

# PCICS Pediatric Cardiac Intensive Care Workforce Faculty Survey

You are invited to participate in a survey designed by the Pediatric Cardiac Intensive Care Society (PCICS).

**For survey purposes, "Cardiac ICU" is defined as a unit physically and administratively separate from a Pediatric ICU and staffed separately. A "Multi-disciplinary ICU" is defined as one which cares for cardiac patients as well as those with other critical illness. Multi-disciplinary ICU will include those units where the teams are separate and/or cardiac patients cohorted.**

[Click here to download and read the Workforce Survey IRB Information Cover Sheet](#)

[Attachment: "Workforce Survey InformationCover Sheet.pdf"]

1 Do you provide care for critically ill pediatric cardiac patients as attending faculty in an ICU?  Yes  No

2 What setting best describes your primary site of practice?

- Academic, University-based  
 Academic, Non-university based  
 Private practice  
 Other

Please specify other: \_\_\_\_\_

3 Which of the following training pathways reflects your training for managing cardiac patients in the ICU?

- Pediatrics, Pediatric Critical Care Medicine (CCM), Advanced Cardiac Intensive Care Fellowship  
 Pediatrics, Pediatric Cardiology, Advanced Cardiac Intensive Care Fellowship  
 Pediatrics, Neonatology, Advanced Cardiac Intensive Care Fellowship  
 Pediatrics, Neonatology, Cardiology  
 Pediatrics, Dual Training (Pediatric CCM and Pediatric Cardiology Fellowships)  
 Pediatrics, Pediatric CCM, No additional training  
 Pediatrics, Pediatric Cardiology, No additional training  
 Anesthesia, Pediatric Anesthesia/Critical Care  
 General Surgery, Cardiothoracic Surgery, Pediatric Cardiothoracic Surgery  
 Other or additional training

Please specify other: \_\_\_\_\_

4 (Please select all that apply) In which of the following fields did you achieve board certification? This refers to all original certification, not the first boards in which you became certified.

- Pediatrics
- Internal Medicine
- Anesthesia
- Pediatric CCM
- Pediatric Cardiology
- Neonatology
- General Surgery
- Cardiothoracic Surgery
- Pediatric Cardiothoracic Surgery
- Other
- Eligible but not certified in

Please specify other: \_\_\_\_\_

Eligible but not certified in \_\_\_\_\_

5 (Please select all that apply) In which of the following fields have you maintained board certification?

- Pediatrics
- Internal Medicine
- Anesthesia
- Pediatric CCM
- Pediatric Cardiology
- Neonatology
- General Surgery
- Cardiothoracic Surgery
- Pediatric Cardiothoracic Surgery
- Other

Please specify other: \_\_\_\_\_

6 In what year did you complete all of your formal specialty/subspecialty training \_\_\_\_\_

7 How many years have you been in practice as an attending physician (starting after completion of your last year of training)? Please answer to the nearest whole number. \_\_\_\_\_

8 Where are the majority of critically ill pediatric cardiac (surgical and medical) patients cared for in your hospital?

- Multi-disciplinary ICU or PICU
- Cardiac ICU
- Separate cardiac medical and cardiac surgical ICUs
- Other

Please specify other: \_\_\_\_\_

9 Does your center offer ACGME fellowships in pediatric cardiology or CCM?

- Yes, in pediatric cardiology
- Yes, in CCM
- No

10 Does your center offer an advanced fellowship in cardiac intensive care?  Yes  
 No

11 Do you feel that the ability for the advanced cardiac intensive care fellows from your program (those completing one year additional training after categorical fellowship) to find desirable faculty positions has changed in the last 5 years?

- Yes, easier to find desirable faculty positions  
 Yes, harder to find desirable faculty positions  
 No change in ability to find desirable faculty positions

12 Do you feel that the ability for the dually trained fellows from your program (those completing cardiology and critical care medicine fellowships) to find desirable faculty positions has changed in the last 5 years?

- Yes, easier to find desirable faculty positions  
 Yes, harder to find desirable faculty positions  
 No change in ability to find desirable faculty positions  
 NA - There have not been dually trained fellows from my institution

13 Putting aside all external or personal reasons that a fellow might choose a training pathway, as a faculty, do you advise/recommend that categorical fellows from your program interested in a career in cardiac intensive care seek one year advanced cardiac ICU training or a second fellowship for dual training?

