### Appendix A – Questionnaire and Codebook

This appendix provides the text of the questionnaire. The study was programmed into Qualtrics, an online survey software. **Text in blue did** <u>not appear on the respondent screens</u>. Rather, these are items included here to make this document usable as a codebook.

- (1) Numbers in blue in parentheses at the end of response choices are the codes that apply to those answers. Throughout the dataset, we have the following standardized negative values for reserved codes:
  - -1 Refused (when comments in text fields make it explicit R is refusing to answer or "prefer not to answer" is a choice)
  - -2 Don't Know (when indicated by textual response or if "Don't Know" or "Unsure" are choices)
  - -3 Missing (answer field was left blank reason unknown)
  - -4 or -5 Not Applicable (these are programmed or logical skips)

Negative codes allow for use of the same values for reserved codes across variables. These can then be handled as a group with use of the command < 0, or separated out when separate analysis is wanted.

- Bolded variable names for force choice questions appear above the question.
- For select-all-that apply items or questions in tables, the stem question or header is not a variable, but informs the meaning of the responses. A question number in parentheses simply means there is no variable corresponding to this number, although this was a question in the survey. Each response option has its own variable name, noted on the line of the option in question. These item by item variable names are formatted as below with the overall question number, then an underscore, then the position of the item in the table or check-all-that-apply list.
- Q1\_1 Select-all-that-apply or table items have variable names that begin with the question text number and are followed by an underscore and then the number of the item in the list.
  - [] Skip and display logic is shown within brackets in all caps.
  - ▼ This down-arrow mark indicates a drop-down response format. The range of choices in the drop down is shown in parentheses.

#### LANDING PAGE

Thank you for your willingness to help University of Chicago researchers understand Pediatricians' career motivations and the effect of COVID-19 on these motivators. This voluntary and confidential survey takes about 10 minutes. Do you wish to ...

- O Learn more about the study (1) [GO TO PROJECT INFO SHEET PAGE]
- O Go directly to the survey (2) [GO TO SECTION 1]

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### **Career Motivators for Community Pediatric Hospitalists and Effects of COVID-19**

#### What is this research about?

This study aims to learn what the career motivators are for pediatric hospitalists in the community and the effects of COVID-19 on those motivators. The long-term goal is to collect information that will improve recruitment and career support for community pediatric hospitalists.

### Who is conducting this study?

Dr. Rachel Marek, a board-certified pediatrician affiliated with Texas Children's Hospital, Dr. H. Barrett Fromme, board-certified pediatrician and professor of pediatrics at the University of Chicago, and Dr. Kelsey Jackson, a board-certified pediatrician in Minnesota, affiliated with St. Cloud Hospital, are coinvestigators for this study. They have contracted with the University of Chicago Survey Lab to collect the data using Qualtrics, an online survey platform.

### What does participation consist of?

We ask that you complete a one-time, 10-minute, confidential web survey. If you leave the survey before finishing, you may pick up where you left off by using the same link you were sent. Questions cover:

- early pediatric hospital medicine experiences
- future career plans
- COVID-19 impact on your employment
- basic demographic information

Participation is completely voluntary; you may skip any question you do not wish to answer and may leave the survey at any time. There are no risks or payments associated with taking part; neither taking part nor not taking part have any consequences for you. We hope you will be willing to take a few minutes to help us.

#### Who will know what you say?

This survey is confidential. The University of Chicago Survey Lab is fielding the survey in Qualtrics. The Survey Lab will separate your email address from the survey answers prior to providing results to the researchers; researchers will never see your responses connected to your identity. Your contact information will be used only to solicit participation and deleted once the survey is closed. Although all online data collection includes some chance of security breach, the questions we ask carry no foreseeable risk, and you may skip any question you do not wish to answer. We minimize the risk of data breach by use of firewall and password-protected computers.

#### What if you have further questions or comments?

• If you have substantive questions about the study, please contact the investigators at:

Kelsey Reno, MD kreno03@gmail.com

H. Barrett Fromme, MD hfromme@peds.bsd.uchicago.edu

Rachel Marek, MD rlmarek@texaschildrens.org

- If you have problems accessing or using the survey, please contact University of Chicago Survey Lab Co-Director Martha Van Haitsma at <a href="mailto:mvh@uchicago.edu">mvh@uchicago.edu</a>
- This study has been determined to be IRB-exempt by the Biological Sciences Division (BSD)
  Institutional Review Board (IRB) at the University of Chicago. If you have concerns about this
  determination or your rights as a research participant, please contact the BSD IRB
  at <u>bsdirb@bsd.uchicago.edu</u> or 773-702-6505.

