








## Questionnaire for Recently Graduated Pediatric Anesthesia Fellows (<5 Years)



1. What year after completion of your pediatric anesthesia fellowship are you currently in?

		Response Percent	Response Count
1st year		30.1%	31
2nd year		18.4%	19
3rd year		19.4%	20
4th year		15.5%	16
5th year		16.5%	17
Comments			4
answered question			103
skipped question			0

**2. Are you currently working in or employed by the same institution/practice where you served your pediatric anesthesia fellowship?**




		Response Percent	Response Count
Yes		37.9%	39
No		62.1%	64

Comment/please describe 3

answered question 103

skipped question 0

**3. Since the completion of your pediatric anesthesia fellowship, how many different positions have you held?**




		Response Percent	Response Count
1		77.5%	79
2		17.6%	18
3 or more		4.9%	5

Comment/please describe 11





answered question 102

skipped question 1






#### 4. What is your current practice setting?

		Response Percent	Response Count
Academic		63.1%	65
Private practice		32.0%	33
Other: please specify		7.8%	8
		Comments	14
		answered question	103
		skipped question	0

### 5. What is the percentage of pediatric anesthesia cases in your practice?

		Response Percent	Response Count
95-100% pediatric anesthesia (allows for occasional patients >18 years)		59.2%	61
50-100% pediatric anesthesia		17.5%	18
<50% pediatric anesthesia		22.3%	23
Other		1.9%	2
		Comments	5
		answered question	103
		skipped question	0

## 6. Are you practicing a pediatric anesthesia subspecialty?

		Response Percent	Response Count
Yes: Cardiac		13.7%	14
Yes: ICU		2.0%	2
Yes: Pain		8.8%	9
Other: please specify		6.9%	7
<b>No</b>		<b>73.5%</b>	<b>75</b>
Comments/please describe			10
answered question			102
skipped question			1

7. Do you have any assigned non-clinical time (average of weekdays per week, over a month)?

NC time






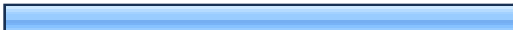
	0 days/week	0.5 days/week	1.0 days/week	1.5 days/week	2.0 days/week	2.5 days/week	3 days/week
Yes	24.6% (16)	<b>40.0% (26)</b>	29.2% (19)	0.0% (0)	1.5% (1)	1.5% (1)	
No	<b>93.6% (44)</b>	0.0% (0)	2.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	

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skip



8. What is your activity during your non-clinical time (choose all that apply)?

		Response Percent	Response Count
Active research involvement		23.2%	23
Formal educational responsibilities		37.4%	37
Formal clinical service leadership		9.1%	9
Formal quality and outcomes activity		15.2%	15
Personal academic development		37.4%	37
<b>None: I do not have NC time</b>		<b>44.4%</b>	<b>44</b>
Comment/please describe			4
		<b>answered question</b>	<b>99</b>
		<b>skipped question</b>	<b>4</b>

### 9. Are you actively engaged in research?

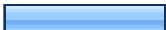

		Response Percent	Response Count
Yes; please describe		31.7%	32
No		68.3%	69
Comments/please describe			26
answered question			101
skipped question			2

### 10. Did you make any national scientific, clinical, or educational presentations either during fellowship, or as a result of work during fellowship?


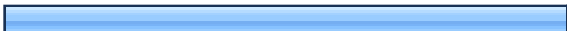
		Response Percent	Response Count
Yes; please describe		54.5%	55
No		45.5%	46
Comments/please describe			47
answered question			101
skipped question			2





**11. Did you receive formal research training (3 or more months of recurring weekly sessions, or 12 or more sessions total)during your fellowship?**

		Response Percent	Response Count
Yes; please describe		13.9%	14
No		86.1%	87
Comments/please describe			14
answered question			101
skipped question			2



**12. Did you participate in research during your fellowship?**

		Response Percent	Response Count
Yes; please describe		52.9%	54
No		49.0%	50
Comments/please describe			38
answered question			102
skipped question			1


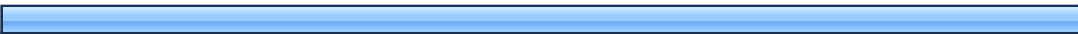
**13. Do you have any published peer reviewed papers?**

		Response Percent	Response Count
Yes; please describe		39.2%	40
No		61.8%	63
Comments/please describe			34
answered question			102
skipped question			1

**14. Do you have a formal educational role (defined as recurrent role of >10 times annually in lectures, seminars, classroom, grand rounds; and/or leadership role, i.e. director, associate director of fellowship, residency, or other program)?**

		Response Percent	Response Count
Yes; please describe		34.3%	35
No		65.7%	67
Comments/please describe			33
answered question			102
skipped question			1



**15. Did you receive formal training (3 or more months of recurring weekly sessions, or 12 or more sessions total) in how to educate?**

		Response Percent	Response Count
Yes; please describe		5.9%	6
No		94.1%	95

Comments/please describe 9

answered question	101
skipped question	2



**16. Do you have formal leadership/quality/management responsibilities (defined as committee membership or leadership, or department or hospital position)?**

		Response Percent	Response Count
Yes; please describe		42.2%	43
No		57.8%	59

Comments/please describe 39

answered question	102
skipped question	1










17. Did you have formal leadership/managerial/business/quality training(3 or more months of recurring weekly sessions, or 12 or more sessions total) ?

		Response Percent	Response Count
Yes; please describe		7.8%	8
No		92.2%	94

Comments/please describe 8

answered question	102
skipped question	1

### 18. Did you do more than 12 months' fellowship?

		Response Percent	Response Count
Yes: Clinical subspecialty:Cardiac		5.0%	5
Yes: clinical subspecialty: Pain		2.0%	2
Yes: clinical subspecialty: ICU		3.0%	3
Yes: clinical subspecialty: other (specify)		2.0%	2
Yes: Research Training		4.0%	4
Yes: Education training		1.0%	1
Yes: Leadership/business/ quality training		1.0%	1
Yes: other		2.0%	2
<b>No</b>		<b>85.1%</b>	<b>86</b>

Comments/please describe

8



**answered question**

**101**



**skipped question**

**2**



19. Would you have considered doing an additional year of pediatric anesthesia fellowship that would provide additional non-clinical, or clinical subspecialty training, if it would increase chances of a very desirable position/lead to a more productive clinical or non-clinical career?

		Response Percent	Response Count
Yes; please describe		38.8%	40
No		61.2%	63
Comments/please describe			37
answered question			103
skipped question			0

20. Would you be more likely to do a second year if salary or take home pay were higher, i.e. part time work as attending, loan deferment/repayment; extra salary?

		Response Percent	Response Count
Yes; please describe		61.8%	63
No		38.2%	39
Comments/please describe			30
answered question			102
skipped question			1

**21. Would a mandatory extra year of fellowship training (i.e. 2 years instead of 1) have prevented you from choosing to do a pediatric anesthesia fellowship?**

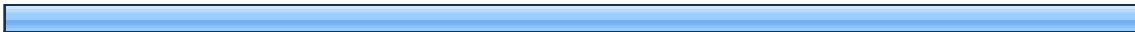

		Response Percent	Response Count
Yes; I would not have done a pediatric anesthesia fellowship		52.5%	53
No; I would have done the fellowship anyway		48.5%	49

Comments 21

answered question 101

skipped question 2

**22. Did your fellowship training prepare you for your current role?**

		Response Percent	Response Count
Yes; please comment		99.0%	101
No; please elaborate		1.0%	1

Comments 51

answered question 102

skipped question 1

**23. Based on your experiences to date, how could your fellowship have better prepared you for success in your professional career?**

	Response Count
	65
answered question	65
skipped question	38

**24. Please make any additional comments not included in the responses to questions 1-18:**

	Response Count
	12
answered question	12
skipped question	91

**1. What year after completion of your pediatric anesthesia fellowship are you currently in?**

1	Also, completed Pediatric Cardiac Anesthesia Fellowship following Peds Anesthesia Fellowship.	Jan 19, 2011 6:55 PM
2	I feel that I received outstanding training during my fellowship and was treated with a great deal of respect.	Jan 22, 2011 8:27 PM
3	Actually in 6th year post fellowship.	Jan 27, 2011 6:07 PM
4	finished training at Seattle Children's 7/2009	Feb 28, 2011 11:45 AM

**2. Are you currently working in or employed by the same institution/practice where you served your pediatric anesthesia fellowship?**

1	I completed my anesthesia training at the Medical college of WI but completed by peds anesthesia fellowship at Children's in boston	Jan 20, 2011 1:16 PM
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**2. Are you currently working in or employed by the same institution/practice where you served your pediatric anesthesia fellowship?**

2	working in an academic center (Dallas Children's Medical Center).	Feb 28, 2011 11:19 AM
3	I work with Anesthesia Associates of Colorado Springs, 37 member group, physician only anesthesia, subdivided into specialty call groups for high-risk peds and cardiac vs general OR call	Feb 28, 2011 11:45 AM

