







Pediatric Anesthesia Fellowship Questionnaire: Chairs and Program Directors





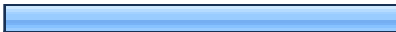

1. The person answering this questionnaire is:

		Response Percent	Response Count
Department/Section of Pediatric Anesthesia Chair or Chief		34.6%	18
Pediatric Anesthesia Fellowship Program Director		44.2%	23
Both		21.2%	11
		Comments	2
answered question			52
skipped question			1







2. The number of 12-month fellowship positions in our ACGME accredited pediatric anesthesia fellowship is:

		Response Percent	Response Count
1-4		55.8%	29
5-9		30.8%	16
>9		13.5%	7
Comments/describe			4
answered question			52
skipped question			1








3. The setting of our fellowship program is:

		Response Percent	Response Count
Pediatric anesthesia department within a freestanding academic children's hospital		38.0%	19
Pediatric anesthesia department within a freestanding private children's hospital		8.0%	4
Section of pediatric anesthesia within a medical school anesthesia department at a children's hospital		34.0%	17
Section of pediatric anesthesia within a medical school anesthesia department in a general academic hospital		24.0%	12
	Other (please specify)		10
answered question			50
skipped question			3




4. Describe, in general, what your fellowship prepares graduates to be at the end of their 12 months—choose any or all of the following responses. All abilities may not be present in all graduates; but are there examples in each field of expertise among graduates of your program on a regular basis? For the purposes of the survey, "all cases" means any case including cardiac OR cases of moderate complexity; "formally trained" means at least 3 months of recurrent once weekly didactic sessions or seminars in a particular field:

		Response Percent	Response Count
Provide excellent clinical care; practice independently all cases within 24 months after graduating		100.0%	52
Formally trained researcher		11.5%	6
Formally trained educator		23.1%	12
Formally trained in quality and outcomes		13.5%	7
Formally trained in business/financial management/leadership/management		0.0%	0
Subspecialty trained/qualified, i.e. cardiac, ICU, pain		21.2%	11
Other: please describe		3.8%	2
	Comments		10
answered question			52
skipped question			1

5. Ideally, what would you desire in graduates of your fellowship program to be—choose any or all of the following, using the same definitions as question 4:

		Response Percent	Response Count
Provide excellent clinical care; practice independently all cases within 24 months after graduating		96.2%	50
Formally trained researcher		44.2%	23
Formally trained educator		61.5%	32
Formally trained in quality and outcomes		44.2%	23
Formally trained in business/financial management/leadership/management		32.7%	17
Subspecialty trained/qualified, i.e. cardiac, ICU, pain		36.5%	19
Other: please describe		3.8%	2
	Comments		11
answered question			52
skipped question			1

6. Through the ACGME fellowship, are we preparing the pediatric anesthesia workforce for the future, for leadership roles in clinical and non-clinical areas, including research, quality and outcomes, education, business management, and clinical subspecialties?

		Response Percent	Response Count
Yes		47.1%	24
No		47.1%	24
If no, explain why not:		11.8%	6
		Comments	29
		answered question	51
		skipped question	2

7. What are the clinical rotations/requirements for your 12-month fellowship ?

Length of Rotation

	1 month	2 months	Other	Response Count
Pain	67.3% (35)	15.4% (8)	17.3% (9)	52
Cardiac	7.8% (4)	64.7% (33)	27.5% (14)	51
ICU	78.4% (40)	17.6% (9)	3.9% (2)	51
Regional anesthesia	48.8% (21)	0.0% (0)	51.2% (22)	43
Neuroanesthesia	46.3% (19)	0.0% (0)	53.7% (22)	41
Airway	30.6% (11)	0.0% (0)	69.4% (25)	36
PACU	30.3% (10)	0.0% (0)	69.7% (23)	33
Out of OR (Radiology)	48.6% (18)	0.0% (0)	51.4% (19)	37
Elective rotation (describe)	45.2% (19)	19.0% (8)	35.7% (15)	42
Other: please describe	58.3% (7)	0.0% (0)	41.7% (5)	12

Comments 40

answered question 52

skipped question 1

8. What elective rotations and choices do you offer for your 12 month fellowship?

Length of rotation

	1 month	2 months	Other	Response Count
Pain	67.7% (21)	6.5% (2)	25.8% (8)	31
Cardiac	55.6% (15)	14.8% (4)	29.6% (8)	27
ICU	69.6% (16)	8.7% (2)	21.7% (5)	23
Regional anesthesia	61.5% (16)	7.7% (2)	30.8% (8)	26
Neuroanesthesia	44.4% (8)	5.6% (1)	50.0% (9)	18
Airway	58.8% (10)	0.0% (0)	41.2% (7)	17
PACU	50.0% (7)	7.1% (1)	42.9% (6)	14
Out of OR (Radiology)	52.6% (10)	10.5% (2)	36.8% (7)	19
Research	67.7% (21)	6.5% (2)	25.8% (8)	31
Education formal training	47.4% (9)	0.0% (0)	52.6% (10)	19
Quality and outcomes training	41.2% (7)	0.0% (0)	58.8% (10)	17
Other: Please describe	40.0% (4)	10.0% (1)	50.0% (5)	10
Comments				27
answered question				42

skipped question

11

9. Do you offer a non-clinical day per week, week per month, etc ? For the purposes of this questionnaire, the day after call is not non-clinical, and a late start on an on-call day (e.g. 4 PM) does not count as non-clinical

Length of NC Time

	Day per week	Week per month	Other: please describe	Response Count
Yes	17.9% (7)	2.6% (1)	79.5% (31)	39
No	10.0% (1)	20.0% (2)	70.0% (7)	10

Comments; other (please specify)

45

answered question

47

skipped question





6

10. Is there a formal mentorship process for your 12 month fellowship?

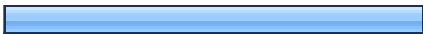


Mentorship process

	Formal regular meetings with the fellowship director, i.e. monthly or quarterly for discussion of fellowship progress or career goals	Formal regular meetings with another faculty member of the fellow's choice, i.e. monthly or quarterly for discussion of fellowship progress or career goals	Formal regular meetings with another assigned faculty member, i.e. monthly or quarterly for discussion of fellowship progress or career goals	Other	Response Count
Yes	71.1% (32)	6.7% (3)	13.3% (6)	8.9% (4)	45
No	50.0% (3)	16.7% (1)	0.0% (0)	33.3% (2)	6
Other (please specify)					15
answered question					49
skipped question					4



11. Do you offer formal research training (3 or more months of recurring weekly sessions, or 12 or more sessions total) during the 12 month fellowship?

		Response Percent	Response Count
Yes: lectures on research study design, statistics, grant writing, manuscript writing, etc.		25.0%	13
Yes: formal participation in a research project		42.3%	22
Yes: other, please describe		11.5%	6
No		44.2%	23
		Comments	18
		answered question	52
		skipped question	1



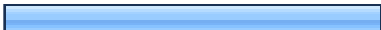





12. Do fellows participate in clinical or laboratory research during the 12 month fellowship?

		Response Percent	Response Count
Yes: required		36.5%	19
Yes: offered but not required (add % participating in comments)		53.8%	28
No		11.5%	6
	Comments		25
	answered question		52
	skipped question		1



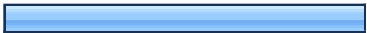

13. Is there a formal academic work product requirement during the 12 month fellowship, i.e. a written abstract, paper, chapter or grant ?

		Response Percent	Response Count
Yes, please describe		73.1%	38
No		28.8%	15
	Comment, please describe		41
	answered question		52
	skipped question		1





14. Do your fellows receive formal education training (3 or more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

		Response Percent	Response Count
Bedside/OR teaching		48.1%	25
Didactic lecturing		57.7%	30
Mentoring		32.7%	17
Lecture presentations		65.4%	34
PBLD, case studies		48.1%	25
Writing: articles, chapters		26.9%	14
Other: please describe		7.7%	4
None		26.9%	14
		Comments	11
		answered question	52
		skipped question	1

15. Do your fellows receive formal training in quality and outcomes (3 more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

		Response Percent	Response Count
Lectures		33.3%	16
Seminars		8.3%	4
Hospital quality program: (describe)		31.3%	15
None		47.9%	23
		Comments	24
		answered question	48
		skipped question	5

16. Do your fellows receive formal training in business/financial /leadership skills (3 or more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

		Response Percent	Response Count
Lectures		13.7%	7
Seminars		9.8%	5
Other formal training: (describe)		2.0%	1
None		76.5%	39
		Comments	8
		answered question	51
		skipped question	2

17. What is the frequency of formal fellows' didactic conferences?

Frequency of conferences

	Weekly	Twice weekly	Three times weekly	Other	Response Count
Frequency of conferences	51.9% (27)	26.9% (14)	11.5% (6)	9.6% (5)	52

Comments 13

answered question 52

skipped question 1

18. How often do the fellows' present at conference?

Frequency of presentations



	0-1 times per month	2 times per month	3 or more times per month	Other: please describe	Response Count
Frequency of fellows' presentations	66.7% (34)	13.7% (7)	3.9% (2)	15.7% (8)	51

Comments 17





answered question 51

skipped question 2





19. Is there a formal project participation requirement (not necessarily requiring a written work product) during the 12 month fellowship; i.e. systems-based change, quality, research etc?

		Response Percent	Response Count
Yes: please describe		73.1%	38
No		30.8%	16
		Comments	35
		answered question	52
		skipped question	1









20. What is the work product requirement for this project in question 19?

		Response Percent	Response Count
Written report or paper		31.9%	15
Presentation at a fellows or department conference		55.3%	26
National meeting presentation		40.4%	19
None		25.5%	12
		Comments	10
		answered question	47
		skipped question	6






21. Do you offer optional extra training, over and above 12 months, to your fellows?

		Response Percent	Response Count
6 months		25.5%	13
12 months		25.5%	13
Other		17.6%	9
No		47.1%	24
		Comments	19
		answered question	51
		skipped question	2




22. What is the extra training offered in question 21?

		Response Percent	Response Count
Clinical subspecialty: cardiac		73.3%	22
Clinical subspecialty: pain		43.3%	13
Clinical subspecialty: ICU		13.3%	4
Clinical subspecialty: other		26.7%	8
Research: formal training or participation, i.e. T32, NIH K grants, loan repayment grants from NIH, Clinical scientist training program, or formal laboratory or clinical research program		63.3%	19
Education: i.e. Master's degree or other formal training		30.0%	9
Training in business, leadership, quality/outcomes, i.e. MBA or MPH or other formal program		30.0%	9
Other: please describe		3.3%	1
	Comments		9
answered question			30
skipped question			23




23. How are the extra year fellows paid?

		Response Percent	Response Count
Part time clinical work as an attending		51.7%	15
Grant support , i.e. T32, NIH K grant, FAER grant, other		24.1%	7
Institutional support: hospital, medical school		37.9%	11
Department funds		62.1%	18
Other: please describe		10.3%	3
		Comments	9
		answered question	29
		skipped question	24