- One year advanced cardiac ICU fellowship  
 Second fellowship to achieve dual training  
 No real preference-- Dependent on individual fellow's strengths/weaknesses  
 Other

Please specify other: \_\_\_\_\_

14 How many daytime (typically 10-12h) shifts do you attend in the cardiac (or multi-disciplinary) ICU during the year? \_\_\_\_\_

15 Do you spend your clinical time in arears other than cardiac (or multi-disciplinary) ICU?

- Yes  
 No

If yes, please select all that apply.

- OR (anesthesia)  
 Inpatient acute care cardiology  
 PICU or other non-cardiac pediatric ICU  
 Neonatal ICU  
 Outpatient cardiology, general clinic  
 Outpatient cardiology, subspecialty clinic (single ventricle, PH, heart failure, cardiac neurodevelopmental program etc)  
 Cardiology consult service  
 Sedation service  
 Heart Failure  
 CT Surgery  
 Other

Please specify other: \_\_\_\_\_

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16 Does your cardiac (or multi-disciplinary) ICU have routine (scheduled) attending faculty on-call in-house at night?

- Yes, all nights (7 days/week)  
 Yes, on weeknights only  
 No (i.e., call is usually taken from home, but attendings occasionally stay in the hospital due to patient acuity and/or trainee inexperience)

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17 What format is provided for the in-house faculty on-call at night?

- Night Call (typically just one night)  
 Night shift / nighttime block of service (more than one night in a row)  
 Other

Please specify other:

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How many nights in a row does an individual faculty attend?

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18 If you have in-house faculty at night, do you have a defined upper age limit to either end or reduce night call or night service commitments?

- Yes  
 No  
 Other

Please specify other:

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(Select all that apply) The defined upper age limit is used for?

- A reduction in night call/ service  
 An end to night call/ service

Age at reduction

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Age at end

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19 Do you take weeknight (Mon-Thurs) night call during your daytime cardiac (or multi-disciplinary) ICU service week?

- Yes  
 No

How often do you take weeknight (Mon-Thurs) night call during your daytime cardiac (or multi-disciplinary) ICU service week?

- Frequently     Occasionally (eg holiday schedule, other faculty out of town)     Infrequently

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20 During a typical/average week (7 days) on cardiac or multi-disciplinary ICU service, how many hours do you work (including all clinical, academic, educational and administrative work)? Include after-hours administrative or charting activity and night call/service when in house.

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21 During a typical/average week (7 days) NOT on cardiac or multi-disciplinary ICU service, how many hours do you work (including all clinical, academic, educational and administrative work)? Include after-hours administrative or charting activity and night call/service when in house.

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22 How many weeks of cardiac (or multi-disciplinary) ICU service is considered 1 clinical FTE in your cardiac ICU? Assume no other salary-supported administrative role, extramural funding that includes salary support, or other clinical activities

(Skip if FTE is not formally defined at your program )

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23 Is night call or nighttime service included in those FTE calculations  Yes  No

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24 How many nights a year (on average) do you take night call or nighttime service? \_\_\_\_\_

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25 If you take in-house night call or nighttime service, do you receive additional compensation for those nights (above your base salary)?  Yes  No

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How is additional compensation given?

- Additional compensation is given for each night call or night of service
- Additional compensation is given only if additional nights are worked above a set number
- A fixed additional compensation is given above base salary
- Other

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Please specify other: \_\_\_\_\_

**NOTE: The following questions will be anonymous and will not be linked to any identifiable information:**

26 Do you expect to retire in next 3-5 years?  Yes  
 No

27 Do you expect to decrease your clinical time in the cardiac (or multi-disciplinary) ICU for other reasons (administrative, research/academics, other clinical duties or transition to other clinical areas, industry/other positions, etc) in next 3-5 years?  Yes  
 No

If so, by how many weeks? \_\_\_\_\_

28 (Please select all that apply) If you expect to decrease your clinical time in the cardiac (or multi-disciplinary) ICU, what is the primary reason for decreasing service time?