**3. Since the completion of your pediatric anesthesia fellowship, how many different positions have you held?**

1	Does not include Peds Cardiac Anesthesia Fellowship	Jan 19, 2011 6:55 PM
2	I had planned to come back to the Medical College of WI after my training. I was an internist and a pediatrician for 10 years, private practice mainly, went back for training and ended up in academics as I always wanted.	Jan 20, 2011 1:16 PM
3	private practice in Austin, TX in fall 2008 - spring 2010. Moved to Dallas, TX in spring 2010 for wife's job. in academic institution since then.	Jan 21, 2011 7:30 AM
4	senior associate in Pediatric cardiac anesthesia for six months. Attending Anesthesiologist Childrens Hospital at Egleston and Assistant Professor in Anesthesiology, Emory University School of Medicine.	Jan 25, 2011 6:30 AM
5	1) Locums at community hospital - very little pediatric cases 2) Staff at county hospital (academic, supervising residents) - approx 25% pediatric cases including neonates 3) Part-time pediatric anesthesiologist covering several local surgery centers (anticipated position) - 99% pediatric cases	Jan 26, 2011 7:48 PM
6	both in academic settings	Jan 31, 2011 9:25 AM
7	"Junior" faculty / "senior" pediatric regional anesthesia fellow combined year	Jan 31, 2011 12:58 PM
8	I worked at an academic hospital the first two years and I am now at a private hospital.	Feb 2, 2011 9:06 AM
9	General Pediatric anesthesia. Solid organ Transplant in Pediatric Anesthesia	Feb 22, 2011 4:51 PM
10	private practice in Austin, but wife didn't like it. so we moved to dallas	Feb 28, 2011 11:19 AM
11	I started here in 9/2009 after finishing fellowship in July	Feb 28, 2011 11:45 AM

#### 4. What is your current practice setting?

1	I work for the permanente medical group, part of the kaiser system. having worked both in academia and private practice, i can safely say that it's a very different practice model each of those.	Jan 18, 2011 6:17 PM
2	MSF (Medicins Sans Frontiers/Doctors without Borders) resource limited locations in impoverished countries at war.	Jan 18, 2011 9:28 PM
3	Private in academic setting	Jan 20, 2011 11:52 AM
4	Pediatric Anesthesiologist in the Navy	Jan 20, 2011 7:16 PM
5	Mix of Academic and Private. Our practice is MD only with pediatric anesthesia fellowship and residents rotating through.	Jan 21, 2011 10:42 AM
6	military hospital, also a residency training instituion	Jan 22, 2011 1:09 PM
7	Private hospital with an associate professorship	Jan 25, 2011 5:17 PM
8	see above	Jan 26, 2011 7:48 PM
9	A combination. Private Practice at a free-standing children's hospital with medical students and residents.	Jan 31, 2011 7:16 AM
10	Kaiser	Feb 1, 2011 8:32 PM
11	Anesthesia residents and SRNAs rotate through our department.	Feb 2, 2011 9:06 AM
12	I work for a private practice that contracts with a children's hospital. I do teach anesthesia residents and medical students.	Feb 7, 2011 7:23 AM
13	Community hospital non-profit setting, caring for neonates through adults, similar acuity to academic setting with exception of peds cardiac and transplant( we do not do these) as Denver manages those cases.	Feb 28, 2011 11:45 AM
14	Kaiser Permanente	Mar 9, 2011 4:40 PM

#### 5. What is the percentage of pediatric anesthesia cases in your practice?

1	Because private practice, and i cover 3-4 rooms, my number of pediatric cases might represent number more like an academic practice peds only volume. Percentage in other words might not give an accurate picture of volume & complexity.	Jan 20, 2011 11:52 AM
2	< 1%	Jan 22, 2011 9:44 AM

**5. What is the percentage of pediatric anesthesia cases in your practice?**

3	about 60-70% peds anesthesia	Jan 22, 2011 11:53 PM
4	see above	Jan 26, 2011 7:48 PM
5	Large volume of well pediatrics and those over 2y/o managed by the entire group. Peds general surgeons, peds ortho, peds neuro, peds ENT, urology will get a high-risk member if they request or if the patient is generally <6m/o.	Feb 28, 2011 11:45 AM

**6. Are you practicing a pediatric anesthesia subspecialty?**

1	regional	Jan 18, 2011 8:06 PM
2	I am part of the pain team and liver transplant team although >80% of my time is general pediatric anesthesia.	Jan 19, 2011 11:45 AM
3	Regional	Jan 21, 2011 10:42 AM
4	Part time in Pediatric acute and chronic pain.	Jan 25, 2011 6:30 AM
5	Transplant	Jan 27, 2011 11:33 PM
6	pediatric regional anesthesia	Jan 31, 2011 12:58 PM
7	i take care of the congenital hearts	Feb 22, 2011 12:42 PM
8	Solid Organ transplant.	Feb 22, 2011 4:51 PM
9	too many cardiac folks already	Feb 28, 2011 11:19 AM
10	I do adult cardiac but currently no pediatric cardiac	Feb 28, 2011 11:45 AM

**7. Do you have any assigned non-clinical time (average of weekdays per week, over a month)?**

1	I work in quality assurance for our department.	Jan 18, 2011 6:17 PM
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**7. Do you have any assigned non-clinical time (average of weekdays per week, over a month)?**

2	No non-clinical time	Jan 19, 2011 6:55 PM
3	very inconsistent	Jan 19, 2011 7:21 PM
4	Pure clinical. All of our non clinical activity happens in personal time. Meetings, etc	Jan 20, 2011 11:52 AM
5	not always consistent.	Jan 20, 2011 1:16 PM
6	additional military duites. I am the M&M coordinator and Division Head of Offsite Anesthesia	Jan 20, 2011 7:16 PM
7	Approximately 1 day per month	Jan 21, 2011 10:42 AM
8	total of 38days /12 months	Jan 22, 2011 11:53 PM
9	Usually one day a month.	Jan 25, 2011 6:30 AM
10	complicated calculations of clinical commitment average nonclinical time to be a bit less than an actual dedicated full day every week.	Jan 27, 2011 11:33 PM
11	Some months I have more NCD than other months.	Jan 31, 2011 12:53 PM
12	I do get my post-call days off, which works out to about 2 days per month. These are not called non-clinical time.	Feb 7, 2011 7:23 AM
13	20% NC time	Feb 8, 2011 9:26 PM
14	0.5 days per MONTH	Feb 28, 2011 11:15 AM
15	nope	Feb 28, 2011 11:19 AM
16	There is emphasis on physician leadership in the memorial hospital system	Feb 28, 2011 11:45 AM

**8. What is your activity during your non-clinical time (choose all that apply)?**

1	I spend post call days working on personal academic development. I am currently working on my MPH and am involved in several global health projects.	Jan 20, 2011 7:03 PM
2	Taking masters classes; on T32 Training Grant.	Jan 24, 2011 9:46 AM

**8. What is your activity during your non-clinical time (choose all that apply)?**

3	Corporate responsibilities pertaining to private practice group including Board meetings, vacation scheduling.	Jan 27, 2011 11:13 PM
4	participation in M & M review and meetings, writing and reviewing protocols for MRI sedation	Feb 28, 2011 11:45 AM

**9. Are you actively engaged in research?**

1	Currently working on non-routine events and rescue events in the intraoperative and postoperative periods.	Jan 18, 2011 7:42 AM
2	Clinical research looking at Emergence Delirium	Jan 18, 2011 1:20 PM
3	I am currently funded by a K award for mentored research training.	Jan 18, 2011 5:13 PM
4	pediatric regional clinical trials pediatric PONV clinical trial	Jan 18, 2011 8:06 PM
5	Outcome studies involving patients with congenital heart disease undergoing non-cardiac surgery.	Jan 19, 2011 11:47 AM
6	Starting to submit proposals for IRB approval	Jan 19, 2011 6:55 PM
7	Clinical Research	Jan 21, 2011 10:42 AM
8	Principal investigator and duties thereof.	Jan 21, 2011 12:49 PM
9	participating in a study assessing a pediatric cardiac surgery service line and how teamwork improves outcomes. My role is mainly advisory (for the immediate peri-operative issues) as I'm not directly involved into the study design.	Jan 22, 2011 11:53 PM
10	Some pediatric clinical research trials; some informatics reseach.	Jan 24, 2011 9:46 AM
11	I am in the process of starting a project.	Jan 25, 2011 6:30 AM
12	Close to submitting a study in which I am second author. In the process of beginning a new retrospective study in which I will be PI. I'm lucky to have a patient mentor!	Jan 26, 2011 2:36 PM
13	Participating in clinical trials, but not lead/PI	Jan 27, 2011 6:07 PM
14	I am currently engaged in the two studies of ultrasound guided regional anesthesia and one study of anesthesia for twin-twin transfusion syndrome.	Jan 28, 2011 6:33 AM

**9. Are you actively engaged in research?**

15	Have done abstracts/ case reports	Jan 28, 2011 7:12 AM
16	Clinical trials worked on when 'off-duty'	Jan 31, 2011 7:16 AM
17	assisting one of my colleagues with their research	Jan 31, 2011 7:28 AM
18	I am engaged in clinical reseach and PI of a RCT.	Jan 31, 2011 9:25 AM
19	Only as a co-investigator	Jan 31, 2011 12:53 PM
20	Took over a study started by the previous year's "senior" fellow looking at pain control in ACL repairs with lumbar plexus catheter vs femoral nerve catheter vs single shot femoral nerve block.	Jan 31, 2011 12:58 PM
21	Completing projects starting during the fellowship year.	Feb 5, 2011 9:24 AM
22	Research topics include: pediatric regional anesthesia and graduate medical education	Feb 7, 2011 10:46 AM
23	Currently I 'm participating in clinical trial as PI and co-investigator. Also, I'm coordinating research iniciatives in my Department.	Feb 22, 2011 9:33 AM
24	PI on 1 completed and 2 ongoing projects. Clinical research, both unfunded and grant funded.	Feb 28, 2011 11:15 AM
25	We have 2 peds orthopedists employed by Denver Children's to cover southern Colorado, N. New Mexico. We have done lots of peds regional and other interesting cases with potential for randomized trials. They are intersted as am I.	Feb 28, 2011 11:45 AM
26	The multicenter, multinational GAS (general anesthesia study) study on infants undergoing inguinal hernia repair. We are randomizing them into groups who get inhalational anesthetics and regional with infants getting only regional - goal is to study the effects of inhalational anesthetics on the developing brain.	Feb 28, 2011 11:48 AM