Display This Question If: Thank you for your willingness to help University of Chicago researchers understand Pediatricians = Learn more about the study
Do you wish to
O Take the survey (1)
O Opt out of the study (0)
o option in olday (b)
Page Break
Page 1 of 16: Early Pediatric Hospital Medicine (PHM) Experiences
Q1
At the time you took your first attending position in Community Pediatric Hospital Medicine
(cPHM), was your goal to work in a community hospital?
O Yes, wanted to work in a community hospital (1)
O No (0)
Q2 [DISPLAY IF Q1 ANSWERED NO]
At the time you took your first community PHM (cPHM) position, what job setting would you
have preferred?

# O University-based or free-standing children's hospital (1)

- O Primary Care, Ambulatory clinic, or EM (2)
- O PHM Fellowship (3)
- O Other pediatric fellowship (4)
- O Other (5) Q2\_TEXT please describe \_\_\_\_\_

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# Page 2 of 16

### (Q3)

How important were the following *work scope opportunities* in getting you to accept your first community pediatric hospital medicine (cPHM) job?

	Not important (1)	Somewhat important (2)	Very important (3)
Q3_1 Opportunity to teach medical students and residents	0	0	0
Q3_2 Opportunity to conduct basic science, clinical, or medical education research	0	0	0
Q3_3 Opportunity to perform procedures	0	Ο	Ο
Q3_4 Work in a variety of inpatient settings (inpatient floors, mother baby, sedation, etc.)	0	0	0
Q3_5 High acuity of illness	Ο	Ο	Ο
Q3_6 High complexity of illness	0	0	0
Q3 7 Patient volume	0	0	0

Q4 [DISPLAY IF Q3_7, PATIENT VOLUME, IS CODED VERY O When I accepted my first job in cPHM, I preferred  O A high average daily census (1) O A moderate average daily census (2) O A low average daily census (3)	R SOMEW	HAT IMPORT	ΓANT]
Page Break			
Page 3 of 16			
(Q5) How important were the following <i>leadership and advocacy</i> accept your first community pediatric hospital medicine (cPI	HM) job?		
	Not Important (1)	Somewhat important (2)	Very important (3)
Q5_1 Faster opportunity to hold leadership position	0	O	0
Q5_2 Patient advocacy opportunities on a local or larger scale (government / policy work)	0	0	0
Q5_3 Global health opportunities	0	0	0
Q5_4 Opportunity to play an integral role in the implementation of clinical system changes (e.g. protocols, QI enhancements).	0	0	0
Page Break Page 4 of 16			
(Q6) How important were the following pay and benefit considera first community pediatric hospital medicine (cPHM) job?	<i>tion</i> s in ge	tting you to	accept you
	Not Important (1)	Somewhat important (2)	Very important (3)
Q6_1 Paid time for non-clinical work (e.g., administrative tasks, research, or education)	Ο	0	Ο
Q6_1 Salary	0	0	0
Q6_3 Benefits package including health insurance, life insurance, disability insurance, retirement plans, and CME money	0	Ο	0

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# Page 5 of 16

(Q7)

How important were the following *lifestyle and working conditions* in getting you to accept your first community pediatric hospital medicine (cPHM) job?

	Not Important (1)	Somewhat important (2)	Very important (3)
Q7_1 Autonomy in caring for sub-specialty patients	Ο	0	Ο
Q7_2 Support from sub-specialists	0	0	0
Q7_3 Flexible hours	0	0	Ο
Q7_4 Generally enhanced work / life integration	0	0	Ο
Q7_5 Geographic location (commute, cost of living, nearness to relatives, weather & terrain, etc.)	0	0	0
Q7_6 Sense of belonging to the local community and / or the hospital community	0	0	0
Q7_7 Feeling valued as a member of the local community and / or the hospital community	0	0	0

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If there were other factors that were very important to your decision to accept your first job in cPHM, please describe those here:
Page Break

# Page 6 of 16

(Q9) DISPLAY IF MORE THAN 2 FACTORS RATED VERY IMPORTANT ACROSS Q3, Q5, Q6, Q7, ONLY DISPLAYING THOSE ITEMS RATED AS VERY IMPORTANT]