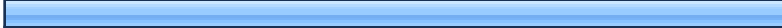



24. Would you support mandatory lengthening of the ACGME fellowship training to 2 years?

		Response Percent	Response Count
Yes		32.7%	17
No, optional training only		63.5%	33
No, do not support any lengthening		3.8%	2
Comments			10
answered question			52
skipped question			1






25. Would you support mandatory lengthening of the ACGME fellowship training to 3 years?

		Response Percent	Response Count
Yes		3.8%	2
No: optional only		49.1%	26
No		47.2%	25
Comments			8
answered question			53
skipped question			0





26. Does your institution and faculty have personnel and resources, either in your department, outside your department in the same institution, or outside your institution but in close proximity, to provide formal education/training (at least 3 months of intensive training in at least weekly sessions or 12 or more sessions total), with formally qualified faculty, and educational assignments or projects) in:

		Response Percent	Response Count
Research, i.e. Clinical Scientist Training Program, T32, MPH, other formal research training		96.0%	48
Education, i.e. Master's Degree in Education, or other formal program		90.0%	45
Clinical subspecialties: cardiac		82.0%	41
Clinical subspecialties: ICU		68.0%	34
Clinical Subspecialties: pain		74.0%	37
Leadership/business: i.e. MBA , Master's Degree in Healthcare Management, Hospital Administration, or similar degree, training or certificate		82.0%	41
Quality and outcomes: i.e. MPH, or other similar degree		78.0%	39
		Comments	9
		answered question	50
		skipped question	3



27. Would your department/institution be able to fund extra training in pediatric anesthesia at the PGY-6 or 7 level?

		Response Percent	Response Count
Yes: Hospital funding, medical school, or department funding		46.8%	22
Yes: grant funding (specify)		2.1%	1
Yes: Part time work as an attending		31.9%	15
Yes: other (specify)		6.4%	3
No		36.2%	17
		Comments	16
		answered question	47
		skipped question	6



28. Could the existing fellowship be substantially changed within the 12 month framework?

		Response Percent	Response Count
Yes--add at least 3 months elective time with formal recurring instruction in an area of the fellow's choosing		19.6%	10
Yes--add substantially more frequent didactic sessions, i.e. 3-5 times per week, with instruction/seminars in non clinical areas and clinical subspecialties		27.5%	14
Yes--other		13.7%	7
No		51.0%	26
		other (please specify)	17
answered question			51
skipped question			2



29. Should lengthening the fellowship to 24 months be mandatory, and part of the ACGME and subspecialty board certification program?

		Response Percent	Response Count
Yes		35.3%	18
No		64.7%	33
	Comments		9
	answered question		51
	skipped question		2

30. Should lengthening of the fellowship to 36 months be mandatory, and part of the ACGME and subspecialty board certification programs?

		Response Percent	Response Count
Yes		3.8%	2
No		96.2%	51
	answered question		53
	skipped question		0

31. Should there be centers of excellence offering optional additional training, without a mandatory lengthening of the fellowship for all fellows and programs, i.e. keep the 12 month ACGME fellowship, but share resources/opportunities with a few fellowship programs who would offer additional training, over and above the ACGME requirements?

		Response Percent	Response Count
Yes		78.4%	40
No		21.6%	11

Comments 13

answered question	51
skipped question	2

32. Please make any additional comments not included in the responses to questions 1-31:

	Response Count
	10
answered question	10
skipped question	43

1. The person answering this questionnaire is:

1	We do not have a fellowship yet, but hope to in the future.	Jan 20, 2011 9:43 AM
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1. The person answering this questionnaire is:

2	I am a Pediatric Anesthesia Fellow	Jan 24, 2011 8:25 AM
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2. The number of 12-month fellowship positions in our ACGME accredited pediatric anesthesia fellowship is:

1	only 9 positions are funded	Jan 18, 2011 5:12 AM
2	No fellowship yet.	Jan 20, 2011 9:43 AM
3	we are funded for 9 but take 1 other if they have independent funding	Jan 20, 2011 1:06 PM
4	1 fellow/year	Jan 24, 2011 8:25 AM

3. The setting of our fellowship program is:

1	We are at a free standing academic childrens hospital which is now finally fully affiliated with the University department. Our section is pretty independent although in theory # 3 is probably correct, in reality we function more as #1	Jan 18, 2011 4:06 PM
2	No fellowship yet, but when we do it will be a combination of the first three.	Jan 20, 2011 9:43 AM
3	With an attached but distinct Children's Hospital.	Jan 20, 2011 11:06 AM
4	Division of Pediatric Anesthesia at a private, freestanding pediatric hospital with a close affiliation with a medical university...the division is financially separate from the main (adult) division located at the university hospital	Jan 20, 2011 1:56 PM
5	Section of pediatric anesthesia within a medical school anesthesia department at a children's hospital within a general academic hospital	Jan 24, 2011 10:24 PM
6	We are a department of pediatric anesthesia in a larger Anesthesia institute. the last choice is the closest description	Feb 22, 2011 9:14 AM
7	Our "children's hospital" is physically attached to the main hospital.	Feb 23, 2011 3:59 PM
8	Peds division of academic dept - peds hospital-within-a-hospital	Feb 24, 2011 1:31 PM

3. The setting of our fellowship program is:

9	Although it does not apply to me, it is my understanding that some groups are divisions of a non-anesthesia department.	Feb 25, 2011 6:53 AM
10	Division of Pediatric Anesthesia within a med school anesthesia department within a children's hospital within an academic hospital.	Mar 9, 2011 4:56 PM

4. Describe, in general, what your fellowship prepares graduates to be at the end of their 12 months—choose any or all of the following responses. All abilities may not be present in all graduates; but are there examples in each field of expertise among graduates of your program on a regular basis? ...

1	The majority are in the first category with a minority spread across the others	Jan 18, 2011 4:06 PM
2	We provide an excellent clinical curriculum covering all components of pediatric anesthesiology. Our goal is clinical excellence. Formal training in any of the other items you have listed takes more than 12 months of study in those subjects alone let alone at the same time as a clinical fellowship.	Jan 18, 2011 5:19 PM
3	we are just to offer a combined peds/regional fellowship. 12 mo of acgme peds fellowship with 7 month additional training in a non-acgme regional fellowship	Jan 19, 2011 6:59 AM
4	Cannot comment at this time.	Jan 20, 2011 9:43 AM
5	In one year formal training is impossible in these areas without severely limiting an already sparse clinical training period. We have a twelve month long leadership/professionalism course that encompasses education, quality and business rotations in cardiac pain and ICU - but none for 3 months.	Jan 20, 2011 9:51 AM
6	we have formal rotations in CV 2 mos and pain 1 mo. However, this is not enough for "formal training"	Jan 20, 2011 1:06 PM
7	Some graduates have additional (beyond core) training in cardiac or pain beyond the minimum required for all fellows	Jan 20, 2011 1:56 PM
8	I believe the primary goal should be excellent clinical care. To force all trainees into the other "formal" training boxes is not appropriate. Exposure to these areas is important, with the opportunity, perhaps at the larger centers, for further formal training in these areas. Availability of such training is important, but it is not practical to mandate all training programs provide this broad range of expertise	Jan 21, 2011 10:23 PM
9	Our fellows develop expertise in transplant anesthesiology.	Feb 22, 2011 6:02 AM

4. Describe, in general, what your fellowship prepares graduates to be at the end of their 12 months—choose any or all of the following responses. All abilities may not be present in all graduates; but are there examples in each field of expertise among graduates of your program on a regular basis? ...

10 Not for ICU but for cardiac and pain

Feb 22, 2011 9:14 AM

5. Ideally, what would you desire in graduates of your fellowship program to be—choose any or all of the following, using the same definitions as question 4:

- | | | |
|---|--|-----------------------|
| 1 | See above | Jan 18, 2011 5:19 PM |
| 2 | Although I did not pick a specific area of formal training, any of the formal training tracks would be desirable, but not expected, in 12 months of training. | Jan 20, 2011 9:42 AM |
| 3 | Cannot determine at this time. | Jan 20, 2011 9:43 AM |
| 4 | <p>other is professionalisim and leadership</p> <p>ACGME copetencies of
professionalism
communication
systems based practice
interpersonal skills</p> | Jan 20, 2011 9:51 AM |
| 5 | Research training should not be mandatory, but rather focused on those who are interested. Forcing all fellows to be trained in research is a waste of resources as this may not be utilized. We find many fellows are simply interested in providing high-quality clinical care and sometimes teaching, and sometimes research. | Jan 20, 2011 11:06 AM |
| 6 | Our 12 month fellowship offers considerably more training and education in research as well as involvement in research projects than most big programs who offer 1 and 2 year fellowships. Our staff who have trained at large programs for one year have had Zero exposure to research, education training, quality/outcomes ect. Our 12 month program gives a reasonable exposure in these areas but do not produce "formally trained researchers" as occurs in 2 year programs. | Jan 20, 2011 1:41 PM |
| 7 | We are in the 3d year of a new fellowship program, and have 1 fellow per year. Ideally I would like to offer all of the above, but I woudl have to draw upon resources within our institution, either our department at large or the university at large. It could be done. Alternatively, fellowships in a region could pool resources and offer a subspecialty program to fellows from various institutioesn in a region. | Jan 24, 2011 8:31 AM |

5. Ideally, what would you desire in graduates of your fellowship program to be—choose any or all of the following, using the same definitions as question 4:

8	Some outstanding faculty members will develop the other skills during the first few years of faculty experience--I do not think that everyone has to have it when they begin. there is a lot of opportunity for faculty development during in our institution.	Feb 2, 2011 7:59 AM
9	Fellows should be able to choose from the offerings above. I would add one other offering: Neurophysiologic Monitoring	Feb 22, 2011 5:51 AM
10	I would like to see more training in in leadership and research in particular, however much of what is described I believe should be after fellowship where fellows get a "taste" of where they want to excel and then for this to be fostered as a junior staff. I really believe that it is the first 24 months AFTER fellowship that the fellow blossoms, attains confidence and the respect of the perioperative staff.	Feb 22, 2011 9:14 AM
11	We would not expect our fellowship graduates to be able to be fully formed in all of these areas, but we would like to have the ability to offer each of these topical areas to all fellows and let them decide which to pursue.	Feb 22, 2011 1:36 PM

6. Through the ACGME fellowship, are we preparing the pediatric anesthesia workforce for the future, for leadership roles in clinical and non-clinical areas, including research, quality and outcomes, education, business management, and clinical subspecialties?

1	Mostly yes, and in recent years more people are choosing to enter our fellowship with additional expertise or interests	Jan 18, 2011 4:06 PM
2	In part but these topics are part of lifelong learning.	Jan 18, 2011 5:19 PM
3	We are preparing clinical anesthesiologists who are too focused on intraop care, technical abilities, but miss the bigger picture of peri-op care.	Jan 18, 2011 6:53 PM
4	one year is not enough time to accomplish these goals	Jan 19, 2011 6:59 AM
5	Additional training needed for these areas	Jan 19, 2011 8:26 AM
6	In general, I think the ACGME fellowship requirements lead to well trained clinicians, but not formally trained researchers, educators and quality/outcomes specialists. I think many programs are striving to provide this training, but it is not part of the standard curriculum.	Jan 19, 2011 1:50 PM
7	We are preparing them for leadership roles in clinical areas, but not necessarily in specialized areas.	Jan 20, 2011 9:42 AM
8	Probably not as comprehensive as we might be.	Jan 20, 2011 9:43 AM

6. Through the ACGME fellowship, are we preparing the pediatric anesthesia workforce for the future, for leadership roles in clinical and non-clinical areas, including research, quality and outcomes, education, business management, and clinical subspecialties?