**10. Did you make any national scientific, clinical, or educational presentations either during fellowship, or as a result of work during fellowship?**

1	Presented initial PACU rescue event data at SPA last fall.	Jan 18, 2011 7:42 AM
2	I have presented clinical case reports at the ASA and research abstracts at IARS.	Jan 18, 2011 5:13 PM

**10. Did you make any national scientific, clinical, or educational presentations either during fellowship, or as a result of work during fellowship?**

3	ASA oral presentation ASRA, SPA abstracts	Jan 18, 2011 8:06 PM
4	SPA poster presentation 2007	Jan 18, 2011 10:18 PM
5	PBLD at SPA	Jan 19, 2011 8:56 AM
6	poster presentations at ASA and ASRA.	Jan 19, 2011 12:11 PM
7	posteriors ASA	Jan 19, 2011 1:51 PM
8	I presented a poster at the SPA meeting during my fellowship.	Jan 19, 2011 4:13 PM
9	Research posters at ASA (2009)	Jan 19, 2011 6:55 PM
10	Poster presentation at SPA conference during my fellowship.	Jan 20, 2011 12:04 PM
11	I have presented workshops in simulation, posters both at the SPA and SEA, published case reports in peds anesthesia and working on a pblid for anesthesiology news.	Jan 20, 2011 1:16 PM
12	Medically Challenging Case Poster Presentation at the ASA national meeting in 2010	Jan 20, 2011 7:16 PM
13	Work in progress.	Jan 20, 2011 9:08 PM
14	Grand Rounds at U Dub	Jan 21, 2011 7:30 AM
15	Two poster presentations and a PBLD at a SPA meeting.	Jan 21, 2011 10:42 AM
16	poster presentation at SPA	Jan 22, 2011 1:09 PM
17	A join animal research with the Department of pediatrics.	Jan 22, 2011 1:14 PM
18	I presented a cases to SPA with a poster presentation.	Jan 22, 2011 8:27 PM
19	case report (poster presentation) at SAP	Jan 22, 2011 11:53 PM
20	Presented research done during fellowship (case series of 23 patients) as abstract at ASA 2008	Jan 24, 2011 9:46 AM
21	SPA PBLD to be given at annual meeting.	Jan 24, 2011 11:13 AM

**10. Did you make any national scientific, clinical, or educational presentations either during fellowship, or as a result of work during fellowship?**

22	Did a study looking at Insufflation for Radiation Therapy during my fellowship and also presented an interesting case -- both at ASA.	Jan 24, 2011 7:29 PM
23	Poster presentation at the SPA.	Jan 25, 2011 6:30 AM
24	poster presentation at SPA of a case report	Jan 26, 2011 2:36 PM
25	Poster presentation at SPA meeting	Jan 26, 2011 7:48 PM
26	SPA case report on Noonan's Syndrome and challenging airway.	Jan 27, 2011 3:35 PM
27	educational presentation	Jan 27, 2011 11:33 PM
28	one poster was presented at SPA meeting during fellowship.	Jan 28, 2011 6:33 AM
29	Difficult case presentation at SPA	Jan 28, 2011 7:12 AM
30	case report at SPA	Jan 31, 2011 9:25 AM
31	Presented a case that occurred during my fellowship at the SPA and ASA	Jan 31, 2011 12:53 PM
32	Presented a poster at SPA in 2010 regarding the volume of blood to be used in pediatric epidural blood patch.	Jan 31, 2011 12:58 PM
33	poster presentation at ASA	Feb 1, 2011 2:57 PM
34	SPA in San Antonio	Feb 1, 2011 8:32 PM
35	SPA Meeting	Feb 3, 2011 9:57 AM
36	Poster presentation in the ASA and SPA meetings.	Feb 5, 2011 9:24 AM
37	Presented at SPA (abstract) and WARC (oral presentation of abstract)	Feb 7, 2011 10:46 AM
38	Performed a departmental grand rounds and submitted a book chapter.	Feb 7, 2011 6:43 PM
39	Educational presentations	Feb 8, 2011 9:26 PM
40	ASA challenging cases	Feb 22, 2011 9:33 AM
41	2 pbld to spa, mult diff airway poster to national conferences	Feb 22, 2011 12:42 PM



**10. Did you make any national scientific, clinical, or educational presentations either during fellowship, or as a result of work during fellowship?**

42	IARS Confence, poster presentation. Case discussion published In Minerva "successful emegent re-intubation using the Aintree intubation catheter and laryngeal mask airway"	Feb 22, 2011 4:51 PM
43	is prgency test importent	Feb 25, 2011 1:29 PM
44	not national, but regional	Feb 28, 2011 11:19 AM
45	1.Lumbar Plexus Catheters for hip and femur surgery 2.Dry taps with 20g Touhy Needle 3.Subocciital decompression in patient with Thanatophoric dysplasia 4.Post-operative Mumps, parotid swelling  All published in peer-reviewed journals	Feb 28, 2011 11:45 AM
46	at SPA meeting presented a poster with A. Bosenberg on varying locations of spinal cord termination in infants using ultrasound.	Feb 28, 2011 11:48 AM
47	SPA poster presentation during fellowship	Mar 22, 2011 4:14 AM

**11. Did you receive formal research training (3 or more months of recurring weekly sessions, or 12 or more sessions total)during your fellowship?**

1	Our chief and fellowship director have long offered a 2-year fellowship with the first year purely clinical and the second year dedicated mostly to research training. As a result of this year, I have received an MPH degree and secured NIH training grant funding (T32 then K, LRP).	Jan 18, 2011 5:13 PM
2	Did a second year of fellowship with 80% research time	Jan 18, 2011 8:06 PM
3	I received weekly sessions for approximately 3 months.	Jan 19, 2011 4:13 PM
4	I was not looking for this in my fellowship as i also have a MPH degree with prior research experience.	Jan 20, 2011 11:52 AM
5	But i had a full month of non clinical that was spent doing research.	Jan 22, 2011 1:14 PM
6	1 month of weekly 4hr sessions, if I remember correctly. Plus some supplemental workshops throughout the year. I don't think it adds up to 12.	Jan 27, 2011 11:33 PM

**11. Did you receive formal research training (3 or more months of recurring weekly sessions, or 12 or more sessions total)during your fellowship?**

7	We had a 6 week course at night regarding research	Jan 31, 2011 12:53 PM
8	No. Would've been nice to had something structured.	Jan 31, 2011 12:58 PM
9	Biweekly lectures.	Feb 2, 2011 1:30 PM
10	Attended a graduate level course 2 hours per day for 3 weeks.	Feb 13, 2011 9:23 AM
11	first month had daily lectures concerning research	Feb 14, 2011 8:21 AM
12	Clinical Trials design. Case Western Reserve University	Feb 22, 2011 9:33 AM
13	Wish we could have but fellowship is only 1 year long.	Feb 28, 2011 11:48 AM
14	Seattle Children's combined pediatric/research fellowship. 2 years.	Mar 8, 2011 11:41 AM

**12. Did you participate in research during your fellowship?**

1	Working on non-routine events and rescue events in the intraoperative and postoperative periods.	Jan 18, 2011 7:42 AM
2	I had several projects: one looked at laboratory methods for discovery of oxidative stress biomarkers. Another evaluated the association of pediatric sepsis with genetic markers of immunity. The ground work and course work was obtained during my 2nd year of fellowship, and the research was conducted in the subsequent years.	Jan 18, 2011 5:13 PM
3	Pediatric regional anesthesia clinical trials	Jan 18, 2011 8:06 PM
4	clinical research	Jan 19, 2011 12:11 PM
5	I participated in an on-going research project that was finished by a fellow in the next year's class.	Jan 19, 2011 4:13 PM
6	I completed a retrospective chart review study.	Jan 20, 2011 12:04 PM
7	Review article.	Jan 20, 2011 12:40 PM
8	Worked on a chart review that was published in A&A looking at Aprotinin use. Did not have dedicated time for research.	Jan 20, 2011 7:03 PM
9	Effect of caudal anesthesia on cerebral oximetry	Jan 20, 2011 9:08 PM

12. Did you participate in research during your fellowship?		
10	Attempted to initiate a retrospective outcome project.	Jan 21, 2011 10:42 AM
11	I spent 1 day a week on my required research project.	Jan 22, 2011 9:31 AM
12	Submitted to IRB, got IRB approval and started research study on effect of low dose Ketamine for postoperative pain management	Jan 22, 2011 9:44 AM
13	As describe above.	Jan 22, 2011 1:14 PM
14	Created and implemented research project. Although, 1 year is hardly enough time to get a project written and through IRB, let alone completed with data collection and presented.	Jan 23, 2011 6:44 AM
15	Retrospective case series; chart review	Jan 24, 2011 9:46 AM
16	as above	Jan 24, 2011 7:29 PM
17	I completed an IRB for a chart review. I also wrote a case report that was later published.	Jan 25, 2011 3:58 PM
18	Clinical research project continued from residency	Jan 26, 2011 7:48 PM
19	1-Grisel's syndrome 2-Investigating role of inflammatory mediators in pediatric cardiac surgery using CPB	Jan 27, 2011 3:35 PM
20	1 month research/ statistics class. Did case report	Jan 28, 2011 7:12 AM
21	very busy with clinical obligations and one year is not enough time to participate in clinical research	Jan 31, 2011 9:25 AM
22	Ultrasound usage in regional anesthesia in pediatric patients	Jan 31, 2011 5:35 PM
23	clinical retrospective study	Feb 1, 2011 2:57 PM
24	Conducted a survey of pediatric cardiopulmonary bypass in North America.	Feb 1, 2011 8:32 PM
25	clinical research	Feb 3, 2011 9:57 AM
26	joined an existing research project	Feb 3, 2011 10:58 AM
27	Retrospective study.	Feb 5, 2011 9:24 AM

