



Section A: Milestone assignments

Warning! The input did not contain a valid APPD LEARN id. Please double-check that you have typed it correctly; if you entered this survey through a personalized link, please check that you have copied the link in full.

A1. Select your program:

- | | |
|---|--------------------------|
| Boston Children's Hospital/Boston Medical Center | <input type="checkbox"/> |
| Cincinnati Children's Hospital Medical Center | <input type="checkbox"/> |
| Duke University Hospital Medical Center | <input type="checkbox"/> |
| Icahn School of Medicine at Mount Sinai | <input type="checkbox"/> |
| Massachusetts General Hospital | <input type="checkbox"/> |
| Medical University of South Carolina | <input type="checkbox"/> |
| Monmouth Medical Center | <input type="checkbox"/> |
| Nationwide Children's Hospital | <input type="checkbox"/> |
| Naval Medical Center (San Diego) | <input type="checkbox"/> |
| Oregon Health and Science University | <input type="checkbox"/> |
| Phoenix Children's Hospital | <input type="checkbox"/> |
| St. Christopher's Hospital for Children | <input type="checkbox"/> |
| University of Arizona Health Sciences Center | <input type="checkbox"/> |
| University of California (Davis) Health System | <input type="checkbox"/> |
| University of Illinois College of Medicine at Chicago | <input type="checkbox"/> |
| University of Rochester | <input type="checkbox"/> |
| University of Texas at Austin Dell Medical School | <input type="checkbox"/> |
| University of Utah Medical Center | <input type="checkbox"/> |
| University of Wisconsin Hospitals and Clinics | <input type="checkbox"/> |
| Wright State University | <input type="checkbox"/> |

A2. Enter the APPD LEARN id of the resident

A3. For the purposes of this study, will more than one CCC member review this resident and submit an advancement decision form?

- Yes ☐
- No ☐



A4. If yes, please enter your email address

A5. What is this resident's year of training?

PL-1 ☐

PL-2 ☐

PL-3 ☐



Section B: Supervision

B1. Based on your review of performance data for this resident and the milestone levels you have assigned, which advancement decision would you recommend making for this resident at this time?

As you consider this task, please use the following definition of supervision:

"Serving in a role where responsibilities include some type of oversight of either (1) more junior trainees (e.g. a more senior Pediatrics resident supervising a Pediatrics intern or medical student), or (2) trainees at the same level but with less pediatric experience (e.g. a third-year Pediatrics resident supervising a third-year Emergency Medicine resident in the pediatric ICU)."

Choose the response that describes what you would *recommend* allowing them to do, and not what they are currently scheduled to do, if applicable.

- | | |
|---|--------------------------|
| May serve in a supervisory role as a resident in ALL settings | <input type="checkbox"/> |
| May serve in a supervisory role as a resident in ALL settings, but is just above the borderline/marginal mark for serving in this role | <input type="checkbox"/> |
| May serve in a supervisory role as a resident in SOME settings | <input type="checkbox"/> |
| May serve in a supervisory role as a resident in SOME settings, but is just above the borderline/marginal mark for serving in this role | <input type="checkbox"/> |
| May not serve in a supervisory role as a resident | <input type="checkbox"/> |
| Unable to determine | <input type="checkbox"/> |

B2. Why do you feel you were unable to make a recommended advancement decision for this resident?



B5. What were the key factors that you feel this resident was ready to serve in a supervisory role?

B6. What were the key factors that made you feel this resident was borderline?



B10. What were the key factors that made you feel this resident may not serve in a supervisory role?