9	not currently we barely have enough time to teach them how to think correctly	Jan 20, 2011 9:51 AM
10	There is no unified consensus amongst programs as to what is essential training in addition to excellent clinical care. It would make sense for programs to have to choose one or two areas outlined above that are areas of strength and focus on providing that training. Expecting all fellowship programs to do all aspects of training is unrealistic, especially for smaller programs that may be doing a fine job with clinical training.	Jan 20, 2011 11:06 AM
11	Do a great job in clinical arena. OK in education. Only fsair in research. Poor in other areas.	Jan 20, 2011 1:06 PM
12	We are to some extent but not to the same extent that a 2 year fellowship would permit.	Jan 20, 2011 1:41 PM
13	Curriculum and emphasis (sometimes from hospital) is all clinical care...it is difficult to assign fellows to anything other than clinical rotations	Jan 20, 2011 1:56 PM
14	insufficient time for training, inadequate available mentorship and lack of formal training curriculum.	Jan 20, 2011 3:45 PM
15	We are preparing them, and helping them decide direction, but further experience and training may be needed to reach their full potential	Jan 21, 2011 10:23 PM
16	Yes, I think there is ample opportunity to get the foundation to become a clinical and non-clinical leader over the course of the fellowship.	Jan 24, 2011 8:25 AM
17	I think we could do much better, but we will have to rethink how we offer these programs. We will need to utilize resources beyond our individual fellowships to accomplish this - "think out of the box". Take advantage of resources available in or beyond our own individual departments/institutions.	Jan 24, 2011 8:31 AM
18	I think the primary role of the pediatric anesthesia workforce of the future will be in clinical care. I think the primary focus of the fellowship must be to educate anesthesiologists to become high level clinical pediatric anesthesiologists. That need met, it will be important for a minority of clinical pediatric anesthesiologists to achieve additional competency in other areas such as research, quality and outcomes, education, business management and clinical subspecialties.	Jan 24, 2011 11:12 AM
19	The one year fellowship provides core competency in clinical pediatric anesthesia. There is not enough time to do the other things in one year	Jan 26, 2011 4:06 PM
20	not enough focus on being an educator, leadership roles, business management and certainly not enough experience to say that one is formally trained in clinical subspecialties.	Jan 27, 2011 2:59 PM

6. Through the ACGME fellowship, are we preparing the pediatric anesthesia workforce for the future, for leadership roles in clinical and non-clinical areas, including research, quality and outcomes, education, business management, and clinical subspecialties?

21	Between the clinical requirements for rotations and case numbers, duty hour restrictions, and studying for ABA certification, there is little time for anything but clinical training. The modern world of medicine requires that we produce expertise and leadership in research, education, quality, strategy, business, and clinical subspecialties within Pediatric Anesthesia, in order to better determine our own future. If we do not, others will. Examples: FDA-IARS SafeKids research partnership not initiated by pediatric anesthesia. Quality and outcomes in most hospitals not led by pediatric anesthesia. Formal education training and leadership roles in medical schools/hospitals not often filled by pediatric anesthesia. Business/government advocacy not often led by pediatric anesthesia. All of these roles take formal training and education; and we are not able to do this through the current fellowship. Virtually all other pediatric subspecialties, medical, surgical, radiology included, have more pediatric subspecialty training or total training time, i.e. 6 or 7 years. Only pediatric derm and path have one year, as does pediatric anesthesia. Pediatric anesthesia needs to be a leader in pediatric care, and thus needs these special skills as a subspecialty.	Feb 1, 2011 1:40 PM
22	Exposure to research, subspecialty experience, and educational development are all part of a PROCESS that I believe occurs during the first 5 years of faculty practice	Feb 2, 2011 7:59 AM
23	Current fellows is predominating clinical in nature. We train clinicians only. With this increases in clinical knowledge and reduction in work hours, there is insufficient time for non-clinical training of any depth. We exposure the fellows to all of these non-clinical areas, but they clearly are not trained in these areas.	Feb 2, 2011 11:10 AM
24	I don't see this as so cut and dried, but in general we are preparing clinical physicians, not academicians	Feb 22, 2011 5:51 AM
25	Not completely. We still require post-graduate mentoring and self-education to become accomplished performers in each of these areas.	Feb 22, 2011 1:36 PM
26	The fellowship training period is too short to "formally" train anyone in the above cited categories.	Feb 24, 2011 1:31 PM
27	These specialty roles that you mention are inappropriate goals for a clinical fellowship. They should be done either through a separate fellowship devoted to that area or as specialized training after reaching attending status.	Feb 25, 2011 6:53 AM
28	1 year is not enough time to achieve all of those goals.	Mar 1, 2011 2:00 PM
29	- too low expectations both trainees and programs - inadequate infrastructure to do these other things - not enough time in fellowship - 1 yr. too short	Mar 3, 2011 8:49 PM

7. What are the clinical rotations/requirements for your 12-month fellowship ?

1	NICU - 2 weeks Airway and neuro combined throughout the year. Preanesthesia clinic rotation 1 month combined with academic time	Jan 18, 2011 7:24 AM
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7. What are the clinical rotations/requirements for your 12-month fellowship ?

2	Airway, Out of the OR, research and additional elective times in blocks from 2-4 weeks are available. We are developing a PACU rotation	Jan 18, 2011 4:06 PM
3	The airway module is 2 weeks - all our modules are 2 week blocks - monthly is a non uniform time frame.	Jan 18, 2011 5:19 PM
4	Our program is small and therefore we do not have month rotations, we incorporate all areas over the 12 months.	Jan 19, 2011 8:26 AM
5	exposure to airway techniques and NORA is provided but not systematically	Jan 19, 2011 1:14 PM
6	The PACU and pain months are combined during the same month. In addition to the above, we have 3 months of basic OR and 2 months of pediatric outpatient anesthesia.	Jan 19, 2011 1:29 PM
7	Fellows are in the radiology department for a two week rotation, but may participate in particularly challenging cases in radiology as they arise. We also have an intraoperative MRI suite, which provides additional exposure to MRI safety, etc. Fellows formally perform regional anesthesia while on the pain service, but have many additional opportunities to provide u/s guided regional anesthesia while not formally on the pain rotation.	Jan 19, 2011 1:50 PM
8	Research. Ambulatory	Jan 19, 2011 2:47 PM
9	Only pain and ICU take the fellow out of the OR. The other clinical subspecialties (cardiac, neuro, regional) are built into each month's rotation. For example, every Tuesday the fellow is in the heart room. Every Wednesday they are in the ortho block room, etc...	Jan 20, 2011 9:42 AM
10	No fellowship yet.	Jan 20, 2011 9:43 AM
11	ICU (cardiothoracic or general) research or repeat pain electives	Jan 20, 2011 9:51 AM
12	No Pacu, or airway specific rotation	Jan 20, 2011 10:43 AM
13	ENT Plastic/oromaxillofacial Urology Orthopedics	Jan 20, 2011 11:06 AM
14	2 week elective where we pay their salary to do anything and go anywhere related to pediatric anesthesia. We encourage third world, FDA, NIH, work on capital hill in ASA PAC electives	Jan 20, 2011 1:06 PM
15	1 month research may have a month of pediatric specialty such as cardiology	Jan 20, 2011 1:29 PM

7. What are the clinical rotations/requirements for your 12-month fellowship ?

16	All of the "others" are included throughout the year during the clinical rotations and not separated out in specific month long rotations.	Jan 20, 2011 1:41 PM
17	All fellows do 3 months of cardiac minimum, but may do up to six months within 12 month fellowship period and still receive "credit" for a pediatric anesthesia fellowship	Jan 20, 2011 1:56 PM
18	Cardiac is one day per week throughout the year. PICU is a 6 week rotation and a 2 week regional rotation. All other experiences are included in the day to day schedule.	Jan 21, 2011 12:07 PM
19	Duration of fellowship is other clinical rotations within the OR	Jan 21, 2011 10:23 PM
20	2 weeks PACU No elective >3 mos Cardiac	Jan 24, 2011 8:25 AM
21	We have specific 1 month rotation in Cardiac, Pain, PICU, and NICU. We allow negotiable time for an academic endeavor - up to 1 month. the other clinical subspecialties such as Neuro, are frequent in our general clinical activity and we do not have a specific rotation time block for them.	Jan 24, 2011 8:31 AM
22	Regional anesthesia includes acute pain management and PACU experience. ICU includes both neonatal and pediatric experience.	Jan 24, 2011 11:12 AM
23	Neuro, Airway, PACU is integrated in the general pediatric OR rotation of 5 months, one month of research, one month of pain and regional anesthesia combined	Jan 24, 2011 10:24 PM
24	Fellows have at least 3 months of elective rotations of which one month may be spent at an outside institution.	Jan 27, 2011 2:59 PM
25	May use elective month to do 3rd month of cardiac, or pain, etc. May use it for research. Have 2 weeks out of OR anesthesia. Do not have a formal PACU rotation. Do have one month supervisory/clinical leadership month where the fellow is either supervising residents, or running the OR schedule with faculty oversight. Do not have separate neuroanesthesia month. Regional anesthesia month is done together with pain month.	Feb 1, 2011 1:40 PM
26	Our fellows get considerable experience in airway, regional PACU, neuro, and OOR anesthesia within the context of the annual schedule. Specifically regional anesthesia is both part of the 2 month pain rotation, as well as part of the OR experience. The Elective month can be selected to focus additional attention on pain, cardiac, airway, or something different, including another month of a different ICU experience.	Feb 2, 2011 7:59 AM
27	airway is 2 week rotation. We also have 2 week rotation at ASC. We also have a designated teaching rotation.	Feb 2, 2011 11:10 AM

7. What are the clinical rotations/requirements for your 12-month fellowship ?

28	Pain: 6 weeks Cardiac: 6 weeks Elective: 2 weeks	Feb 22, 2011 5:51 AM
29	'Other' means this training occurs in an ongoing basis, not a dedicated rotation.	Feb 22, 2011 6:02 AM
30	Elctives can be in outcomes research, regional block rotation, echocardiography,simulation	Feb 22, 2011 9:14 AM
31	elective rotation in research or additional clinical rotation other rotations: ambulatory, general pediatric surgery, plastic and reconstructive surgery	Feb 22, 2011 10:30 AM
32	Fellows are able to expand time spent in cardiac, pain, cardiac and general ICU on an elective basis. The remainder are incorporated into the general OR assignments.	Feb 22, 2011 1:36 PM
33	preoperative experience throughout the year	Feb 23, 2011 1:59 PM
34	Elective: Echocardiography 2 weeks, NICU 2 weeks, 2 weeks of Sedation, and 2 weeks Regional (in addition to the one month required). Four month of General ORs.	Feb 23, 2011 3:38 PM
35	Optional one month research elective	Feb 23, 2011 3:59 PM
36	Cardiac done over the entire 12 months resulting in approximately 40-50 days, not including 10 weekend calls during the year.	Feb 24, 2011 1:31 PM
37	The last two months of the fellowship are elective.	Feb 25, 2011 6:53 AM
38	6 months general, 2 months CV, 1 month spine, 1 month pain, 1 month PICU, 1 month elective.	Mar 1, 2011 2:00 PM
39	We only have a few formal rotations.	Mar 3, 2011 8:49 PM
40	PACU combined with entire periop experience inclusive of OR management	Mar 9, 2011 4:56 PM