**12. Did you participate in research during your fellowship?**

28	retrospective study comparing 2 pediatric regional techniques	Feb 7, 2011 10:46 AM
29	Helped to develop an IRB request	Feb 18, 2011 9:36 AM
30	As a co-investigator in an active prospective randomized study in Pediatric airway devices.	Feb 22, 2011 9:33 AM
31	tested a new block in peds patient that I have extrapolated to congenital heart pts for non cardiac sx	Feb 22, 2011 12:42 PM
32	Wrote an clinical abstract.	Feb 22, 2011 3:07 PM
33	1 case study and 1 clinical study.	Feb 28, 2011 11:15 AM
34	NIBP studies.	Feb 28, 2011 11:19 AM
35	Gathered and reviewed outcomes for lumbar plexus single shot injections, catheters vs epidural and PCA for hip/femur surgery	Feb 28, 2011 11:45 AM
36	Studied varying location of spinal cord termination in infants using ultrasound.	Feb 28, 2011 11:48 AM
37	12 months of bioinformatics	Mar 8, 2011 11:41 AM
38	Poster project, case report project	Mar 22, 2011 4:14 AM

**13. Do you have any published peer reviewed papers?**

1	From my prior work as a peds intensivist I have a few paaper (no coherent them to them though). I am currently writing up PACU rescue events paper as well as a paper on non routine events intraoperatively in adult patients.	Jan 18, 2011 7:42 AM
2	Case report in Anesthesia and Analgesia	Jan 18, 2011 1:20 PM
3	One has been published on the biomarker work, and others from my sepsis work are forthcoming.	Jan 18, 2011 5:13 PM
4	Lidocaine methods of propofol pain alleviation. Reg Anesth 2011 Lumbar plexus depth estimation - accepted Anesth Analg 2011	Jan 18, 2011 8:06 PM
5	Case Report done during residency	Jan 18, 2011 10:18 PM

### 13. Do you have any published peer reviewed papers?

6	I did a case report prior to my fellowship. Nothing since.	Jan 19, 2011 11:45 AM
7	papers published prior to residency.	Jan 19, 2011 12:11 PM
8	<p>1. Garcia, P.S., Kolesky, S.E. &amp; Jenkins, A. (2010). General Anesthetic Actions on GABAA Receptors. Current Neuropharmacology 8(1):2-9.</p> <p>2. Brickman, W., Binns, H., Jovanovic, B., Kolesky, S., Mancini, A. &amp; Metzger, B. (2007). Acanthosis Nigricans: A Common Finding in Overweight Youth. Pediatric Dermatology 24(6):601-6.</p> <p>3. Kolesky, S., Ouhammouch, M. &amp; Geiduschek, E.P. (2002). The Mechanism of Transcriptional Activation by the Topologically DNA-linked Sliding Clamp of Bacteriophage T4. Journal of Molecular Biology 321(5):767-784.</p> <p>4. Kolesky, S., Ouhammouch, M., Brody, E.N. &amp; Geiduschek, E.P. (1999). Sigma Competition: The Contest between Bacteriophage T4 Middle and Late Transcription. Journal of Molecular Biology 291(2):267-281.</p>	Jan 19, 2011 6:55 PM
9	one case report	Jan 19, 2011 7:21 PM
10	a review article on pulse oximetry I wrote during residency	Jan 20, 2011 11:32 AM
11	letters to editor (case series and case report) both in peds anesthesia 2 in last 2 years.	Jan 20, 2011 1:16 PM
12	Multiple papers on use of the bis sensor. Also papers on Hemochron assays during liver transplant.	Jan 20, 2011 9:08 PM
13	Case report	Jan 21, 2011 10:42 AM
14	co-authored two letters to editors	Jan 22, 2011 1:09 PM
15	One paper published in pediatric pulmonology. This was an observational study in pediatric pts undergoing bronchoscopies with propofol. The aim was to determine if and how anesthesia affects vocal cord movement. Patient recruitment was actually done during my residency; but I wrote the paper during fellowship.	Jan 22, 2011 11:53 PM
16	Published one article shortly after my fellowship that was related to work done during my fellowship.	Jan 23, 2011 6:44 AM
17	One from medical school; one as an attending; none in the area of pediatric anesthesia	Jan 24, 2011 9:46 AM
18	Multiple articles in neuroscience literature from college and medical school.	Jan 24, 2011 11:13 AM
19	Not from fellowship. These are from residency.	Jan 24, 2011 7:29 PM

**13. Do you have any published peer reviewed papers?**

20	I am not sure if a case report counts, but it was published.	Jan 25, 2011 3:58 PM
21	Summary of pediatric supraglottic airways Additional case reports with trainees Survey of finances of anesthesiology trainees	Jan 27, 2011 6:07 PM
22	Several papers published in national Ophthalmology journals (done while still in medical school); no papers in anesthesiology-related journals	Jan 27, 2011 11:13 PM
23	too much work to even figure out where to start.	Jan 27, 2011 11:33 PM
24	Two paper was published after fellowship training.	Jan 28, 2011 6:33 AM
25	I have one that was just accepted by Anesthesiology - we are working on the revisions.	Jan 31, 2011 12:53 PM
26	revised chapter in Smith's	Feb 1, 2011 2:57 PM
27	case report published in peds anesthesia	Feb 3, 2011 10:58 AM
28	Case report and retrospective study from research during residency.	Feb 5, 2011 9:24 AM
29	I do from research I did while I was in college, but I do not have any medical papers.	Feb 7, 2011 7:23 AM
30	1 publication from work prior to fellowship and 1 peer reviewed article published on-line.	Feb 7, 2011 10:46 AM
31	Case Studies in Neuroanesthesia and Neurocritical Care Cambridge,2011 Edited by George A. Mashour and Ehab Farag	Feb 22, 2011 12:18 PM
32	4 papers, 3 as first author.	Feb 28, 2011 11:15 AM
33	See above	Feb 28, 2011 11:45 AM
34	Book chapter on Blood conservation techniques in pediatrics in The Anesthesia Clinics of North America	Feb 28, 2011 11:48 AM

**14. Do you have a formal educational role (defined as recurrent role of >10 times annually in lectures, seminars, classroom, grand rounds; and/or leadership role, i.e. director, associate director of fellowship, residency, or other program)?**

1	I work with both the pediatric ICU fellowship program (I oversee the airway and pulmonary pathophysiology components of the curriculum.)  Contributor to "cardiac boot camp" session for pediatric anesthesia fellows.  Teach congenital cardiac portion of the acute care nurse practitioner program here at Vanderbilt.	Jan 18, 2011 7:42 AM
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**14. Do you have a formal educational role (defined as recurrent role of >10 times annually in lectures, seminars, classroom, grand rounds; and/or leadership role, i.e. director, associate director of fellowship, residency, or other program)?**

2	Associate director of fellowship	Jan 18, 2011 1:20 PM
3	responsible for education of residence rotating through pediatric anesthesia, participate in university resident lecture series	Jan 19, 2011 1:51 PM
4	I lecture occasionally at department meetings on various peds anesthesia topics and am involved in developing protocols for the OR of our children's hospital. I am also involved in TEE education for interested partners.	Jan 19, 2011 4:13 PM
5	Not >10x annually	Jan 19, 2011 6:55 PM
6	Formal lectures. OR teaching to Ed residents, CRNA students, med students, EMT.	Jan 20, 2011 11:52 AM
7	Assistant fellowship director, pediatric anesthesia rotation director for residents and medical students.	Jan 20, 2011 12:04 PM
8	no formal role but I have started a peds anesthesia fellow case report one monday/month and I am heavily involved in pbls and lectures for the anesthesiology residents	Jan 20, 2011 1:16 PM
9	formal lectures for residents and medical students, departmental grad rounds,	Jan 21, 2011 8:07 AM
10	resident lectures 1-2/month	Jan 21, 2011 10:42 AM
11	resident and fellow lectures; instructor to BLS, PALS, and ACLS renewal courses	Jan 21, 2011 12:49 PM
12	annual grand round, resident didactic class, medical student class and airway workshop.	Jan 22, 2011 1:14 PM
13	I am working for continuing education for the nurses. I give monthly lectures in their education about general anesthesia and peds anesthesia	Jan 23, 2011 6:53 PM
14	Give weekly lectures to students and conduct a fellows' conference 6 times a year.	Jan 24, 2011 7:29 PM
15	Teaching Navy CA2 and 3, lectures, ER residents, 4th year med students	Jan 25, 2011 5:17 PM
16	Fellowship and education director  Formal lectures to fellows, residents, and students	Jan 27, 2011 6:07 PM
17	Anesthesia residents and medical students lectures. Grand rounds. Pediatric pain and recovery room issues to the anesthesia residents.	Jan 27, 2011 7:03 PM

**14. Do you have a formal educational role (defined as recurrent role of >10 times annually in lectures, seminars, classroom, grand rounds; and/or leadership role, i.e. director, associate director of fellowship, residency, or other program)?**

