

Ambulatory Practice Patterns of Pediatric Cardiologists

This study seeks to describe current practice patterns among pediatric cardiologists for patients with tetralogy of Fallot (TOF) and transposition of the great arteries with an intact ventricular septum (dTGA/IVS) in the outpatient setting. To that end, you are being asked to complete a survey that will take no more than 10 minutes of your time. The survey includes 3 parts: a description of your practice, questions pertaining to care for patients with TOF or dTGA/IVS, and demographic questions. Most questions will provide a vignette and then ask about general management for that case scenario.

The following survey is part of a research study. Your participation is entirely voluntary. Your participation, personal identifiers and answers will remain confidential. Please note that completing the questionnaire implies consent to participate in the study.

Please complete the following survey to most accurately reflect your current practice as a pediatric cardiologist in the outpatient setting. Please pick one answer for each question unless otherwise specified.

Thank you!

Are you a practicing pediatric cardiologist?

- Yes
 No

Do you care for the fetus with congenital heart disease?

- Yes
 No

Do you see patients with congenital heart disease in the outpatient setting?

- Yes
 No

Done! Thank you for participating!

Please select the affiliation of your outpatient clinic in which you spend most of your time:

- Affiliated with an academic center
 Not affiliated with an academic center
 Other

Please specify other:

Please indicate, on average, the number of half-day sessions you spend in an ambulatory care setting each week. Include clinics in which you serve as a supervisor (i.e. "fellows" clinic), specialized clinics (e.g. lipid clinic) and fetal consultations:

- 0 sessions/week
 1-2 sessions/week
 3-5 sessions per week
 more than 5 sessions per week

Tetralogy of Fallot

You just finished counseling a family for the first time whose fetus at 20 weeks gestation is found to have tetralogy of Fallot, pulmonary valve stenosis, mild right ventricular outflow tract obstruction and mild pulmonary artery hypoplasia.

If no other concerns were raised, how often would you re-image this patient prior to a presumed full-term delivery?

- Every 2 weeks
 Every 4 weeks
 Every 6 weeks
 Every 8 weeks
 Other
 Not applicable - I do not counsel fetal patients

Please specify other: _____

Please answer the next four questions given the following scenario:

You are following an asymptomatic patient with:

repaired tetralogy of Fallot

no residual septal defects

≤ mild right-sided obstruction to flow

≤ mild pulmonary artery stenosis

normal biventricular systolic shortening

wide-open pulmonary insufficiency

If this TOF patient is 2-12 years old and has mild right ventricular dilation, how often do you order the following tests?

	Never	Every 6 months	Every year	Every other year	Every few years	Every 5 years	Other
Physical examination by a pediatric cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram (transthoracic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary exercise stress test (CPET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other: _____

If this TOF patient is 2-12 years old and has moderate right ventricular dilation, how often do you order the following tests?

	Never	Every 6 months	Every year	Every other year	Every few years	Every 5 years	Other
Physical examination by a pediatric cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram (transthoracic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary exercise stress test (CPET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other: _____

If this TOF patient is 13-18 years old and has mild right ventricular dilation, how often do you order the following tests?

	Never	Every 6 months	Every year	Every other year	Every few years	Every 5 years	Other
Physical examination by a pediatric cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram (transthoracic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary exercise stress test (CPET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other: _____

If this TOF patient is 13-18 years old and has moderate right ventricular dilation, how often do you order the following tests?

	Never	Every 6 months	Every year	Every other year	Every few years	Every 5 years	Other
Physical examination by a pediatric cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram (transthoracic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cardiopulmonary exercise stress test (CPET)

Please specify other: _____

Do you routinely prescribe chronic use of a diuretic (e.g. furosemide) for a

2-12 year old asymptomatic patient with repaired TOF, no residual septal defects, wide-open pulmonary insufficiency and normal right ventricular shortening with the following RV size?

	yes	no
mild right ventricular dilation	<input type="radio"/>	<input type="radio"/>
moderate right ventricular dilation	<input type="radio"/>	<input type="radio"/>
severe right ventricular dilation	<input type="radio"/>	<input type="radio"/>

Do you routinely prescribe chronic use of a diuretic (e.g. furosemide) for a

13-18 year old asymptomatic patient with repaired TOF, no residual septal defects, wide-open pulmonary insufficiency and diminished right ventricular shortening with the following RV size?