8. What elective rotations and choices do you offer for your 12 month fellowship?

1	We do not offer an elective	Jan 18, 2011 5:19 PM
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8. What elective rotations and choices do you offer for your 12 month fellowship?		
2	Cardiac icuu, nicu, research	Jan 18, 2011 6:53 PM
3	options include one month in the NICU, or one month doing ECHO, or one month doing regional anesthesia (adults)	Jan 19, 2011 6:59 AM
4	Electives can be arranged in any of these disciplines at the request of the fellow. Again because we are a small program most are incorporated into the curriculum throughout the year.	Jan 19, 2011 8:26 AM
5	We currently do not have any formal experience in quality/outcomes or education training.	Jan 19, 2011 1:50 PM
6	No electives.	Jan 20, 2011 9:42 AM
7	No fellowship yet.	Jan 20, 2011 9:43 AM
8	No electives	Jan 20, 2011 10:43 AM
9	All rotations are included for everyone. Thos who may want extra are dealt with on an individual basis. Few want additional areas or time.	Jan 20, 2011 1:06 PM
10	Our fellows are free to choose essentially any elective that (and we) feel would be of benefit. The only constraints are those imposed by the ACGME and ABA.	Jan 20, 2011 1:29 PM
11	As noted above these are incorporated throughout the year. However, we do offer external electives to other institutions for trainees who wish to have a one month rotation in any of these areas.	Jan 20, 2011 1:41 PM
12	We do not have any formal electives. We have allowed research electives to focus on a project and a NICU rotation for those that wanted more experience with neonates.	Jan 21, 2011 12:07 PM
13	Up to 1 mont academic/research time is available, but must be negotiated and structured with the program director.	Jan 24, 2011 8:31 AM
14	We do not offer additional formal rotations. We do facilitate other interests once the fellow has completed all the minimum expectations for clinical experience.	Jan 24, 2011 11:12 AM
15	Can do a one month extra rotation as noted above. All of the ones noted other do not have an organized rotation.	Feb 1, 2011 1:40 PM
16	Fellows receive educational training in the clinical arena as well as part of the didactic program. Ditto research, ditto anything else that they are interested in pursuing. all fellows are involved in QA projects.	Feb 2, 2011 7:59 AM
17	We offer only clinical elective rotations in following: trauma/burns, additional ICU or pain time. Non-clinical	Feb 2, 2011 11:10 AM

8. What elective rotations and choices do you offer for your 12 month fellowship?

18	we offer a wide variety of choices including: Quality and Outcomes Measurement, Palliative Care, Pediatric Trauma, Neurophysiologic Monitoring, Outpatient Peds Anesthesia, Regional Anesthesia, Overseas Medicine, CICU, NICU, chronic pain, Burn management, Ultrasound Guided Peripheral Access	Feb 22, 2011 5:51 AM
19	Echocardiography	Feb 22, 2011 9:14 AM
20	See answer to previous question. In general, fellows have great latitude on time spent in electives.	Feb 22, 2011 1:36 PM
21	Acupuncture	Feb 23, 2011 1:59 PM
22	Fellow could have chosen an elective for any period of time not to exceed two months of electives.	Feb 23, 2011 3:38 PM
23	research	Feb 23, 2011 7:08 PM
24	There are 12 fellows' seminars addressing issues in academic practice (research, ethics, education, ect).	Feb 24, 2011 1:31 PM
25	In their elective months, they are free to choose any of the above.	Feb 25, 2011 6:53 AM
26	None, for all practical purposes	Mar 3, 2011 8:49 PM
27	Any of the above are choices as long as the trainee can identify a course director and create specific Goals and Objectives.	Mar 9, 2011 4:56 PM

9. Do you offer a non-clinical day per week, week per month, etc ? For the purposes of this questionnaire, the day after call is not non-clinical, and a late start on an on-call day (e.g. 4 PM) does not count as non-clinical

1	There is no official non-clinical time	Jan 17, 2011 7:11 PM
2	once every 2 months	Jan 18, 2011 5:12 AM
3	Academic days provided 10 days during nicu rotation and 1 day/week minimum during preop clinic	Jan 18, 2011 7:24 AM
4	2 days on average per month. 1 additional day for the chief and additional time if approved by the Director of research and the Program Director	Jan 18, 2011 4:06 PM
5	1-2 days per month depending on the projects currently undertaken	Jan 18, 2011 5:19 PM

9. Do you offer a non-clinical day per week, week per month, etc ? For the purposes of this questionnaire, the day after call is not non-clinical, and a late start on an on-call day (e.g. 4 PM) does not count as non-clinical

6	Two day per month are promised. Generally get to about three to four per month	Jan 18, 2011 6:53 PM
7	1 non clinical day per month	Jan 19, 2011 6:59 AM
8	nonclinical time is given throughout the year, averaging one day every two weeks.	Jan 19, 2011 8:26 AM
9	2 days per month	Jan 19, 2011 1:14 PM
10	We do not offer non-clinical days. However, fellow call is from home, and the post-call day is considered to be a non-clinical day in our program when the fellow had no duties after 9 pm the previous day.	Jan 19, 2011 1:29 PM
11	fellows probably average approximately 2 non-clinical days /month	Jan 19, 2011 1:50 PM
12	two days a month	Jan 19, 2011 2:47 PM
13	post call day	Jan 20, 2011 9:34 AM
14	No fellowship yet.	Jan 20, 2011 9:43 AM
15	1/2 day/week	Jan 20, 2011 9:47 AM
16	.5 day / week	Jan 20, 2011 9:53 AM
17	1 day per week when not post call that week	Jan 20, 2011 10:43 AM
18	roughly 1 day/month, additional if a research or academic project requires more. Likely changing to 2 days a month with mandatory academic project as of 2011.	Jan 20, 2011 11:06 AM
19	about 1-2 days per mo.	Jan 20, 2011 1:06 PM
20	We do not provide a day or week or any other time period. If the fellow needs time off to perform some academic function they can request it and would almost certainly get it.	Jan 20, 2011 1:29 PM
21	At least two days per month.	Jan 20, 2011 1:41 PM
22	The fellows are free for organized teaching conferences and discussions one full afternoon (Monday) each week, in addition to scheduled times on other days; this approximates one day per week, but it is not all on one day. Fellows with QI or research projects are typically granted longer blocks of nonclinical time such as one week or even one month blocks depending on the needs of the project.	Jan 20, 2011 1:56 PM

9. Do you offer a non-clinical day per week, week per month, etc ? For the purposes of this questionnaire, the day after call is not non-clinical, and a late start on an on-call day (e.g. 4 PM) does not count as non-clinical

23	4-8 weeks per year	Jan 20, 2011 3:45 PM
24	no	Jan 21, 2011 9:45 AM
25	4 days per month, after home call	Jan 21, 2011 12:07 PM
26	1-2 days/month research opportunity	Jan 24, 2011 8:25 AM
27	A minimum of 10 days during the year s offered for academic persuits, and up to a month.	Jan 24, 2011 8:31 AM
28	No. Fellows are non-clinical the day after call.	Jan 24, 2011 11:12 AM
29	one day per two weeks	Jan 24, 2011 10:24 PM
30	2 days per month	Jan 26, 2011 4:06 PM
31	Non-clinical time is granted on an as needed basis	Jan 27, 2011 2:59 PM
32	The fellows will get occasional NC days, i.e. 1-2 days per month; most will devote this to board exam preparation.	Feb 1, 2011 1:40 PM
33	We do not assign nonclinical time except as pre-call, unless the fellow has a specific project and needs time off. they have a fair bit of "off" time on pain service.	Feb 2, 2011 7:59 AM
34	No	Feb 2, 2011 11:10 AM
35	10 days per year	Feb 22, 2011 5:51 AM
36	2 days per month	Feb 22, 2011 6:02 AM
37	2 days per month	Feb 22, 2011 10:30 AM
38	Generally, two days per month.	Feb 22, 2011 1:36 PM
39	1 day/ 2 weks	Feb 22, 2011 6:17 PM
40	variable based on schedule	Feb 23, 2011 1:59 PM
41	The goal has been to give one Administrative Day a month. But, not all month allowed for that to happen.	Feb 23, 2011 3:38 PM

9. Do you offer a non-clinical day per week, week per month, etc ? For the purposes of this questionnaire, the day after call is not non-clinical, and a late start on an on-call day (e.g. 4 PM) does not count as non-clinical

42	two days per month	Feb 23, 2011 7:08 PM
43	For cause	Feb 25, 2011 6:53 AM
44	2 days/month; more as needed	Mar 1, 2011 2:00 PM
45	No regularly scheduled non-clinical time	Mar 3, 2011 8:49 PM

10. Is there a formal mentorship process for your 12 month fellowship?

1	We do both one and two. Fellows choose during their 2nd month here who they would like to have as a mentor, They meet at least 2/year (usually around 3 and 9 months) and review progress, evaluations, goals etc.They meet with the associate program or the program director at least monthly to review the above as well. I am thinking of revamping the mentor program and offering some training for the mentors	Jan 18, 2011 4:06 PM
2	the second answer is yes also occurs, it a monthly meeting with a mentor of the fellows choosing	Jan 18, 2011 5:19 PM
3	They are assigned a faculty advisor. There is no structured format for mentoring for the advisor	Jan 19, 2011 6:59 AM
4	The fellows have an ongoing dialogue with the program director and other faculty members regarding progress and career goals. they are often of a more informal nature and are only documented twice per year when a formal meeting is held with the program director.	Jan 19, 2011 8:26 AM
5	No fellowship yet.	Jan 20, 2011 9:43 AM
6	We also assign a faculty member to each fellow when they arrive for more intense mentoring than justthe regular meeting with the fellowship director.	Jan 20, 2011 9:51 AM
7	It is not as regimented as I would like.	Jan 20, 2011 1:06 PM
8	Yes; formal meetings with both fellowship program director and a different faculty member of the fellow's choice	Jan 20, 2011 1:56 PM
9	Not as formal or frequent as described. We do have twice annual meetings with the program director.	Jan 24, 2011 8:31 AM

10. Is there a formal mentorship process for your 12 month fellowship?

10	The program director and members of the fellowship committee meet quarterly with each fellow individually to discuss progress, evaluations, and concerns. Fellows are specifically asked if there are areas where s/he feels s/he needs additional experience.	Jan 24, 2011 11:12 AM
11	Fellowship director does an excellent job and is the mentor for all of them.	Feb 1, 2011 1:40 PM
12	Fellows also pick natural mentors with whom they might do a project, or with whom they have an affinity	Feb 2, 2011 7:59 AM
13	we have meeting with both fellowship director and assigned mentors	Feb 2, 2011 11:10 AM
14	director meets with fellow three times yearly, and their faculty advisor meets with them twice a year	Feb 22, 2011 5:51 AM
15	Formal meeting with program director at beginning of fellowship, then quarterly and also as needed. Meet with assigned faculty mentor monthly.	Mar 1, 2011 2:00 PM

11. Do you offer formal research training (3 or more months of recurring weekly sessions, or 12 or more sessions total) during the 12 month fellowship?