18	--quarterly R3 subspecialty resident lecture --quarterly simulation sessions, separately for both peds interns and anesthesia residents --annual fellow lecture --thrice-yearly lecture series for R2 --annual R4 resident lecture --annual oral board practice sessions	Jan 27, 2011 11:33 PM
19	1-2 lectures monthly to anesthesia residents	Jan 31, 2011 7:16 AM
20	I fellowship I attended lectures, grand rounds, etc	Jan 31, 2011 7:28 AM
21	lectures and PBLDs for residents/SRNA, coordinator of resident education for residents during their pediatric anesthesia rotation	Jan 31, 2011 9:25 AM
22	I gave a lecture to the CA-2s that is part of the 3 month lecture series. I also give one to two lectures annually to the CA-1s.	Jan 31, 2011 12:53 PM
23	resident/fellow lectures and assistance with residency program	Feb 3, 2011 10:58 AM
24	I am currently the director/coordinator of the pediatric anesthesia elective rotation for all pediatrics residents and fellows (PICU, EM, hospitalist, Surgery).	Feb 13, 2011 9:23 AM
25	Developed month-long pediatric anesthesia curriculum for resident rotation. Responsible for approximately 2/3 of the daily one-on-one teaching.  30 minute residency lecture about once a month, often on pediatric topics.	Feb 18, 2011 9:36 AM
26	lectures	Feb 22, 2011 12:18 PM
27	i do several lectures a year for the ca1-3 where i talk about peds topics	Feb 22, 2011 12:42 PM
28	Associate Director of the Anesthesia Clerkship for the School of Medicine	Feb 22, 2011 4:19 PM
29	lectures,grand rounds	Feb 25, 2011 1:29 PM
30	Resident coordinator for our site (childrens hospital) Lecture to residents 1-2 per month	Feb 28, 2011 11:15 AM



**14. Do you have a formal educational role (defined as recurrent role of >10 times annually in lectures, seminars, classroom, grand rounds; and/or leadership role, i.e. director, associate director of fellowship, residency, or other program)?**

31	I am active in the student and resident education program that we have for 4th year med students as well as surgical, peds, and family practice residents	Feb 28, 2011 11:45 AM
32	Will soon be involved in teaching via simulation scenarios at the ISIS center at UW for medical students.	Feb 28, 2011 11:48 AM
33	Director of resident education	Mar 22, 2011 4:14 AM

**15. Did you receive formal training (3 or more months of recurring weekly sessions, or 12 or more sessions total) in how to educate?**

1	There were weekly sessions for fellows and attendings which were optional	Jan 18, 2011 1:20 PM
2	one year of "junior faculty developmental program '.	Jan 21, 2011 8:07 AM
3	It wasn't formal but i had my last three months of fellowship, as partially supervising resident and learning how to do clinical teaching.	Jan 22, 2011 1:14 PM
4	But planning to complete master teacher's program in next 2-3 yrs	Jan 23, 2011 11:59 AM
5	I did go to several teaching seminars on my own time.	Jan 24, 2011 7:29 PM
6	--a few single afternoon workshops/ development seminars at the home medical school during fellowship. --signed up for several optional faculty development seminars at new job out of fellowship, half or full day 2-3x/year, some of which have been about how to educate. --currently enrolled in teaching program for multispecialty medical educators, weekly sessions for 1 year.	Jan 27, 2011 11:33 PM
7	I received several sessions although it wasn't 3 or more months or 12 or more sessions.	Jan 31, 2011 12:53 PM
8	This is occurring during my 2nd fellowship year.	Feb 7, 2011 10:46 AM
9	Would have LOVED to...	Feb 28, 2011 11:48 AM

**16. Do you have formal leadership/quality/management responsibilities (defined as committee membership or leadership, or department or hospital position)?**

1	I sit on the transfusion and airway protection committees for the hospital. I am currently working to reduce transfusion and bleeding in the pediatric cardiac perioperative patients.	Jan 18, 2011 7:42 AM
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**16. Do you have formal leadership/quality/management responsibilities (defined as committee membership or leadership, or department or hospital position)?**

2	International Anesthesia Coordinator	Jan 18, 2011 1:20 PM
3	I am the quality and outcomes improvement representative for our department, and thus a member of the perioperative performance improvement committee.	Jan 18, 2011 6:17 PM
4	Surgery Committee member OB/Peds Committee member	Jan 18, 2011 10:18 PM
5	I am the representative for pediatric anesthesia for all liver transplant activities.	Jan 19, 2011 11:45 AM
6	I serve on the hospital's peer review committee.	Jan 19, 2011 4:13 PM
7	Hospital committee on "transfer of care" PALS instructor	Jan 19, 2011 6:55 PM
8	Quality improvement committee, periop safety and infection control committee	Jan 20, 2011 12:40 PM
9	M&M coordinator, Division Head of Offsite Anesthesia, CME coordinator	Jan 20, 2011 7:16 PM
10	residency competency committee	Jan 21, 2011 8:07 AM
11	Regional Anesthesia Coordinator	Jan 21, 2011 10:42 AM
12	in charge of monthly M&M program	Jan 22, 2011 1:09 PM
13	Department of anesthesia liaison to emergency preparedness committee.	Jan 22, 2011 1:14 PM
14	Member in the Patient Safety Task Force of our department	Jan 22, 2011 11:53 PM
15	On multiple hospital committees.	Jan 23, 2011 6:44 AM
16	In charge of nurse education	Jan 23, 2011 6:53 PM
17	Director of the Anesthesia Informatics Committee	Jan 24, 2011 9:46 AM
18	Hospital Trauma Committee and several committees in the department and peds division.	Jan 24, 2011 7:29 PM
19	As member of small medical staff, contribute to hospital management decisions.	Jan 25, 2011 3:13 PM
20	I am on the MD/CRNA committee at my group.	Jan 25, 2011 3:58 PM

**16. Do you have formal leadership/quality/management responsibilities (defined as committee membership or leadership, or department or hospital position)?**

21	One of 5 board runners at our hospital, out of 18 docs	Jan 25, 2011 5:17 PM
22	Co-Director of anesthesia consult clinic	Jan 26, 2011 2:36 PM
23	Education director Oversee privileges of anesthesiology trainees and mid-level providers	Jan 27, 2011 6:07 PM
24	Board member in current private practice group.	Jan 27, 2011 11:13 PM
25	Sedation committee	Jan 31, 2011 7:16 AM
26	clinical competency committee member since 2009	Jan 31, 2011 9:25 AM
27	Member of the fellowship selection committee and the QA committee.	Jan 31, 2011 12:53 PM
28	Associate-chief-elect of pediatric Surgery dept Variety of committees	Jan 31, 2011 5:35 PM
29	on hospital CME committee, trauma committee, and handoff improvement committee (CAPC project)	Feb 1, 2011 2:57 PM
30	Pediatric QI review.	Feb 1, 2011 8:32 PM
31	Short stay committee	Feb 2, 2011 9:06 AM
32	I am on committees, including being elected to the Executive Committee for the Anesthesia Division.	Feb 7, 2011 7:23 AM
33	I am involved and a member of the Quality Assurance committee and am a member of the medication safety subcommittee	Feb 13, 2011 9:23 AM
34	Head of anesthesia preop clinic	Feb 14, 2011 8:21 AM
35	Membership on the Resident Assessment Committee	Feb 18, 2011 9:36 AM
36	Director of the Indiana University Departmet of Anesthesia's participation in the Midwest Anesthesia Resident's Conference	Feb 22, 2011 1:31 PM

**16. Do you have formal leadership/quality/management responsibilities (defined as committee membership or leadership, or department or hospital position)?**

37	director of the pediatric anesthesia	Feb 25, 2011 1:29 PM
38	Chair Peer Review committee	Feb 28, 2011 11:15 AM
39	Morbidity and Mortality case reviewer	Feb 28, 2011 11:45 AM

**17. Did you have formal leadership/managerial/business/quality training(3 or more months of recurring weekly sessions, or 12 or more sessions total) ?**

1	No, but I have asked for this. Current QI training course (Cincinnati, Intermountain Health, IHI) seem to be cost prohibitive.	Jan 18, 2011 7:42 AM
2	I was in business for medical school and I have been going back for MBA.	Jan 24, 2011 7:29 PM
3	Was in business in general management position for 10+ years	Jan 25, 2011 5:17 PM
4	Hospital-organized leadership training	Jan 27, 2011 6:07 PM
5	Had a few seminars on these topics during fellowship.	Jan 27, 2011 11:33 PM
6	Head of sedation unit	Jan 31, 2011 7:16 AM
7	evening seminars	Jan 31, 2011 9:25 AM
8	I took the advanced QI training course.	Jan 31, 2011 12:53 PM

**18. Did you do more than 12 months' fellowship?**

1	I am a pediatric cardiac intensivist who went back to do an anesthesia residency (and peds anesthesia fellowship).	Jan 18, 2011 7:42 AM
2	Second year of 80% research time (mainly clinical trials), two quarters of graduate level biostatistics, 20% clinical attending	Jan 18, 2011 8:06 PM

**18. Did you do more than 12 months' fellowship?**

3	I did a one-year adult cardiac anesthesia fellowship prior to my peds anesthesia fellowship.	Jan 19, 2011 4:13 PM
4	Pediatric Cardiac Critical Care	Jan 19, 2011 7:26 PM
5	Pediatric Cardiac Anesthesia training for 6 months.	Jan 25, 2011 6:30 AM
6	Prior to medical school, I got my masters in health care administration.	Jan 31, 2011 12:53 PM
7	this year was a combined "senior fellowship" year, spent partly working as an attending in the OR, partly as regional fellow, and doing some research related to peds regional.	Jan 31, 2011 12:58 PM
8	Teaching Scholars Program w/ the University of Washington	Feb 7, 2011 10:46 AM

**19. Would you have considered doing an additional year of pediatric anesthesia fellowship that would provide additional non-clinical, or clinical subspecialty training, if it would increase chances of a very desirable position/lead to a more productive clinical or non-clinical career?**