	Yes	No
mild right ventricular dilation	<input type="radio"/>	<input type="radio"/>
moderate right ventricular dilation	<input type="radio"/>	<input type="radio"/>
severe right ventricular dilation	<input type="radio"/>	<input type="radio"/>

These factors influence my decision to order an echocardiogram for the asymptomatic child/adolescent with TOF and no change in their clinical status:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Type of Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance from your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental preference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reassurance for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical malpractice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Practice guidelines for outpatient care of TOF patients would be useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The amount of testing performed for patients with Tetralogy of Fallot is:

Too little Sufficient
 Too much

D-Transposition of the Great Arteries with Intact Ventricular Septum

You just finished counseling a family for the first time whose fetus at 20 weeks gestation is found to have d-transposition of the great arteries with intact ventricular septum (dTGA/IVS) and no other cardiac anomalies.

If no other concerns were raised, how often would you re-image this patient prior to a presumed full-term delivery?

- Every 2 weeks
 Every 4 weeks
 Every 6 weeks
 Every 8 weeks
 Other
 Not applicable - I do not counsel fetal patients

Please specify other: _____

Please answer the next two questions given the following scenario:

You are following an asymptomatic patient with:

repaired dTGA/IVS

no residual atrial septal defects

≤ mild pulmonary artery stenosis

≤ mild aortic root dilation

normal biventricular systolic shortening

If this patient is 2-12 years old, how often do you order the following tests?

	Never	Every 6 months	Every year	Every other year	Every few years	Every 5 years	Other
Physical examination by a pediatric cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram (transthoracic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary exercise stress test (CPET):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other: _____

If this patient is 13-18 years old, how often do you order the following tests?

	Never	Every 6 months	Every year	Every other year	Every few years	Every 5 years	Other
Physical examination by a pediatric cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram (transthoracic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary exercise stress test (CPET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify other: _____

These factors influence my decision to order an echocardiogram for the asymptomatic child/adolescent with dTGA/IVS with no change in their clinical status:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Type of Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance from your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental preference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reassurance for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical malpractice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice guidelines for outpatient care of dTGA/IVS patients would be useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The amount of testing performed for patients with dTGA/IVS is:

Too little Sufficient
 Too much

Almost done! Just a few last questions:

What year were you born?

- 1995
- 1992
- 1989
- 1986
- 1983
- 1980
- 1977
- 1974
- 1971
- 1968
- 1965
- 1962
- 1959
- 1956
- 1953
- 1950
- 1947
- 1944
- 1941
- 1938
- 1935
- 1932
- 1929
- 1926
- 1994
- 1991
- 1988
- 1985
- 1982
- 1979
- 1976
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- 1931
- 1928
- 1925
- 1993
- 1990
- 1987
- 1984
- 1981
- 1978
- 1975
- 1972
- 1969
- 1966
- 1963
- 1960
- 1957
- 1954
- 1951
- 1948
- 1945
- 1942
- 1939
- 1936
- 1933
- 1930
- 1927

What year did you finish your pediatric cardiology fellowship?

- N/A never did a fellowship
 still in fellowship 2017
 2016 2015 2014
 2013 2012 2011
 2010 2009 2008
 2007 2006 2005
 2004 2003 2002
 2001 2000 1999
 1998 1997 1996
 1995 1994 1993
 1992 1991 1990
 1989 1988 1987
 1986 1985 1984
 1983 1982 1981
 1980 1979 1978
 1977 1976 1975
 1974 1973 1972
 1971 1970 1969
 1968 1967 1966
 1965 1964 1963
 1962 1961 1960
 1959 1958 1957
 1956 1955 1954
 1953 1952 1951
 1950 1949 1948
 1947

What is the US 5-digit zip code of your out-patient practice where you spend the most time?

(If your outpatient practice is outside the US, please leave blank)

Done! Thank you for participating!