1	However the time frame is less than 3 months of recurring weekly sessions - ie less than 12 sessions specifically however you do not specify the time frames involved in the weekly sessions. We give approximately 6 hours of formal training and a large amount of time that is then open if the trainee has further need or requirements in an informal manner.	Jan 18, 2011 5:19 PM
2	Statistics training	Jan 18, 2011 6:53 PM
3	We do have lectures on research design, etc., but fewer than 12.	Jan 19, 2011 1:29 PM
4	Lectures on study design, statistics, grant/manuscript writing are available through our research institute. This year, we had no fellows sign up for these courses. There are many opportunities to participate in research projects.	Jan 19, 2011 1:50 PM
5	The fellow is assigned a mentor several months prior to fellowship to create a project, write an IRB, and learn the process of enrolling, gathering data, and writing. There is no block of time for this endeavor.	Jan 20, 2011 9:42 AM
6	No fellowship yet.	Jan 20, 2011 9:43 AM

11. Do you offer formal research training (3 or more months of recurring weekly sessions, or 12 or more sessions total) during the 12 month fellowship?

7	There is the ability to participate in an education program geared toward developing federally funded research - 1 day per month x 12 months - with mentorship and project development	Jan 20, 2011 9:53 AM
8	Will change as of 2011 incoming fellows.	Jan 20, 2011 11:06 AM
9	Not enough time during a 1 yr fellowship	Jan 20, 2011 1:06 PM
10	Fellows are required to complete either an approved QI or research project...process for both is similar, and both require a presentation.	Jan 20, 2011 1:56 PM
11	Fellows are encouraged to participate in a research project during the fellowship. Generally, these are faculty projects in which the fellow participates. There is a lecture on research methods and a series of article reviews and discussions which generally include a methods critique.	Jan 24, 2011 11:12 AM
12	one month of research, fellow works on small clinical research project, submitting it to IRB and starts research.	Jan 24, 2011 10:24 PM
13	Fellows are involved in a QI project of their choice. They receive a month of lectures on research early on in their fellowship year.	Jan 27, 2011 2:59 PM
14	The first month there are 4 evening seminars per week devoted to research design, IRB issues, sample size analysis, simple statistics, evaluating a manuscript, grant writing. Formal participation in research is offered to all fellows; but practically speaking virtually none have ever taken their elective month, or other time, to participate except on a limited basis.	Feb 1, 2011 1:40 PM
15	research course for one month	Feb 2, 2011 7:59 AM
16	I probably would not describe our efforts at the level of "formal research training."	Feb 22, 2011 1:36 PM
17	1 week course in research methods/ statistics	Feb 22, 2011 6:17 PM
18	The fellow participates in a research project with a faculty mentor that usually runs during the entire 12 month period.	Feb 24, 2011 1:31 PM

12. Do fellows participate in clinical or laboratory research during the 12 month fellowship?

1	0-25% per year	Jan 18, 2011 7:24 AM
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12. Do fellows participate in clinical or laboratory research during the 12 month fellowship?

2	Approximately 40-% will participate in some sort of formal research project. Many more participate in case presentations, chapter preparation etc	Jan 18, 2011 4:06 PM
3	The fellows have to be academically productive, their interest will determine the direction of their academic focus and time management	Jan 18, 2011 5:19 PM
4	5%	Jan 19, 2011 1:14 PM
5	Fellows must meet milestones toward the completion of a project worthy of publication or presentation at a national meeting.	Jan 19, 2011 1:29 PM
6	20%	Jan 19, 2011 2:47 PM
7	Clinical research, not lab. They are part of the overall fellowship research program that incorporates all fellows in the department and includes didactics and research meetings.	Jan 20, 2011 9:42 AM
8	No fellowship yet.	Jan 20, 2011 9:43 AM
9	50%	Jan 20, 2011 9:53 AM
10	20%	Jan 20, 2011 11:06 AM
11	Expected all but one of our fellows has completed in the past 8 years	Jan 20, 2011 1:29 PM
12	33%	Jan 21, 2011 12:07 PM
13	10%	Jan 21, 2011 10:23 PM
14	100%	Jan 24, 2011 11:12 AM
15	20% participate in research project	Jan 26, 2011 4:06 PM
16	I would say 5% of fellows participate in a limited way in research over the past 10 years.	Feb 1, 2011 1:40 PM
17	1/2 to 2/3 are working with someone on something. but it's a FULL year, especially since most are preparing for oral boards.	Feb 2, 2011 7:59 AM
18	we have had fellows spend from two weeks to three months in research activities	Feb 22, 2011 5:51 AM
19	50% opt for this	Feb 22, 2011 6:02 AM

12. Do fellows participate in clinical or laboratory research during the 12 month fellowship?

20	30%	Feb 22, 2011 9:14 AM
21	About 50%.	Feb 22, 2011 1:36 PM
22	We only have one fellow so we have 100% participation.	Feb 23, 2011 3:38 PM
23	25%	Mar 1, 2011 2:00 PM
24	Roughly 33% averaged over the last 5 years	Mar 3, 2011 8:49 PM
25	25%	Mar 9, 2011 4:56 PM

13. Is there a formal academic work product requirement during the 12 month fellowship, i.e. a written abstract, paper, chapter or grant ?

1	at least 1 abstract	Jan 17, 2011 7:11 PM
2	Academic projects vary according to fellow interest - abstracts, papers, challenging case presentations, IRB submissions, lecture series.	Jan 18, 2011 5:12 AM
3	Each fellow must develop a cqi project. Fellows strongly encouraged to submit pblid or abstract to SPA	Jan 18, 2011 7:24 AM
4	1 abstract, 1 piece of peer review work minimum. the majority of our fellows now achieve more.	Jan 18, 2011 5:19 PM
5	Formal presentation at fellow's conference	Jan 18, 2011 6:53 PM
6	They must submit an abstract to a local, regiona, or national meeting. Also must give two formal talks (peds anes, peds pain)	Jan 19, 2011 6:59 AM
7	we highly encourage a poster presentation and/or case report but it is not required.	Jan 19, 2011 8:26 AM
8	abstract or evergreen educational material.	Jan 19, 2011 1:14 PM
9	See #12.	Jan 19, 2011 1:29 PM
10	Fellows must produce an abstract, or paper, or make a formal presentation at a meeting.	Jan 19, 2011 1:50 PM

13. Is there a formal academic work product requirement during the 12 month fellowship, i.e. a written abstract, paper, chapter or grant ?		
11	ABSTRACT	Jan 19, 2011 2:47 PM
12	Expected, but not required for completion of fellowship.	Jan 20, 2011 9:42 AM
13	No fellowship yet.	Jan 20, 2011 9:43 AM
14	Abstract or publication	Jan 20, 2011 9:47 AM
15	at a minimum grand rounds presentation	Jan 20, 2011 9:53 AM
16	Presentation at the Midwest Anesthesia Residents Conf (MARC) min, or other national meetings	Jan 20, 2011 10:43 AM
17	Change for 2011	Jan 20, 2011 11:06 AM
18	Per ACGME requirements	Jan 20, 2011 1:06 PM
19	presentation at meeting, abstract or paper.	Jan 20, 2011 1:29 PM
20	Either: a case report, poster presentation, name on a research paper, or book chapter	Jan 20, 2011 1:41 PM
21	QI project poster/storyboard or research project to poster/abstract	Jan 20, 2011 1:56 PM
22	presentation or work, either research project, case series or case report, at Departmental Academic Evening	Jan 20, 2011 3:45 PM
23	abstract or paper	Jan 21, 2011 9:45 AM
24	Strongly encouraged to have an academic project.	Jan 21, 2011 12:07 PM
25	Yes. The academic work product (for our 3 fellows to date): 1. Grand Rounds presentation 2. Book chapter 3. research project	Jan 24, 2011 8:31 AM
26	Any of the listed products count.	Jan 24, 2011 11:12 AM
27	abstract	Jan 24, 2011 10:24 PM
28	It is expected that the fellow will produce a written abstract describing their QI project.	Jan 27, 2011 2:59 PM
29	Try to require minimum of a case report for SPA but not everyone does this depending on personal circumstances	Feb 2, 2011 7:59 AM

13. Is there a formal academic work product requirement during the 12 month fellowship, i.e. a written abstract, paper, chapter or grant ?

30	absract presentation and grand round presentation	Feb 2, 2011 11:10 AM
31	Usually our fellows do an abstract or book chapter. They are expected to do M&M, journal watch, key word, and other presentations	Feb 22, 2011 9:14 AM
32	case report or clinical project	Feb 22, 2011 10:30 AM
33	research project book chapter lecturing residents and medical students	Feb 22, 2011 6:17 PM
34	local, regional or national abstract/presentation	Feb 23, 2011 1:59 PM
35	Our last three fellows have presented lectures or abstracts at meeetings.	Feb 23, 2011 3:38 PM
36	The fellow must do some scholarly activity..a research project, case report or PBL session.	Feb 23, 2011 3:59 PM
37	formal case presentations monthly.	Feb 23, 2011 7:08 PM
38	Work leading to publication is required	Feb 25, 2011 6:53 AM
39	Submit abstract, poster, or some other academic activity.	Mar 1, 2011 2:00 PM
40	I am not sure if this qualifies: 2 formal lectures	Mar 3, 2011 8:49 PM
41	project requiring research. QI project. Group project.	Mar 9, 2011 4:56 PM

14. Do your fellows receive formal education training (3 or more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

1	No, however all are STRONGLY encouraged to participate in writing articles, chapters or case reports. They are then mentored one on one with appropriate faculty. All are required to present 2 PBLD.s and one Grand Rounds ,they are encouraged to seek guidance from either their mentor, the Pd or Associate PD or another faculty of their choice	Jan 18, 2011 4:06 PM
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14. Do your fellows receive formal education training (3 or more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