1	Yes, and I chose to do so.	Jan 18, 2011 5:13 PM
2	that's what I did - see above	Jan 18, 2011 8:06 PM
3	cardiac	Jan 18, 2011 9:28 PM
4	I did consider a Pediatric Cardiac Anesthesia fellowship	Jan 18, 2011 10:18 PM
5	Only if it involved being a part time attending for financial reasons.	Jan 19, 2011 11:45 AM
6	I would have considered doing clinical subspecialty training in peds cardiac anesthesia.	Jan 19, 2011 4:13 PM
7	Already have completed.	Jan 19, 2011 6:55 PM
8	cardiac	Jan 20, 2011 11:54 AM
9	my family was in milwaukee and I was in boston. too far away, too many things at stake socially!	Jan 20, 2011 1:16 PM
10	Pain	Jan 20, 2011 5:30 PM
11	I would have done an additional pedi cardiac fellowship, but the wife said "no"	Jan 21, 2011 7:30 AM

**19. Would you have considered doing an additional year of pediatric anesthesia fellowship that would provide additional non-clinical, or clinical subspecialty training, if it would increase chances of a very desirable position/lead to a more productive clinical or non-clinical career?**

12	actually, I'm still thinking about doing a pediatric cardiac fellowship. Also, I would definitely have considered a 2-yr fellowship with more formal research training and further specialty training if that had been available to me.	Jan 22, 2011 11:53 PM
13	Would not have stayed in fellowship longer, at fellowship salary, to get training that I can accomplish as an attending, at attending salary.	Jan 24, 2011 9:46 AM
14	I have considered a formal traing in research.	Jan 25, 2011 6:30 AM
15	I would consider spending extra 6 months cardiac cases and TEE experience	Jan 26, 2011 7:48 PM
16	More ICU training- always helpful in the OR as well as ICU	Jan 27, 2011 3:35 PM
17	Would have considered education, leadership/business/quality, or cardiac training.	Jan 27, 2011 6:07 PM
18	Not at the time I did my fellowship, for purely personal and family reasons. I did not have a strong enough handle at that point on what direction my career was going to take. (Still working on that!) Another year of training would have been a dealbreaker for my family.	Jan 27, 2011 11:33 PM
19	Was denied cardiac additional 6 months, they needed warm bodies working in or	Jan 28, 2011 7:12 AM
20	I strongly desired pediatric subspecialty training and thus would have completed 2 years, if required.	Jan 31, 2011 6:33 AM
21	Pediatric regional anesthesia	Jan 31, 2011 7:16 AM
22	I did do one, don't know that it was particularly helpful or a good use of my time. It was very unstructured, I wasn't taught much clinically, and assistance and guidance in getting research off the ground was almost nonexistent. Plus I didn't have much nonclinical time to do much with, anyway. It was pretty much a waste of a year. I wouldn't recommend it. I think cardiac might be a good use of time, but otherwise, unless they're going to provide structured mentorship for you in that year (which they probably won't take the effort to do, since it's not overseen by the ACGME), it's not worth the extra tima and effort - not to mention loss of income.	Jan 31, 2011 12:58 PM
23	subspecialty in ICU or pain	Feb 1, 2011 2:57 PM
24	I don't believe that any advantages that might be gained from doing an extra year of training outweighs the costs of doing another year of training.	Feb 2, 2011 9:06 AM
25	Subspecialty cardiac.	Feb 5, 2011 9:24 AM

**19. Would you have considered doing an additional year of pediatric anesthesia fellowship that would provide additional non-clinical, or clinical subspecialty training, if it would increase chances of a very desirable position/lead to a more productive clinical or non-clinical career?**

26	I had already done a full Pediatric residency (3 years) in addition to my Anesthesia residency and fellowship, so I felt very well-prepared.	Feb 7, 2011 7:23 AM
27	Not only did I consider it, I am doing it.	Feb 7, 2011 10:46 AM
28	I am greatly interested in education. I would have gladly added more time to my fellowship if there were formal educational training involved (ie possible master's program)	Feb 13, 2011 9:23 AM
29	Fellowship in Medical education	Feb 22, 2011 9:33 AM
30	i was considering a peds cardiac fellowship	Feb 22, 2011 12:42 PM
31	If it strongly increased the chance of obtaining a more desirable position, otherwise, no.	Feb 22, 2011 3:07 PM
32	Cardiac is a must	Feb 24, 2011 8:30 AM
33	Had job lined up that did not require additional training but I think fellowship should be 2 years and include mandatory research training.	Feb 28, 2011 11:15 AM
34	tired of being poor	Feb 28, 2011 11:19 AM
35	I feel that i received excellent fellowship training in terms of case numbers, time in cardiac OR, pain management, complex general surgery, neonate cases. I felt comfortable coming to a private setting where i did 3 TEF repairs my first month, numerous pyloromyotomies, diaphragmatic hernia repairs, plenty of neonates.	Feb 28, 2011 11:45 AM
36	Already in my mid-thirties when I finished since I had completed both pediatric and anesthesia residencies plus fellowship	Feb 28, 2011 11:48 AM
37	business management	Mar 8, 2011 11:41 AM

**20. Would you be more likely to do a second year if salary or take home pay were higher, i.e. part time work as attending, loan deferment/repayment; extra salary?**

1	Yes, although this was not something that I would consider a "deal-breaker."	Jan 18, 2011 5:13 PM
2	i did a second year at a higher salary (approx twice a fellow's salary) funded by my 20% attending clinical commitment	Jan 18, 2011 8:06 PM

**20. Would you be more likely to do a second year if salary or take home pay were higher, i.e. part time work as attending, loan deferment/repayment; extra salary?**

3	see above	Jan 19, 2011 11:45 AM
4	part time work as an attending or extra salary that would be comparable to a first year attending.	Jan 19, 2011 12:11 PM
5	Yes, I would be more likely to do a second year with the financial incentives.	Jan 19, 2011 4:13 PM
6	But not the most important factor	Jan 19, 2011 6:55 PM
7	yes if I were at the same institution as my family. I heavily involved in education and would have loved a masters in education, masters in public health or simply more formal training esp in how to teach, educate trainees.	Jan 20, 2011 1:16 PM
8	I would have done it if the salary was significantly increased. Loan repayment option might be beneficial as well.	Jan 21, 2011 7:30 AM
9	Part time attending	Jan 21, 2011 4:35 PM
10	part time attending would be nice. the drawback to any fellowship that is ACGME controlled fellowship is the pay. and the drawback to doing a fellowship is missing another year of full practice salary without an increase in salary due to the fellowship completion	Jan 22, 2011 1:09 PM
11	Yes, but I'd have done it even for the regular PGY-5/6 salary. But I'm currently trying to get a job at an academic institution where I can be part fellow/part attending with the salary somewhere in between.	Jan 22, 2011 11:53 PM
12	Yes, I did not pursue extra training in pediatric cardiac anesthesia partly due to financial situation.	Jan 26, 2011 7:48 PM
13	Part time work as attending or extra salary	Jan 27, 2011 3:35 PM
14	That would certainly make it easier to pursue further training if it would be less fiscally disadvantageous to pass up post-training work	Jan 27, 2011 11:13 PM
15	Possibly. It would have helped. See answer to #19: Not at the time I did my fellowship, for purely personal and family reasons. I did not have a strong enough handle at that point on what direction my career was going to take. (Still working on that!) Another year of training would have been a dealbreaker for my family	Jan 27, 2011 11:33 PM
16	Would have loved to have had more knowledge/ training but was denied	Jan 28, 2011 7:12 AM
17	I would not have completed a second year purely for financial reasons if a second year was optional. To reiterate the above answer, a required second year would not have deterred me from completing a fellowship but an optional second year would have attracted me for clinical subspecialty training not increased salary.	Jan 31, 2011 6:33 AM



**20. Would you be more likely to do a second year if salary or take home pay were higher, i.e. part time work as attending, loan deferment/repayment; extra salary?**

18	I would do it for loan repayment	Jan 31, 2011 7:28 AM
19	Perhaps	Jan 31, 2011 12:53 PM
20	See #19. I did do this. Salary was higher, but not near normal attendings' salary. Not worth it.	Jan 31, 2011 12:58 PM
21	any of the above would be attractive	Feb 1, 2011 2:57 PM
22	I believe that you are mistaken if you believe an extra year of training would confer the aforementioned benefits.	Feb 2, 2011 9:06 AM
23	Part time work as attending.	Feb 5, 2011 9:24 AM
24	My salary is higher as a second year fellow and that weighed heavily in my decision.	Feb 7, 2011 10:46 AM
25	part time work	Feb 22, 2011 12:18 PM
26	This would make a second year of training/ income deferment more desirable.	Feb 22, 2011 3:07 PM
27	would need to have significant salary increase	Feb 28, 2011 11:19 AM
28	I wanted at least a period of 3-5 years doing my own anesthetics in a setting where i could manage sick neonates but also do adult cardiac, OB, full range of anesthetic cases. As one of 7 on the high-risk peds team, i feel that i get 2-3 days a week doing peds with the rest of my time spent doing adults and OB. I am finishing a 2 year buy in period where my first year salary keeping 70% earnings was likely higher than i would have made in academics my first year. Of course i worked more hours these 1st couple of years than i would have in academics, but my goal was to get as much clinical experience as possible and be clinically excellent and efficient.	Feb 28, 2011 11:45 AM
29	Depends on salary and hourly commitment..	Feb 28, 2011 11:48 AM
30	I did participate in such a program. It was the best year of my training.	Mar 8, 2011 11:41 AM

**21. Would a mandatory extra year of fellowship training (i.e. 2 years instead of 1) have prevented you from choosing to do a pediatric anesthesia fellowship?**

1	I probably would have left and practiced elsewhere.	Jan 18, 2011 7:42 AM
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**21. Would a mandatory extra year of fellowship training (i.e. 2 years instead of 1) have prevented you from choosing to do a pediatric anesthesia fellowship?**