Of all the factors very important to your decision to accept your first community pediatric hospital medicine job, which one or two were most important?
<ul> <li>Q9_1 Opportunity to teach medical students and residents</li> </ul>
<ul> <li>Q9_2 Opportunity to conduct basic science, clinical, or medical education research</li> </ul>
<ul> <li>Q9_3 Opportunity to perform procedures</li> </ul>
Q9_4 Work in a variety of inpatient settings (inpatient floors, mother baby, sedation, etc.)
Q9_5 High acuity of illness
Q9_6 High complexity of illness
Patient volume USING RESPONSE TO THIS ITEM AND Q4, THE FOLLOWING THREE ITEMS WERE COMPUTED AND ADDED TO THE LIST OF FINAL VARIABLES IN LIEU OF THIS SINGL
ITEM
☐ Q9_7 High average daily census
☐ Q9_8 Moderate average daily census
Q9_9 Low average daily census
Q9_10 Faster opportunity to hold leadership position
<ul> <li>Q9_11 Patient advocacy opportunities on a local or larger scale (government / policy work)</li> </ul>
<ul> <li>Q9_12 Global health opportunities</li> </ul>
<ul> <li>Q9_13 Opportunity to play an integral role in the implementation of clinical system changes (e.g. protocols, QI enhancements).</li> </ul>
<ul> <li>Q9_14 Paid time for non-clinical work (e.g., administrative tasks, research, or education)</li> </ul>
□ Q9_15 Salary
<ul> <li>Q9_16 Benefits package including health insurance, life insurance, disability insurance, retirement plans, and CME money</li> </ul>
<ul> <li>Q9_17 Autonomy in caring for sub-specialty patients</li> </ul>
<ul> <li>Q9_18 Support from sub-specialists</li> </ul>
Q9_19 Flexible hours
Q9_20 Generally enhanced work / life integration
Q9_21 Geographic location (commute, cost of living, nearness to relatives, weather & terrain, etc.)
Q9_22 Sense of belonging to the local community and / or the hospital community
<ul> <li>Q9_23 Feeling valued as a member of the local community and / or the hospital community</li> </ul>
9_24 Other ADDED VARIABLE – IF OTHER SPECIFIED IN Q8 THIS IS MARKED 1
ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED
Page Break

### Page 7 of 16 Future Career Plans

#### **Q10**

	During the next 5	years,	ideally	you	would
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- O Continue in Community Pediatric Hospital Medicine (cPHM) (1)
- O Transition to a University-based or stand-alone children's hospital (2)
- O Leave for a PHM fellowship (3)
- O Leave to pursue a different area of pediatrics or a non-PHM fellowship (4)
- O Retire (5)

0	Other (	6) <b>Q10</b>	<b>TEXT</b>	please	describe	

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#### **Page 8 of 16 Future Career Plans**

"Page 8 of 16" header only appeared once to any given respondent, but depending on response to Q10, page 8 displayed was different for different respondents.

### (Q11) [DISPLAY IF ANSWER CONTINUE IN CPHM to Q10]

How important are the following in motivating you to remain in cPHM?

	Not important (1)	Somewhat important (2)	Very important (3)
Q11_1 Leadership and advocacy opportunities	O	O	O
Q11_2 Mentoring and teaching opportunities	0	0	0
Q11_3 Research opportunities (clinical, educational, QI, etc.	0	0	0
Q11_4 Scope of practice (inpatient setting variety, acuity and complexity of illness, procedures, patient volume, subspecialist support)	0	0	0
Q11_5 Life-style factors (flexible hours, work / life integration, geographic location)	0	0	Ο
Q11_6 Sense of belonging and feeling valued	0	0	0
Q11_7 Paid time for non-clinical activities, such as research or education	0	Ο	Ο
Q11_8 Salary	0	0	0
Q11_9 Benefits package	0	0	0
Q11_10 Other, Q11_TEXT please describe	0	0	Ο

 Page Break	

# (Q12) [DISPLAY IF ANSWER TRANSITION to Q10]

How important are the following in motivating you to *transition* to a university-based or standalone children's hospital?