2	The fellows participate in a 3 month research and education course. Also they are mentored in a lecture presentation and teaching of residents.	Jan 19, 2011 8:26 AM
3	Journal Club	Jan 20, 2011 9:34 AM
4	Weekly pediatric conferences are to be attended and the fellow also presents at these conferences 2 times/year.	Jan 20, 2011 9:42 AM
5	No fellowship yet.	Jan 20, 2011 9:43 AM
6	Leadership see above	Jan 20, 2011 9:51 AM
7	Included in research course for all institutional fellows	Jan 20, 2011 1:41 PM
8	All of these occur. The fellows receive lectures, are clinically mentored, and 1 fellow to date wrote a book chapter.	Jan 24, 2011 8:31 AM
9	Fellows receive one or two formal presentations on education. All present several topics as lectures, reviews, and discussions over the course of the fellowship.	Jan 24, 2011 11:12 AM
10	formal training with written and verbal feedback on each presentation.	Feb 2, 2011 7:59 AM
11	we cover these topics, but not in that defined depths	Feb 2, 2011 11:10 AM

15. Do your fellows receive formal training in quality and outcomes (3 more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

1	I work with them personally on a cqi project	Jan 18, 2011 7:24 AM
2	The fellows embark in a one day expedited course that follows on with a team project and expectation to demonstrate and implement the end result	Jan 18, 2011 5:19 PM
3	monthly division QA meeting. The fellows present their cases during the meeting if they have had complications.	Jan 19, 2011 6:59 AM
4	Fellows participate in quarterly quality improvement meetings and are assigned to group quality project.	Jan 19, 2011 8:26 AM
5	Fellows complete QA data on all cases. When possible, fellows participate in committee work related to quality assurance.	Jan 19, 2011 1:29 PM

15. Do your fellows receive formal training in quality and outcomes (3 more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

6	Our fellows do receive training, but it does not meet the threshold you have described	Jan 19, 2011 1:50 PM
7	No fellowship yet.	Jan 20, 2011 9:43 AM
8	As part of the general departmental training sessions 2-3 /year at M&M Grand Rounds.	Jan 20, 2011 11:06 AM
9	It is about 6 sessions/yr	Jan 20, 2011 1:06 PM
10	we have three levels of quality training for the medical center. Fellows are required to complete the Bronze or lowest level.	Jan 20, 2011 1:29 PM
11	Fellows who complete a QI project (as opposed to a research project) receive added training in QI	Jan 20, 2011 1:56 PM
12	monthly qa program	Jan 21, 2011 9:45 AM
13	Our department as a whole has 2 lectures per month as Grand Rounds on quality issues, case reviews.	Jan 24, 2011 8:31 AM
14	It is a project on the to do list.	Jan 24, 2011 11:12 AM
15	we cover these topics, but not in that defined depths	Feb 2, 2011 11:10 AM
16	we offer lectures on quality, though we do not meet the above quantity threshold	Feb 22, 2011 5:51 AM
17	formal occurrence reporting training	Feb 23, 2011 1:59 PM
18	Fellow attend Quality Improvement meetings as available.	Feb 23, 2011 3:38 PM
19	However, each fellow must have a quality improvement project.	Feb 23, 2011 3:59 PM
20	mandatory lecture series but only about 4 lectures	Feb 23, 2011 7:08 PM
21	Your choices are a minimum of 12 sessions (lectures, seminars, hospital program) or none. You have done this in more than one place. What if 11 sessions were offered? The way you have constructed your survey, the answer would have to be none.	Feb 25, 2011 6:53 AM
22	One talk.	Mar 1, 2011 2:00 PM
23	Required on-line didactic course (roughly 4 hours)	Mar 3, 2011 8:49 PM
24	some, but does not meet your "formal" requirement.	Mar 9, 2011 4:56 PM

16. Do your fellows receive formal training in business/financial /leadership skills (3 or more months of recurring weekly sessions or 12 or more sessions total) during the 12 month fellowship?

1	The fellows have asked for some exposure to leadership roles within the hospital and business areas such as contract review and medical mal issues. We have recently incorporated these areas into their curriculum, by having them sit on the sedation committee of the hospital, and setting up a lecture seminar on business/legal issues.	Jan 19, 2011 8:26 AM
2	We are interested in developing this aspect.	Jan 19, 2011 1:29 PM
3	No fellowship yet.	Jan 20, 2011 9:43 AM
4	contracts and legal issues from our attorneys	Jan 20, 2011 1:41 PM
5	approximately 6 hours per year	Feb 2, 2011 7:59 AM
6	we cover these topics, but not in that defined depths	Feb 2, 2011 11:10 AM
7	we offer perhaps two to three lectures annually in business and finance	Feb 22, 2011 5:51 AM
8	One talk	Mar 1, 2011 2:00 PM

17. What is the frequency of formal fellows' didactic conferences?

1	Daily for entire department and weekly for fellow specific topic requests	Jan 18, 2011 4:06 PM
2	one hour long fellows conference and 4 half-hour lectures per week.	Jan 19, 2011 1:14 PM
3	We have lectures 3x/week, and in addition there is a "fellows" conference weekly.	Jan 19, 2011 1:50 PM
4	There are additional nonpediatric fellow conferences to attend as well.	Jan 20, 2011 9:42 AM
5	No fellowship yet.	Jan 20, 2011 9:43 AM
6	Mock oral boards, journal club, cardiac conf	Jan 20, 2011 1:06 PM
7	two hours weekly	Jan 24, 2011 11:12 AM
8	at the beginning of the fellowship, lectures are more frequent, fellow is participating in general pediatric and neonatal lecture schedule	Jan 24, 2011 10:24 PM

17. What is the frequency of formal fellows' didactic conferences?

9	minimum 2x/wk, also required to attend additional sessions	Feb 2, 2011 7:59 AM
10	Daily	Feb 22, 2011 1:36 PM
11	Fellows attend two didactic pediatric lectures a week in the Division of Pediatric Anesthesia and grand rounds	Feb 23, 2011 3:38 PM
12	we have lectures every day	Feb 25, 2011 6:53 AM
13	5 x/week	Mar 3, 2011 8:49 PM

18. How often do the fellows' present at conference?

1	Formal presentations two three times a year	Jan 18, 2011 5:12 AM
2	2 PBLDs/year one; Grand Rounds/year; 2 journal clubs: any case for M&M (monthly)	Jan 18, 2011 4:06 PM
3	I lecture per month, plus one journal club and one morbidity/mortality session per year.	Jan 19, 2011 1:29 PM
4	Approximately 2 times/year for peds conference and 1-2 times/year at fellow conference.	Jan 20, 2011 9:42 AM
5	No fellowship yet.	Jan 20, 2011 9:43 AM
6	resident lectures M&Ms journal club leadership papers case conferences	Jan 20, 2011 9:51 AM
7	All fellows deliver departmental grand rounds at least once during the year, and a morning resident teaching conference approximately three times per year, and journal club twice during the year, and "ICU Chief of Service" Rounds once per year. They may also deliver an M&M conference at least once, depending on actual cases they do	Jan 20, 2011 1:56 PM
8	Our fellow is responsible every month for at least 1 Journal Club presentation to the residents, or an M&M presentation.	Jan 24, 2011 8:31 AM
9	Averages out to about once every two months.	Jan 24, 2011 11:12 AM

18. How often do the fellows' present at conference?

10	They will often present a PBLD; occasionally a didactic lecture. The faculty will mentor the PBLD, the faculty present most all of the formal lectures. Occasionally there are visiting professors, our own surgeons or medical subspecialists.	Feb 1, 2011 1:40 PM
11	Fellows present at 40-50% of fellows' conferences	Feb 2, 2011 7:59 AM
12	rotating basis	Feb 2, 2011 11:10 AM
13	quarterly CQI presentations, and one formal presentation at the end of the year	Feb 22, 2011 5:51 AM
14	Can be several times a month	Feb 22, 2011 9:14 AM
15	Fellow gives pediatric residents lectures on a weekly basis.	Feb 23, 2011 3:38 PM
16	We have one fellow and that fellow presents once a month	Feb 23, 2011 3:59 PM
17	2 formal lectures during fellowship	Mar 3, 2011 8:49 PM

19. Is there a formal project participation requirement (not necessarily requiring a written work product) during the 12 month fellowship; i.e. systems-based change, quality, research etc?

1	All fellows are required to participate in a research project.	Jan 17, 2011 7:11 PM
2	Every fellows completes a PBL&I project	Jan 18, 2011 5:12 AM
3	Each has a cqi project this year NPO study Jackson Reese study Angelman Syndrome Study Autism study	Jan 18, 2011 7:24 AM
4	Strongly recommended and encouraged	Jan 18, 2011 4:06 PM
5	See above, Systems based practice projects, QI projects, academic productivity	Jan 18, 2011 5:19 PM

19. Is there a formal project participation requirement (not necessarily requiring a written work product) during the 12 month fellowship; i.e. systems-based change, quality, research etc?

6	Four case presentations Two seminars one QA/ research project	Jan 18, 2011 6:53 PM
7	The fellows participate in a quality project as well as a research project.	Jan 19, 2011 8:26 AM
8	See #12.	Jan 19, 2011 1:29 PM
9	We have our fellows participate in a quality improvement project during their experience. There level of participation, however, is variable.	Jan 19, 2011 1:50 PM
10	Project is started several months prior to arrival. Expectation, at minimum, is an abstract.	Jan 20, 2011 9:42 AM
11	No fellowship yet.	Jan 20, 2011 9:43 AM
12	either quality or outcomes project that results in presentation	Jan 20, 2011 9:53 AM
13	As above monthly resident lectures, journal club	Jan 20, 2011 10:43 AM
14	Presentation of 2 journal clubs in pediatric anesthesia/year	Jan 20, 2011 11:06 AM
15	Project per ACGME requirements	Jan 20, 2011 1:06 PM
16	research	Jan 20, 2011 1:29 PM
17	As above; all must complete an approved and structured research or quality improvement project	Jan 20, 2011 1:56 PM
18	active participation in ongoing research project is required	Jan 20, 2011 3:45 PM
19	abstract or paper	Jan 21, 2011 9:45 AM
20	Minimum of completing at least a case report for presentation or publication.	Jan 21, 2011 12:07 PM
21	Requirement for chapter, original research or formally presenting at national meeting.	Jan 24, 2011 8:25 AM
22	Yes - we have instituted a systems project. This year it is handoff to the PICU.	Jan 24, 2011 8:31 AM
23	M&M conference, chart review , abstract presentation	Jan 24, 2011 10:24 PM
24	Quality based project is required	Jan 27, 2011 2:59 PM

19. Is there a formal project participation requirement (not necessarily requiring a written work product) during the 12 month fellowship; i.e. systems-based change, quality, research etc?

