program at your institution in the last two years, how many took a job versus how many went on to a 4th year of subspecialty training (including other training programs)?

of individuals who took a job after 3 years of training:

of individuals who took on a 4th year of training:

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58. For those who went on to a 4th year of training, please indicate the number of individuals who chose the following specializations.

	0	1	2	3	4	5 or more
Imaging:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheterization:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical care:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrophysiology:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure/transplant:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary hypertension:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult congenital heart disease:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other:

59. For individuals who took a job after the categorical 3-year program in the past 2 years, how many took positions in the following settings? If none of your fellows took a job after the 3-year program, please enter 0 (zero) in all boxes.

Academic setting - #

Private practice setting - #

Outside US/International - #

Other - #

60. For individuals who took a job after completing a 4th year of training in the past 2 years, how many took positions in the following settings? If no individuals completed a 4th year of training, please enter 0 (zero) in all boxes.

Academic setting - #

Private practice setting - #

Outside US/International - #

Other - #

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61. In general, how easy or difficult has it been for your 3-year categorical graduates in the last 2 years to find positions appropriate to their skills and training?

- Extremely easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Extremely difficult

Please comment on any difficulties encountered by graduates

62. In general, how easy or difficult has it been for your 4-year sub-specialty graduates in the last 2 years to find positions appropriate to their skills and training in the following specializations? If you did not train any 4th years for any of these specializations in the last 2 years, select "N/A".

	Extremely easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Extremely difficult	N/A
Imaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheterization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrophysiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure/transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult congenital heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on any difficulties encountered by graduates

63. In the last 2 years, how many of your 3rd- or 4th-year graduates chose a position that was not in the field of pediatric cardiology? If none, please enter "0".

number

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64. For those graduates who did not accept a position in pediatric cardiology, what did they choose to do? Please check all that apply.

- All of our graduates accepted positions in pediatric cardiology
- Accepted a position in another pediatric subspecialty
- Accepted a position in an adult subspecialty
- Accepted a position in general pediatrics
- Unsure
- Other (please specify below)

Other:

65. In thinking about the next 2 years, do you plan to change the size of your 3-year categorical fellowship class? Please indicate the number of fellows currently accepted into your program, and the anticipated number in 2 years.

Current number of fellows per year

Future (2 years) number of fellows per year

66. Please explain the reasons for any changes in the size of your program (i.e., clinical service needs, response to duty hours restrictions, the changing job market, etc.).

67. Are you a cardiology division or department chief?

- Yes
- No

68. How many faculty have left your program in the last two years?

- 0
- 1
- 2
- 3
- 4
- 5+

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69. How many faculty have you added in the last two years in the following areas?

	0	1	2	3	4	5+
Imaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheterization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrophysiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure/transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult congenital heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other:

70. How many of your new hires in the last two years came from each of the following?

Total number of new hires (last 2 years):

Directly from a 3-year fellowship program:

Directly from a 4th year (or more) of training:

Faculty/staff from another cardiology program:

71. How many faculty positions do you anticipate having open in the next:

	0	1	2	3	4	5+
12 months:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-24 months (do not include any open positions you anticipate in the next 12 months):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. Thinking about any future hires, please rank order your preference for their level of experience (drag and drop).

<input type="text"/>	3-year fellowship
<input type="text"/>	4th (or more) years of training
<input type="text"/>	Established faculty

73. For which of the following reasons do you anticipate recruiting in the next 24 months? Please check all that apply.

- To replace departing faculty
- To expand the program
- Neither (we are not planning to hire in the next 24 months)

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74. When you have an open position, in which of the following venues do you advertise?

Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> We do not advertise open positions | <input type="checkbox"/> Hospital website |
| <input type="checkbox"/> JACC | <input type="checkbox"/> Subspecialty societies (i.e., ASE) |
| <input type="checkbox"/> JPeds | <input type="checkbox"/> Recruiter service |
| <input type="checkbox"/> CHD Today | <input type="checkbox"/> With personal contacts within the field |
| <input type="checkbox"/> PediHeart | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> SPCTPD website | |

Other:

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

75. What is your sex?

- Male
- Female

76. Are you of Hispanic, Latino or Spanish origin?

- Yes
- No

77. What is your race? Please check all that apply.

- Asian
- Native Hawaiian or Other Pacific Islander
- Black/African American
- American Indian or Alaska Native
- White
- Other

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

79. What is the location of your medical school?

- U.S.
- Canada
- Other

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80. Is there anything else you would like to tell us about your practice of pediatric cardiology and cardiac surgery?

Thank you for participating in the Workforce survey!