2	Not in my case, but I think it would discourage most applicants, especially considering that other anesthesia fellowships are one year	Jan 18, 2011 8:06 PM
3	I would have chosen a different program that was 1 year in length.	Jan 19, 2011 11:45 AM
4	Possibly.	Jan 19, 2011 11:47 AM
5	Well, I can't say for certain that I would have done it anyway, but I think that it would have been very likely that I would have done it had it been mandatory.	Jan 19, 2011 4:13 PM
6	although painful to say this, at my stage of career (after 10 yrs of IM/Peds and retraining), 2 years instead of 1 would have been impossible to take.	Jan 20, 2011 1:16 PM
7	i would not have done a fellowship unless there was some compensation for the paycut during the second year.	Jan 20, 2011 9:08 PM
8	There is already a high opportunity cost in doing a fellowship. Adding a second year would put me 2 yrs behind my residency classmates and I don't think it would give me a competitive advantage in the job market.	Jan 22, 2011 9:31 AM
9	Not sure about this. Would have been a strong deterrent, but may have done it anyway.	Jan 23, 2011 6:44 AM
10	Not sure.	Jan 23, 2011 11:59 AM
11	A mandatory 2 year fellowship would probably not have changed my decision, although I may have been more likely to have accepted a job out of residency if a good opportunity presented.	Jan 25, 2011 3:13 PM
12	I would consider a few extra months over the current 1 year fellowship to pursue specific areas of interest, but a 2-year fellowship seems too long especially if the requirements did not leave enough flexibility to pursue my personal interests.	Jan 26, 2011 7:48 PM
13	Not for ultimate career goals that I had chosen already. Additional year would not have deterred me.	Jan 27, 2011 6:07 PM
14	Yes, at the time I did my fellowship, even the 1 year of additional training caused family strain personally. See also answer to #19: Not at the time I did my fellowship, for purely personal and family reasons. I did not have a strong enough handle at that point on what direction my career was going to take. (Still working on that!) Another year of training would have been a dealbreaker for my family	Jan 27, 2011 11:33 PM
15	Don't know for sure, but it definitely would have been a deterrent.	Jan 31, 2011 12:53 PM

**21. Would a mandatory extra year of fellowship training (i.e. 2 years instead of 1) have prevented you from choosing to do a pediatric anesthesia fellowship?**

16	I would have still wanted to practice only Pediatric Anesthesia, but I would have hoped that being double boarded in Anesthesia and Pediatrics would be sufficient. I had already done 6 years of training after medical school prior to fellowship.	Feb 7, 2011 7:23 AM
17	My husband and I had to be separated during the year of fellowship. If it had been for two years, I probably wouldn't have done the fellowship.	Feb 18, 2011 9:36 AM
18	if u have a family, the extra year can be onerous	Feb 22, 2011 12:42 PM
19	In the current pay/ structure/ format.	Feb 22, 2011 3:07 PM
20	quite possibly.	Feb 28, 2011 11:19 AM
21	When i began peds anesthesia rotations as a CA-2, I naturally observed the way peds anesthesiologists carried themselves, took meticulous care of patients, were respected and esteemed by others. I loved the challenge and knew that i would always regret not doing the fellowship and gaining that level of training and expertise. I would have done whatever it took to complete the fellowship. I can say that had i done 2 years, it may have more influenced me to remain in academics afterwards if i had become more involved with research and teaching.	Feb 28, 2011 11:45 AM

**22. Did your fellowship training prepare you for your current role?**

1	Our fellowship has several months of training as acting attending. We cover 2 rooms with hands on providers in the room.	Jan 18, 2011 1:20 PM
2	Having wanted to pursue a research career post-fellowship, I am lucky to have chosen to do fellowship where I did. I do not know of many other places where I could have been given as many chances at success as I had. Now that I have my K, I feel that my chances at receiving an R award in the next 2-4 years is exponentially greater. And I wouldn't have gotten my K without the additional research training I received.	Jan 18, 2011 5:13 PM
3	Yes, because I stayed in academia	Jan 18, 2011 8:06 PM
4	Fellowship prepared me not only for anesthetizing children but, I believe, made me a better overall Anesthesiologist	Jan 18, 2011 10:18 PM
5	I would have preferred more cardiac kids for non cardiac surgery.	Jan 19, 2011 11:45 AM

## 22. Did your fellowship training prepare you for your current role?

6	Clinically yes.	Jan 19, 2011 11:47 AM
7	Currently work in a busy pediatric hospital with all sorts of case.	Jan 19, 2011 12:11 PM
8	I believe it adequately prepared me for the pediatric portion of my current position.	Jan 19, 2011 4:13 PM
9	Clinically, well trained for high-acuity pediatric anesthesia care, but less for the supervisory role and daily administrative routine.	Jan 19, 2011 6:55 PM
10	i definitely felt more confident as an anesthesiologist overall after my fellowship and feel much more comfortable dealing with kids	Jan 20, 2011 11:32 AM
11	Very pleased with my training; however, it could be argued an additional year would further clearly delineate the difference in our expertise and training which could politically help in regards to the CRNA debate/struggle (something those of you in academic setting probablu can't appreciate).	Jan 20, 2011 11:52 AM
12	although at childrens in milwaukee we get a fair amt of complex cases and with my previous background I felt comfortable with children, the fellowship training gave more tools and certainly more experience on how to do things better. loved it, it was hard year but taught me a lot.	Jan 20, 2011 1:16 PM
13	I did an 18 month fellowship peds/peds cardiac.	Jan 20, 2011 7:03 PM
14	feel extremely well prepared.	Jan 20, 2011 9:08 PM
15	The training provided me with a well rounded clinical experience, while allowing an opportunity to focus on my specific interests (regional/cardiac) and to pursue basic clinical research. I spent sufficient time supervising residents and CRNA's to be ready to take on any pattern of practice.	Jan 21, 2011 10:42 AM
16	Clinically sufficient.	Jan 21, 2011 12:49 PM
17	I am one of the most comfortable and knowledgeable partners in my group taking care of sick kids.	Jan 22, 2011 9:31 AM
18	my current pediatric patient population is mostly normal children. the syndromic patients and complex cardiac patients are a minimum. but i got great experience with those complex patients during fellowship.	Jan 22, 2011 1:09 PM
19	I was very well prepared	Jan 22, 2011 8:27 PM
20	Very comfortable as the go-to group member when it comes to all things pediatric anesthesia.	Jan 23, 2011 6:44 AM
21	Gave me confidence to be a great clinician	Jan 23, 2011 6:53 PM

**22. Did your fellowship training prepare you for your current role?**

22	Provided me with the necessary clinical skills to function as a pediatric anesthesiologist in an academic setting.	Jan 24, 2011 11:13 AM
23	It has prepared me for taking care of Neonates and critically ill children.	Jan 25, 2011 6:30 AM
24	I had excellent training, and felt I was prepared to take care of a variety of pediatric patients. I currently take call at a Level one trauma pediatric hospital.	Jan 25, 2011 3:58 PM
25	Scope of cases very similar	Jan 25, 2011 5:17 PM
26	I was hired because of my fellowship training and my presence has allowed an expansion of surgical services to higher-risk pediatric cases	Jan 27, 2011 3:35 PM
27	Clinical responsibilities	Jan 27, 2011 6:07 PM
28	TCH provided very strong clinical teachings.	Jan 27, 2011 7:03 PM
29	My transition from fellow to faculty was excellent clinically. It continues to be confusing and treacherous from an academic accomplishment perspective.	Jan 27, 2011 11:33 PM
30	Without the fellowship training, it is impossible for me to have current position.	Jan 28, 2011 6:33 AM
31	pediatric anesthesia	Jan 28, 2011 7:12 AM
32	Not needed.	Jan 30, 2011 11:18 AM
33	While not in an exclusive pediatric practice, my practice consists of >75% pediatrics encompassing all pediatric subspecialties except peds cardiac, neuro and transplant.	Jan 31, 2011 6:33 AM
34	Much autonomy once I proved competency was very important in building confidence.	Jan 31, 2011 7:16 AM
35	I am an attending at a neighboring institution	Jan 31, 2011 7:28 AM
36	Wonderful training to prepare me for my current position.	Jan 31, 2011 5:35 PM
37	one of my partners was previously a peds ED attending who did sedation service, so he did only a residency not specifically a peds anes fellowship. there have been several instances in which it was apparent that fellowship training provides knowledge not obtained by residency and/or previous peds experience.	Feb 1, 2011 2:57 PM
38	Allowed me more numbers of cases and increased my comfort level in caring for pediatric and neonatal patients.	Feb 1, 2011 8:32 PM

**22. Did your fellowship training prepare you for your current role?**

39	Professioncy in pediatric cases.	Feb 5, 2011 9:24 AM
40	It helped me with the more complex Pediatric cases.	Feb 7, 2011 7:23 AM
41	Felt quite prepared for the several emergency situations (including an unexpected code) that occurred during my first 6 months out of fellowship.	Feb 7, 2011 6:43 PM
42	I felt very prepared to become an attending	Feb 14, 2011 8:21 AM
43	great training - readies you for the real world and difficult cases	Feb 22, 2011 12:42 PM
44	I received excellent clinical training.	Feb 22, 2011 1:31 PM
45	I received very good clinical experience in my fellowship.	Feb 22, 2011 3:07 PM
46	excellent clinical skillset. developed great decision making skills.	Feb 28, 2011 11:19 AM
47	Yes, See above	Feb 28, 2011 11:45 AM
48	however, formal education training would have been defintely more useful. I'm finding this one of my most challenging roles - as well as working with CRNA's.	Feb 28, 2011 11:48 AM
49	I manage our group's scheduling data with a custom database driven dynamic web-based solution, and I participate in technology choices for the hospital's growth. My 12 months in bioinformatics made such a position possible.	Mar 8, 2011 11:41 AM
50	great training clinicially	Mar 9, 2011 4:40 PM
51	Very well prepared.	Mar 22, 2011 4:14 AM