- Increasing administrative duties/leadership
- Increasing Research/Academic time
- Other clinical duties/transition to other clinical areas
- Industry positions or other work outside medicine
- Stress/Burnout/Psychological Impact
- Physical/Medical Reasons
- Family Needs
- Decline to answer
- Other

Please specify other: \_\_\_\_\_

29 Does your hospital have resources for physician wellness to mitigate burnout/enhance resilience?  Yes  
 No

(select all that apply) What type of wellness services are provided?

- Counseling or coaching services    On-site gym/fitness    Other

Please specify other: \_\_\_\_\_

Have you utilized any wellness services  Yes  
 No

30 Have you been diagnosed with any chronic health conditions since becoming a cardiac (or multi-disciplinary) ICU attending physician  Yes  
 No  
 Decline to answer

If yes, please select all that apply.

- Anxiety/Stress/Mood disorder (including depression)
- Hypertension
- Metabolic Disease (including metabolic syndrome, diabetes, or obesity)
- Heart Disease
- Autoimmune Disease
- Other

Please specify other: \_\_\_\_\_

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- 31 Have you experienced any of the following on a regular basis, since becoming a cardiac (or multi-disciplinary) ICU attending physician? Please select all that apply.
- Poor eating habits
  - Significant weight gain
  - Infrequent Exercise
  - Lack of self-care (including routine well visits to physician, dental visits, etc.)
  - Insufficient family or self time affecting home life
  - Struggles with personal relationships

**Specialized training and board certification questions:**

- |                                                                                                                                                                                                           | Yes                   | No                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 32 Would you favor ACGME accreditation for advanced fellowship training in pediatric cardiac critical care?                                                                                               | <input type="radio"/> | <input type="radio"/> |
| 33 Would you favor American Board of Pediatrics (ABP) certification in pediatric cardiac critical care?                                                                                                   | <input type="radio"/> | <input type="radio"/> |
| 34 If you had the option to test in for ABP certification in pediatric cardiac critical care, would you sit for the exam?                                                                                 | <input type="radio"/> | <input type="radio"/> |
| 35 If you had the option to maintain your pediatric critical care medicine or cardiology sub-boards by receiving questions more applicable to pediatric cardiac critical care, would you choose to do so? | <input type="radio"/> | <input type="radio"/> |



**Burnout questions (the following questions will be anonymous and will not be linked to any identifiable information):**

- |                                                                                                                                      | Yes                   | No                    |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 36 During the past month, have you felt burned out from work?                                                                        | <input type="radio"/> | <input type="radio"/> |
| 37 During the past month, have you had to do work on the weekends to "catch up" or complete things?                                  | <input type="radio"/> | <input type="radio"/> |
| 38 During the past month, have you worried that your work is hardening you emotionally?                                              | <input type="radio"/> | <input type="radio"/> |
| 39 During the past month, have you often been bothered by feeling down, depressed, or hopeless?                                      | <input type="radio"/> | <input type="radio"/> |
| 40 During the past month, have you fallen asleep while sitting inactive in a public place?                                           | <input type="radio"/> | <input type="radio"/> |
| 41 During the past month, have you felt that all things you had to do were piling up so high that you could not overcome them?       | <input type="radio"/> | <input type="radio"/> |
| 42 During the past month, have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?           | <input type="radio"/> | <input type="radio"/> |
| 43 During the past month, has your physical health interfered with your ability to do your daily work at home and/or away from home? | <input type="radio"/> | <input type="radio"/> |

**For the following 2 questions, please rate how much you agree with the following statements on the 7-point Likert scale:**

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
44 The work I do is meaningful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 My work schedule leaves me enough time for my personal/family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Demographics questions**

- 46 What is your gender?
- Male
  - Female
  - Other
  - Decline to answer

Please specify other: \_\_\_\_\_

- 47 Are you of Hispanic or Latino origin?
- Yes
  - No

- 48 What is your race?
- African American/Black
  - American Indian or Alaska Native
  - Asian
  - Caucasian/White
  - Native Hawaiian or Other Pacific Islander
  - Mixed Race
  - Other
  - Decline to answer

Please specify other: \_\_\_\_\_

- 49 What is your age?
- \_\_\_\_\_