25	They must participate in some project. Examples--filling out paperwork to get a new drug on the formulary and presenting at Pharmacy meeting. Re-organizing the regional block cart, etc.	Feb 1, 2011 1:40 PM
26	each fellow is required to work on a process improvement projec team	Feb 2, 2011 11:10 AM
27	though highly recommended and supported	Feb 22, 2011 5:51 AM
28	System based change,quality improvement are not required but many get involved in one	Feb 22, 2011 9:14 AM
29	two journal clubs case report or clinical research	Feb 22, 2011 10:30 AM
30	Require a scholarly activity (research, case presentation, PBLD) . Also must do a CQI project looking at quality and systems based practice.	Feb 23, 2011 3:59 PM
31	participation in a reserach project with most having an abstract presentation at SPA or ASA. Also participation in one process improvement project.	Feb 23, 2011 7:08 PM
32	They are required to submit multiple quality assurance issues to the hospital-based quality reporting system. These submissions are discussed with faculty.	Feb 25, 2011 6:53 AM
33	Some form of academic activity	Mar 1, 2011 2:00 PM
34	Just getting underway now	Mar 3, 2011 8:49 PM
35	Educational project requiring research. QI project. Lecture to preop and PaCU nurses. Lecture to PICU team.	Mar 9, 2011 4:56 PM

20. What is the work product requirement for this project in question 19?

1	The national meeting is an ideal not an absolute requirement	Jan 18, 2011 5:19 PM
2	See #12.	Jan 19, 2011 1:29 PM
3	No fellowship yet.	Jan 20, 2011 9:43 AM
4	one of the above	Jan 21, 2011 12:07 PM

20. What is the work product requirement for this project in question 19?

5	I hope this will be presented at a national meeting as well.	Jan 24, 2011 8:31 AM
6	Written paper or presentation at a national meeting is acceptable.	Jan 24, 2011 11:12 AM
7	They will present this project, often two at a time, at the end of the year, at a regularly scheduled morning fellows' conference.	Feb 1, 2011 1:40 PM
8	Encouraged to write up appropriate projects for publication, some change our practice, and are added to policy manual	Feb 2, 2011 7:59 AM
9	ideally presentation at meeting and written paper.	Feb 2, 2011 11:10 AM
10	As above, or active participation in on-going projects	Mar 1, 2011 2:00 PM

21. Do you offer optional extra training, over and above 12 months, to your fellows?

1	We offer MPH, or masters in clinical stuies but no one has shown interest	Jan 18, 2011 7:24 AM
2	Only to certain candidates	Jan 18, 2011 6:53 PM
3	additional cardiac or pain has been arranged	Jan 19, 2011 1:14 PM
4	We have developed a pediatric cardiac anesthesia fellowship, which is to be served in addition to the pediatric anesthesia fellowship and is 12 months in duration. We have developed a research fellowship, which will be 6 months in length. We have not yet had any participants in this fellowship.	Jan 19, 2011 1:50 PM
5	No fellowship yet.	Jan 20, 2011 9:43 AM
6	pAIN FELLOWSHIP CARDIAC FELLOWSHIP RESEARCH YEAR	Jan 20, 2011 9:51 AM
7	Occasional 1-6 mos additional training in CV	Jan 20, 2011 1:06 PM
8	We offer any combination of additional training in research or clinical discipline.	Jan 20, 2011 1:29 PM

21. Do you offer optional extra training, over and above 12 months, to your fellows?

9	but plan to in the future	Jan 21, 2011 12:07 PM
10	We have never had anyone ask about it. I am sure we could offer the training. However, I do not have a source of funding to support any extra training.	Jan 24, 2011 11:12 AM
11	Mini-fellowships (3-6 mo): cardiac, pain, neuro, palliative care Full fellowship (12 mo): neuromonitoring, research	Jan 26, 2011 4:06 PM
12	6 months additional training in cardiac if desired	Jan 27, 2011 2:59 PM
13	Cardiac fellowship is extra 6 or 12 months. Soon will be able to offer 12 extra months in areas in question 22 below.	Feb 1, 2011 1:40 PM
14	offered opportunity to stay on for additional cardiac training	Feb 2, 2011 7:59 AM
15	additional training can exceed 12 months	Feb 2, 2011 11:10 AM
16	flexible, depending on needs of fellow. most frequently in pain, or as employment bridge before next position begins. we also offer a one year formal program in research, and in neuromonitoring	Feb 22, 2011 5:51 AM
17	We have offered additional training in the cardiac arena.	Feb 22, 2011 1:36 PM
18	Whatever the fellow needs to achieve his or her goals	Mar 3, 2011 8:49 PM
19	If they desire additional year for research they may.	Mar 9, 2011 4:56 PM

22. What is the extra training offered in question 21?

1	Regional fellowship. The fellows can stay on as "faculty/fellows" during which time they work as faculty on average 2 days per week and the rest of their time is for personal development in a manner of their choosing providing their annual plan is agreed upon by the head of department	Jan 18, 2011 5:19 PM
2	see above	Jan 19, 2011 1:50 PM
3	No fellowship yet.	Jan 20, 2011 9:43 AM

22. What is the extra training offered in question 21?

4	A fellow may ask for and be granted the opportunity to do any of the above. Those that will be joining the staff are offered additional financial support	Jan 20, 2011 1:29 PM
5	n/a	Jan 24, 2011 8:25 AM
6	Most of the above are available but not within the context of a 12 month fellowship.	Jan 24, 2011 11:12 AM
7	We are organizing formal training as outlined above. We already have a 6 or 12 month cardiac fellowship. We will be able to offer a 12 month ICU fellowship experience. We offer now a Clinical Scientist Training Program formal research training. We can start a Master's in Education during the second fellowship year. We are able to provide ability to obtain MPH with quality emphasis at the local school of public health. As of yet, we have only had fellows do the extra cardiac training, but the other programs are advertised to interviewing fellows as an option for a second year.	Feb 1, 2011 1:40 PM
8	other clinical is regional anesthesia	Feb 2, 2011 11:10 AM
9	Not applicable.	Feb 23, 2011 3:38 PM

23. How are the extra year fellows paid?

1	Outside funding typically from hiring institution	Jan 18, 2011 5:12 AM
2	No fellowship yet.	Jan 20, 2011 9:43 AM
3	Paid by third parties. IE 6 mos training paid by group who is hiring fellow.	Jan 20, 2011 1:06 PM
4	presently not sure how we will fund	Jan 21, 2011 12:07 PM
5	n/a	Jan 24, 2011 8:25 AM
6	Our only experience here was with an attending who worked clinically at a part-time level (and got paid at a part-time level) while pursuing an advanced degree.	Jan 24, 2011 11:12 AM
7	Classified as an instructor	Jan 27, 2011 2:59 PM
8	Would also consider part time attending work.	Feb 1, 2011 1:40 PM

23. How are the extra year fellows paid?

9	Not applicable.	Feb 23, 2011 3:38 PM
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24. Would you support mandatory lengthening of the ACGME fellowship training to 2 years?

1	We have an outstanding intake of the highest calibre of fellows this year into an extremely popular fellowship program. Even taking that into consideration only half (4) of them are going to stay on for an extra year. We need to recognise that all our trainees are not destined for academic practice, to force them to extend their training will undoubtedly push many great ambassadors for our profession away from pediatric anesthesiology. We also need to recognise that there will be huge financial implications placed upon the trainees if they are to take on board another year of training.	Jan 18, 2011 5:19 PM
2	At present, I am concerned that mandatory lengthening would result in a significant decrease in fellow applicants from anesthesia residencies. The optional track, when it becomes successful (which it will), will ultimately mandate the 2-year fellowship as academic jobs will preferentially go to the 2-year fellows with special training.	Jan 20, 2011 9:42 AM
3	with an emphasis on a clinical research project or outcomes project	Jan 20, 2011 9:53 AM
4	By using the term ACGME you compell the institution to conform to a set of rules for the additional year. This is not in the interest of the fellow and will almost certainly lead to the second year becoming an extension of the first as it did in for residency training.	Jan 20, 2011 1:29 PM
5	Not sure.	Jan 24, 2011 8:31 AM
6	To my view this is the best way to educate and train a pediatric anesthesia workforce that has formal qualifications in the other fields we need to achieve leadership positions, and make progress in advancing our field. This would put us on a par with pediatric subspecialties (6 years total training, requiring formal training and projects in research, education, business, quality etc.), pediatric surgical specialties (6-8 years total training including often 2 or more years in the pediatric subspecialty), pediatric radiology (2 years subspecialty fellowship).	Feb 1, 2011 1:40 PM
7	but only if all programs can provide appropriate resources to achieve this goal	Feb 22, 2011 5:51 AM
8	Possibly for fellows with an interest in getting additional training in research or education. I believe this is nearly impossible to achieve in a one year fellowship	Feb 22, 2011 9:14 AM
9	Lengthening the fellowship training for all fellows would lead to a significant decrease in candidates. It would ultimately foster an "underground" fellowship track disguised as a junior staff position.	Feb 25, 2011 6:53 AM

24. Would you support mandatory lengthening of the ACGME fellowship training to 2 years?

10	Strongly encourage it	Mar 3, 2011 8:49 PM
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25. Would you support mandatory lengthening of the ACGME fellowship training to 3 years?

1	Based on goals and objective	Jan 18, 2011 6:53 PM
2	Not immediately, but it could be a worthwhile goal.	Jan 20, 2011 9:43 AM
3	Yes; but we would have to figure out where the funding is going to come from, and how all the nation's pediatric hospitals are going to staff their clinical sites with what would likely be a smaller number of fellowship graduates...does this push the ever-increasing number of anesthesia sites into the hands of all the various non-physician anesthesia providers?	Jan 20, 2011 1:56 PM
4	Not at this point. We would have to "step" the increase in time to avoid precipitating a man-power shortage	Jan 26, 2011 4:06 PM
5	My belief is that this should be the optional year for a few fellows who need it to complete their extra preparation in a specific field.	Feb 1, 2011 1:40 PM
6	that would END interest in pediatric anesthesia, especially since graduates of residency are able to take care of many/most kids in the community without additional training.	Feb 2, 2011 7:59 AM
7	See above	Feb 25, 2011 6:53 AM
8	Even better than 2 years. This would be the only way to create a substantial core of pediatric academic anesthesiologists.	Mar 3, 2011 8:49 PM

26. Does your institution and faculty have personnel and resources, either in your department, outside your department in the same institution, or outside your institution but in close proximity, to provide formal education/training (at least 3 months of intensive training in at least weekly sessions...

1	Affiliated university and neighboring institutions offer varying programs of different length and intensity.	Jan 18, 2011 5:12 AM
2	The main University Anesthesia Department has offered MBA in health care management, and has the resources to offer MPH. We have explored offering a combined peds/pain fellowship and have our first peds/cardiac fellow	Jan 18, 2011 4:06 PM
3	No fellowship yet.	Jan 20, 2011 9:43 AM

26. Does your institution and faculty have personnel and resources, either in your department, outside your department in the same institution, or outside your institution but in close proximity, to provide formal education/training (at least 3 months of intensive training in at least weekly sessions...