**23. Based on your experiences to date, how could your fellowship have better prepared you for success in your professional career?**

## Response Text

1	More rigorous, literature based approach would have been good. Our fellowship program is fairly laid back, in fact it was the easiest post graduate year I've had since I finished medical school. No in house call, no nights or weekends except for emergency cardiac cases.	Jan 18, 2011 7:42 AM
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**23. Based on your experiences to date, how could your fellowship have better prepared you for success in your professional career?**

Response Text		
2	Some finance education.	Jan 18, 2011 1:20 PM
3	More time as an attending at the end of the clinical year	Jan 18, 2011 8:06 PM
4	more help with career planning	Jan 18, 2011 9:28 PM
5	No complaints	Jan 18, 2011 10:18 PM
6	I would have preferred more cardiac kids for non cardiac surgery.	Jan 19, 2011 11:45 AM
7	Incorporating formal training as mentioned in question 11, 15 nad 17.	Jan 19, 2011 11:47 AM
8	direct training for research	Jan 19, 2011 1:51 PM
9	Increased regional and pain experiences.	Jan 19, 2011 4:13 PM
10	Too early to know	Jan 19, 2011 6:55 PM
11	i always knew I wanted to go into private practice so one year of fellowship was more than adequate	Jan 20, 2011 11:32 AM
12	I don't think additional time would have significantly improved my skill set.	Jan 20, 2011 11:52 AM
13	Fellowship was perfect as it was.	Jan 20, 2011 12:40 PM
14	Extra time to do clinical research or how to conduct good research inculding statistics. short project would have been a good idea if time was alloted to do so.	Jan 20, 2011 1:16 PM
15	Doing a wide variety of complex pediatric cases prepared me for my current role as an instructor	Jan 20, 2011 5:30 PM
16	Would have like to have had more regional exposure	Jan 20, 2011 7:03 PM
17	more ambulatory and off site experience.	Jan 20, 2011 9:08 PM
18	I believe my fellowship program prepared me extremely well in all the cases that I do and see now.	Jan 21, 2011 7:30 AM
19	I feel that I was well prepared	Jan 21, 2011 8:07 AM
20	Streamlined research process that would have allowed me to be engaged in writing of an IRB/project design prior to the start of the fellowship and to dive into the project on arival.	Jan 21, 2011 10:42 AM

**23. Based on your experiences to date, how could your fellowship have better prepared you for success in your professional career?**

Response Text

21	Provide more autonomy. Allow more supervisory roles to better prepare for transition to the role of an attending and a consultant to surgeons and perioperative colleagues.	Jan 21, 2011 12:49 PM
22	couldn't. it was great	Jan 22, 2011 1:09 PM
23	I think if there was some more independence to perform cases it would have been helpful	Jan 22, 2011 4:17 PM
24	I don't feel there was anything lacking in my education	Jan 22, 2011 8:27 PM
25	My fellowship was a bit short on cases involving micropremies. But generally, I had a great educational experience over the year - and I would not have liked to miss out on clinical experience to get more research training during a 1yr training!	Jan 22, 2011 11:53 PM
26	The fellowship did a great job. I wanted to be a clinician in a private practice with a specialty.	Jan 23, 2011 6:53 PM
27	Since I ended up in an academic position, the mix of research and clinical I had during fellowship was ideal. I thoroughly enjoyed the two months in PICU and would not have traded them for anything. Would not change anything.	Jan 24, 2011 9:46 AM
28	Better focus on participating in a wider variety of cases.	Jan 24, 2011 11:13 AM
29	Better cardiac experience. More regional anesthesia.	Jan 24, 2011 7:29 PM
30	More attention to research.	Jan 25, 2011 6:30 AM
31	None	Jan 25, 2011 3:58 PM
32	A little more time to supervise residents at end of fellowship	Jan 25, 2011 5:17 PM
33	More ICU, regional, airway	Jan 27, 2011 3:35 PM
34	More introduction to billing and reimbursements, different practice models. More opportunities for elective months.	Jan 27, 2011 6:07 PM
35	Introduction and involvement into research.	Jan 27, 2011 7:03 PM
36	Mentoring.	Jan 27, 2011 11:33 PM
37	I don't think the PICU rotation have significant benefit for pediatric anesthesia fellowship training. Two months for pain service rotation also seems to long if you do not want to be pediatric pain specialist. Reduce time from these two service and allow fellow to have three months to focus on the future subspecialty that they would like to be may help them clinic and/or academic development.	Jan 28, 2011 6:33 AM



**23. Based on your experiences to date, how could your fellowship have better prepared you for success in your professional career?**

Response Text

38	more actual reseach/teaching. Allowed to do more and not be used as cheap labor	Jan 28, 2011 7:12 AM
39	N/A	Jan 30, 2011 11:18 AM
40	none	Jan 31, 2011 6:33 AM
41	More formalized research requirement/training	Jan 31, 2011 7:16 AM
42	I would have liked more training in how to educate others	Jan 31, 2011 7:28 AM
43	my fellowship experience was very good and I felt well prepared for my role as faculty	Jan 31, 2011 9:25 AM
44	More sessions on education, professional development	Jan 31, 2011 12:53 PM
45	more autonomy	Jan 31, 2011 12:58 PM
46	poss more info re: supervisory role, but otherwise feel very prepared	Feb 1, 2011 2:57 PM
47	None that I can think of currently.	Feb 1, 2011 8:32 PM
48	The program I attended did a pretty good job of preparing me.	Feb 2, 2011 9:06 AM
49	more training in regional anesthesia and acute pain would have been helpful	Feb 3, 2011 10:58 AM
50	More focus on teaching skills.	Feb 5, 2011 9:24 AM
51	I wish I had gotten more training in ultrasound-guided regional anesthesia. Some more training in the business aspects of private practice would also have been helpful.	Feb 7, 2011 7:23 AM
52	More bread and butter rapid turnover rooms More trauma	Feb 7, 2011 10:46 AM
53	Perhaps a bit more pediatric regional anesthesia experience would have been beneficial.	Feb 7, 2011 6:43 PM
54	none	Feb 14, 2011 8:21 AM
55	During my fellowship I had the opportunity to choose a Pediatric cardiac track, currently I'm working providing anesthesia for peds cardiac cases. The fellowship program gave me all what I need to start my career as aPeds Cards Anesthesiologist	Feb 22, 2011 9:33 AM

**23. Based on your experiences to date, how could your fellowship have better prepared you for success in your professional career?**

## Response Text

56	only negative is the real world includes more politics - should have some lectures on that	Feb 22, 2011 12:42 PM
57	Specifically, I might have wanted to do more advanced ENT work.	Feb 22, 2011 3:07 PM
58	around 50% help	Feb 25, 2011 1:29 PM
59	More formal training in research methodology.	Feb 28, 2011 11:15 AM
60	made me much more marketable to the DFW area.	Feb 28, 2011 11:19 AM
61	We did lots of congenital cardiac anesthesia, which has been a huge asset in terms of thinking through cases, decision-making, etc. However, more regular peds OR call would have been beneficial although at times mundane. It just takes a lot of time being available on call to really see the oddest and sickest patients.	Feb 28, 2011 11:45 AM
62	1. More independence (the more we're on our own, the more we're forced to think, to plan, etc) 2. Education training (how to teach in the OR - very different than other specialties which take time and round on patients). How to give constructive feedback. 3. How to work with nurse anesthetists	Feb 28, 2011 11:48 AM
63	How do you collect for your services?	Mar 8, 2011 11:41 AM
64	very well	Mar 9, 2011 4:40 PM
65	Improved pain management experience.	Mar 22, 2011 4:14 AM

**24. Please make any additional comments not included in the responses to questions 1-18:**

## Response Text

1	I would make the program much more rigorous, but that's just me....	Jan 18, 2011 7:42 AM
2	I have only been in my new position for a few months, so the answers to the questions about administrative/committee activity will likely change as I participate more in these aspects of my current position	Jan 18, 2011 8:06 PM
3	N/A	Jan 19, 2011 4:13 PM

**24. Please make any additional comments not included in the responses to questions 1-18:**

Response Text		
4	i think there should maybe be 2 tracks - one for people who want to do research and stay in academics and a one year fellowship for those, like me, who just want a little extra training in peds before starting private practice	Jan 20, 2011 11:32 AM
5	You seriously risk creating a shortage if you persue an additional year. Please remember pediatric anesthesiologist are also needed in the private practice world. The questions you asked lead me to believe the people asking these questions have a bias toward creating academic pediatric anesthesiologist. I strongly believe our education should not be focused on tjis goal alone. Your job as a leadership council is to plan for the needs of BOTH private practice and academic. Ultimalely we are trying to protect children and improve the quality of their care in the OR setting. Increasing the time of training and having a more academic focus risks leaving tens of thousands of children from having the benefit of a pediatric anesthesiologist.	Jan 20, 2011 11:52 AM
6	Very well run program with carrying/involved fellowship director/staff	Jan 21, 2011 10:42 AM
7	My opportunity to oversee residents during my fellowship has proven to be very beneficial for my academic roll.	Jan 24, 2011 11:13 AM
8	Would still love to do a 2nd year now years later if the pay were ok and would love to do educational and business work and possibly regional anesthesia skills.	Jan 24, 2011 7:29 PM
9	Course on examination of literature would be better than statistics course.	Jan 27, 2011 6:07 PM
10	none	Feb 14, 2011 8:21 AM
11	more money for fellow	Feb 25, 2011 1:29 PM
12	No other issues.	Mar 22, 2011 4:14 AM