4	The institution has personnel and resources available, but funding is always the million dollar question. Who will pay for the training ?	Jan 20, 2011 11:06 AM
5	Possible but need money and time	Jan 20, 2011 1:06 PM
6	All of these are available in the community should the trainee choose to apply and attend them after or before our fellowship. Unusual question	Jan 20, 2011 1:41 PM
7	This would take a lot of organizing, but the regional resources are present.	Jan 24, 2011 8:31 AM
8	these are potentially available through the medical school but would be optional.	Jan 24, 2011 10:24 PM
9	We are putting together formal programs in all of the subspecialties that we do not currently offer additional training, which is only cardiac at this point. We should be able to offer all the others within the next year.	Feb 1, 2011 1:40 PM

27. Would your department/institution be able to fund extra training in pediatric anesthesia at the PGY-6 or 7 level?

1	Not sure, but I think we could pull together a variety of sources to make these work	Jan 18, 2011 4:06 PM
2	I am unsure	Jan 19, 2011 6:59 AM
3	This would require a commitment from the department that currently does not exist, but is probably possible.	Jan 20, 2011 9:42 AM
4	No fellowship yet.	Jan 20, 2011 9:43 AM
5	To add additional year in pediatric anesthesia would require that another program in the department must give up a slot. The graduate school will not fund additional positions	Jan 20, 2011 1:29 PM
6	not sure	Jan 24, 2011 8:25 AM
7	Unsure at this time.	Jan 24, 2011 8:31 AM
8	Do not know. Our only experience in this area was an individual who worked part-time clinically as an attending while pursuing and completing an MPH.	Jan 24, 2011 11:12 AM

27. Would your department/institution be able to fund extra training in pediatric anesthesia at the PGY-6 or 7 level?

9	at this point we don't have any financial support but hope to develop this in the near future	Jan 24, 2011 10:24 PM
10	We would also be actively seeking research funds, i.e. T32, FAER grants, etc.	Feb 1, 2011 1:40 PM
11	maybe	Feb 2, 2011 7:59 AM
12	competitive T32 grant or other grants	Feb 2, 2011 11:10 AM
13	unsure	Feb 22, 2011 9:14 AM
14	Only if institution supports the added training. They have been capping such activities.	Feb 23, 2011 7:08 PM
15	I am not sure of specifics...but if true ACGME 2 or 3 year fellowship, wouldn't they be acting as fellows (albeit with a much reduced clinical role) and not attendings?	Mar 3, 2011 8:49 PM
16	No idea.	Mar 9, 2011 4:56 PM

28. Could the existing fellowship be substantially changed within the 12 month framework?

1	Clinical and didactic workload is already heavy.	Jan 18, 2011 5:12 AM
2	We already have 6 didactic session/week. We regularly assess the conferences and their effectiveness. I'm not sure a substantial change is needed	Jan 18, 2011 4:06 PM
3	Yes it could be changed, but at the expense of the clinical program and this would be a mistake from my perspective.	Jan 18, 2011 5:19 PM
4	These additions could be made, but there would be a detriment to the clinical case load and current research expectation. There are only so many goals that can be achieved within a 12 month period of time.	Jan 19, 2011 8:26 AM
5	I say no only because I am concerned that the changes described would compromise the ability to meet the ACGME requirements for case logs.	Jan 19, 2011 1:29 PM
6	No fellowship yet.	Jan 20, 2011 9:43 AM
7	If resources were available, additional time for training in area of fellow's choice.	Jan 20, 2011 11:06 AM

28. Could the existing fellowship be substantially changed within the 12 month framework?

8	fellowships will be improved when programs take fellows out of the operating room as primary providers and give them the opportunity to supervise, teach, read, work on research, take electives...	Jan 20, 2011 1:29 PM
9	If we are forced to make changes we can do so. We are not in agreement that every trainee has to be trained to become a research scientist or an academic triple threat. We train physicians who take excellent care of children. That is what they want and why they come here. The MDs we have hired who have trained in big programs (who offer 2 years) but who have had only one year of training take excellent care of patients and have never had one minute of training in the areas you mention.	Jan 20, 2011 1:41 PM
10	not sure	Jan 24, 2011 8:25 AM
11	The areas being addressed in this survey could be added to the existing 12 months, but the "cost" would be reduced clinical time, which is a downside.	Jan 24, 2011 8:31 AM
12	The existing fellowship could be changed to provide three months elective time or daily didactic sessions. However, we believe our finishing fellows are now weaker clinically than they were before the RRC regulation limiting subspecialty experience during residence. This additional reduction in clinical experience would be predicted to reduce clinical competency at the end of the fellowship. Consequently, while it could be changed, I do not recommend doing so.	Jan 24, 2011 11:12 AM
13	by adding too many topics, the quality of the clinical training will suffer, these additions should be an optional addition after the fellowship.	Jan 24, 2011 10:24 PM
14	The 12 months is fully occupied with "core" clinical training and sub-specialty exposure	Jan 26, 2011 4:06 PM
15	My feeling is that the clinical demands, duty hours, and requirements to pass boards, along with the current didactic schedule, make it impossible to substantially change the 1year fellowship to achieve these goals.	Feb 1, 2011 1:40 PM
16	Extra time in electives of their choice and not necessarily recurring.	Feb 23, 2011 3:38 PM
17	Not with all the other things we are already requiring.	Mar 1, 2011 2:00 PM

29. Should lengthening the fellowship to 24 months be mandatory, and part of the ACGME and subspecialty board certification program?

1	No I strongly believe that there is still a great need for well trained pediatric anesthesiologists to practice in the community. I think it is our responsibility to train both future leaders and future excellent physicians. We already know that the majority of pediatric anesthesia cases is being done in hospitals other than the 43 academic centers that offer fellowships and a lot of these cases are being done in the community. Extending the fellowship to 2 or 3 years would discourage a lot of people from doing the fellowship and be a disservice to pediatric patients everywhere. Unlike many of the other pediatric subspecialties, basic pediatric care can and should be delivered in many different locations. While not all hospitals need a PICU, many will need competent pediatric anesthesiologists.	Jan 18, 2011 4:06 PM
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29. Should lengthening the fellowship to 24 months be mandatory, and part of the ACGME and subspecialty board certification program?

2	See above.	Jan 18, 2011 5:19 PM
3	Not yet, anyway.	Jan 20, 2011 9:42 AM
4	Others have tried this and failed to recruit fellows.	Jan 20, 2011 1:06 PM
5	see above	Jan 20, 2011 1:29 PM
6	Absolutely not	Jan 20, 2011 1:41 PM
7	Must deal with very real manpower issues first.	Jan 20, 2011 1:56 PM
8	Unable to answer this question at this time, but this is the crux of the matter.	Jan 24, 2011 8:31 AM
9	again, if all programs can provide appropriate resources	Feb 22, 2011 5:51 AM

31. Should there be centers of excellence offering optional additional training, without a mandatory lengthening of the fellowship for all fellows and programs, i.e. keep the 12 month ACGME fellowship, but share resources/opportunities with a few fellowship programs who would offer additional trainin...

1	This is a reasonable option, but lengthening to 24 months with centers of excellence would produce better clinicians and specialists without hurting either of these endeavors.	Jan 20, 2011 9:42 AM
2	these currently exist and many programs offer additional trianinnig this is not the way to improve the peds anesthesia task force	Jan 20, 2011 9:51 AM
3	Possible	Jan 20, 2011 1:06 PM
4	Who defines these centers?	Jan 20, 2011 1:29 PM
5	A possibility	Jan 20, 2011 1:56 PM
6	This might be the most efficient and practical way to expand the fellowships. For example, our fellowship has 1 fellow, and providing research/financial/administrative expertise to 1 fellow will be difficult, but pooling resources with other programs would make this more within reach.	Jan 24, 2011 8:31 AM

31. Should there be centers of excellence offering optional additional training, without a mandatory lengthening of the fellowship for all fellows and programs, i.e. keep the 12 month ACGME fellowship, but share resources/opportunities with a few fellowship programs who would offer additional trainin...

7	I think additional training opportunities could be offered at many fellowship programs given some time to develop them and the necessary budget. However, even if these programs are developed and offered, I predict only limited enrollment unless the additional year of fellowship will result in enhanced practice opportunities with a compensation plan that rewards the additional education.	Jan 24, 2011 11:12 AM
8	We might need to do this before requiring a 2 year fellowship at all programs- this would smooth out the graduating numbers and allow us to test the training paradigms	Jan 26, 2011 4:06 PM
9	This is my own personal view; however, a first step toward a mandatory lengthening might be to start with optional fellowships of two years at a few well qualified centers; we are already doing this now, however, and this would not really represent a significant step.	Feb 1, 2011 1:40 PM
10	i think I would say "could" rather than "should". I believe that mandatory expansion to two years is probably not feasible, but that centers of excellence would offer a route to improvement in training, research, and innovation.	Feb 22, 2011 5:51 AM
11	I like this idea...almost selecting for people who desire leadership roles in business, management, research or education	Feb 22, 2011 9:14 AM
12	Shared centers of excellence would be a huge advancement for the specialty and would go a long way toward expanding the depth and breadth of our subspecialty training.	Feb 22, 2011 1:36 PM
13	this is a possiblilty	Feb 23, 2011 1:59 PM

32. Please make any additional comments not included in the responses to questions 1-31:

Response Text		
1	A personal opinion, if you mandate an extention to the training program (and none of the other training fellowship posts - Adult Cardiac, Pain, ICU) then I believe you will see applications for pediatric anesthesiology fellowship programs dry up overnight and many smaller programs will be unable to fill their posts.	Jan 18, 2011 5:19 PM
2	bout time we did two years	Jan 20, 2011 9:51 AM

32. Please make any additional comments not included in the responses to questions 1-31:

Response Text		
3	Mandatory lengthening of the fellowship to 2 years would be a retrograd step in the quest to train pediatric anesthesia providers to deliver safe care around the country, which is the primary goal of a fellowship program- excellent clinical care by sufficient numbers of providers. 2 year programs would make it hard to recruit candidates to the subspecialty.	Jan 20, 2011 11:06 AM
4	The question is - should the core ACGME fellowship expand to offer these "softer" areas to all? Should a base of clinical experience be offered to all, as is the status quo now, with optional extra to interested fellows? I do not know the answer.	Jan 24, 2011 8:31 AM
5	I think the fellowship must first produce clinically able pediatric anesthesiologists. Additional training as part of a second fellowship year that is not ACGME accredited would be good if completion of the additional training can be demonstrated to result in increased opportunities and compensation for those individuals. As a Division Director, I would be delighted to successfully recruit an individual with additional competencies. However, I do not have the resource to pay the person more. Indeed, since the time spent in the other areas would reduce clinical time, compensation might decrease.	Jan 24, 2011 11:12 AM
6	Survey questions were well done	Jan 26, 2011 4:06 PM
7	At this time, with the subspecialty board exam hopefully to be approved soon, would be a good time to make changes. Congenital Cardiac Surgery did this, by organizing their ACGME fellowship, board exam, and subspecialty board certification all in the same year. Attempting to better prepare the expertise that pediatric anesthesiology needs via enhanced faculty development only, or by those not in academics getting outside education, i.e. MBA, will not produce enough new expertise quickly enough.	Feb 1, 2011 1:40 PM
8	If we fail to define the future of our (sub) specialty, and fail to provide the tools for our trainees and young practitioners to use, our specialty will stagnate and be overtaken by others.	Feb 22, 2011 1:36 PM
9	I think that fellows need to learn more about pediatric medicine in general. I would favor more pediatric rotations for the fellow.	Feb 23, 2011 3:59 PM
10	I think #31 is a greta idea. Some fellows with additional training can help improve academic programs. Those with one year training can provide clinical expertise and clinical education.	Feb 23, 2011 7:08 PM