O12 1 Landarship and advancey appartunities	Not important (1)	Somewhat important (2)	Very important (3)
Q12_1 Leadership and advocacy opportunities	0	0	O
Q12_2 Mentoring and teaching opportunities	0	0	O
Q12_3 Research opportunities (clinical, educational, QI, etc.)	0	Ο	Ο
Q12_4 Scope of practice (inpatient setting variety, acuity and complexity of illness, procedures, patient volume, sub-specialist support)	0	0	0
Q12_5 Life-style factors (flexible hours, work / life integration, geographic location)	0	0	0
Q12_6 Sense of belonging and feeling valued	0	0	0
Q12_7 Paid time for non-clinical activities, such as research or education	0	0	0
Q12_8 Salary	0	0	0
Q12_9 Benefits package	0	0	0
Q12_10 Other, please describe Q12_TEXT	0	0	0

 Page Break	

### Q13 [DISPLAY IF ANSWER TAKE A PHM FELLOWSHIP to Q10]

What are you	r plans after	completing	a PHM <sup>·</sup>	fellowshir	ว?

- O Return to cPHM (1)
- O PHM at a university-based or stand-alone children's hospital (2)
- O Other (3), Q13\_TEXT please describe \_\_\_\_\_
- O Unsure (-2)

# (Q14) [DISPLAY IF ANSWER TAKE A PHM FELLOWSHIP to Q10]

What	do you hope to get out of a PHM fellowship? Choose all that apply.
	□ Q14_1 Board certification
	□ Q14_2 Solidify knowledge of work up & management of hospitalized children
	□ Q14_3 Practice core skills: EKG interpretation, radiographic interpretation, LP, PALS, airway
	management, pain management, and procedural sedation
	Q14_4 Research and mentoring opportunities
	Q14_5 Entre to leadership opportunities
	Q14_6 Facilitate transition to university-based or stand-alone children's hospital
	Q14_7 Additional training / degrees
	Q14_8 Other, Q14_TEXT please describe
	ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED

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Yes No (1) (0) Q15 2 Something you anticipate needing later in your career? O O Q15 3 A personal goal?  Page 9 of 16 COVID-19 Employment Impact Q16 Did your hospital's response to COVID-19 change the normal activities or scope of your job' O Yes, temporarily (1) O Yes, permanently (2) O No (0)  Q17 1 Longer hours Q17 2 Shorter hours Q17 2 Shorter hours Q17 2 Shorter hours Q17 3 More irregular hours (evenings, weekends, holidays) Q17 4 Other hours change, Q17_TEXT please describe Q17 5 No hours change ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED Q18 Due to COVID-19, were you at any time on mandatory furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q19 Due to COVID-19, were you at any time on voluntary furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q20 How worried are you that your job will be permanently terminated? Extremely worried (1) O Very worried (2) O Somewhat worried (3) O Slightly worried (4) O Not worried at all (5)  Page Break  Page 10 of 16  Q21 Due to COVID-19, were your benefits O Increased (1) O Unchanged (2) O Reduced (3)	(Q15) [DISPLAY IF SELECT BOARD CERTIFICATION IN Q14] Is board certification			
Q15_1 Required for your current job? Q15_2 Something you anticipate needing later in your career? Q15_3 A personal goal? Q15_3 A personal goal? Q16_3 A personal goal? Page 9 of 16 COVID-19 Employment Impact Q16 Did your hospital's response to COVID-19 change the normal activities or scope of your job? O Yes, temporarily (1) O Yes, permanently (2) O No (0)  Q17_1 Conger hours Q17_1 Conger hours Q17_1 Shorter hours Q17_2 Shorter hours (evenings, weekends, holidays) Q17_3 More irregular hours (evenings, weekends, holidays) Q17_5 No hours change, Q17_TEXT please describe Q17_5 No hours change, Q17_TEXT please describe Q17_5 No hours change, Q17_TEXT please describe Q18 Due to COVID-19, were you at any time on mandatory furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q19 Due to COVID-19, were you at any time on voluntary furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q20 How worried are you that your job will be permanently terminated? O Extremely worried (1) O Yery worried (2) O Somewhat worried (3) O Slightly worried (4) O Not worried at all (5)  Page Break  Page 10 of 16  Q21 Due to COVID-19, were your benefits O Increased (1) O Unchanged (2)				
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Page 9 of 16 COVID-19 Employment Impact  Q16  Did your hospital's response to COVID-19 change the normal activities or scope of your job?  O Yes, temporarily (1) O Yes, permanently (2) O No (0)  Q17)  Due to COVID-19, have you had to work (Select all that apply) Q17-1 Longer hours Q17-2 Shorter hours Q17-3 More irregular hours (evenings, weekends, holidays) Q17-4 Other hours change, Q17-TEXT please describe Q17-5 No hours change ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED  Q18  Due to COVID-19, were you at any time on mandatory furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q19  Due to COVID-19, were you at any time on voluntary furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q20  How worried are you that your job will be permanently terminated? Extremely worried (1) O Very worried (2) O Somewhat worried (3) O Slightly worried (4) O Not worried at all (5)  Page Break  Page 10 of 16  Q21  Due to COVID-19, were your benefits O Increased (1) O Unchanged (2)	·			
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O Yes, temporarily (1) O Yes, permanently (2) O No (0)  (Q17)  Due to COVID-19, have you had to work (Select all that apply)  Q17_1 Longer hours Q17_2 Shorter hours Q17_3 More irregular hours (evenings, weekends, holidays) Q17_4 Other hours change, Q17_TEXT please describe Q17_5 No hours change ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED  Q18  Due to COVID-19, were you at any time on mandatory furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q19  Due to COVID-19, were you at any time on voluntary furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q20  How worried are you that your job will be permanently terminated? O Extremely worried (1) O Very worried (2) O Somewhat worried (3) O Slightly worried (4) O Not worried at all (5)  ———————————————————————————————————		activitio	e or ecor	o of your job?
Due to COVID-19, have you had to work (Select all that apply)    Q17_1 Longer hours   Q17_2 Shorter hours   Q17_3 More irregular hours (evenings, weekends, holidays)   Q17_4 Other hours change, Q17_TEXT please describe   Q17_5 No hours change   ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED  Q18  Due to COVID-19, were you at any time on mandatory furlough?   Yes, and still am (1)   Yes, but no longer (2)   No (0)  Q19  Due to COVID-19, were you at any time on voluntary furlough?   Yes, and still am (1)   Yes, but no longer (2)   No (0)  Q20  How worried are you that your job will be permanently terminated?   Extremely worried (1)   Very worried (2)   Somewhat worried (3)   Slightly worried (4)   Not worried at all (5)  Page 10 of 16  Q21  Due to COVID-19, were your benefits   Increased (1)   Unchanged (2)	O Yes, temporarily (1) O Yes, permanently (2)	activities	3 OI 3COF	ie or your job :
Due to COVID-19, have you had to work (Select all that apply)    Q17_1 Longer hours   Q17_2 Shorter hours   Q17_3 More irregular hours (evenings, weekends, holidays)   Q17_4 Other hours change, Q17_TEXT please describe   Q17_5 No hours change   ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED  Q18  Due to COVID-19, were you at any time on mandatory furlough?   Yes, and still am (1)   Yes, but no longer (2)   No (0)  Q19  Due to COVID-19, were you at any time on voluntary furlough?   Yes, and still am (1)   Yes, but no longer (2)   No (0)  Q20  How worried are you that your job will be permanently terminated?   Extremely worried (1)   Very worried (2)   Somewhat worried (3)   Slightly worried (4)   Not worried at all (5)  Page 10 of 16  Q21  Due to COVID-19, were your benefits   Increased (1)   Unchanged (2)	(Q17)			
Q17_2 Shorter hours Q17_3 More irregular hours (evenings, weekends, holidays) Q17_5 No hours change, Q17_TEXT please describe Q17_5 No hours change ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED  Q18  Due to COVID-19, were you at any time on mandatory furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q19  Due to COVID-19, were you at any time on voluntary furlough? O Yes, and still am (1) O Yes, but no longer (2) O No (0)  Q20  How worried are you that your job will be permanently terminated? O Extremely worried (1) O Very worried (2) O Somewhat worried (3) O Slightly worried (4) O Not worried at all (5)  ———————————————————————————————————		oly)		
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Due to COVID-19, were your benefits  O Increased (1) O Unchanged (2)	rage 10 01 10			
O Increased (1) O Unchanged (2)	Q21			
O Unchanged (2)				

Q22 Have	you been given "combat pay" or augmented compensation for work with COVID
patien	
	Yes (1) No (0)
Q23 Due to	o COVID-19, was your <u>base</u> pay…
0	Increased (1)
	Initially increased, and now back to normal (2) Unchanged (3)
	Initially reduced, and now back to normal (4)
	Reduced (5) Other (6), Q23_TEXT please explain
U	Other (0), w23_TEXT please explain
COVID	DISPLAY IF FOR Q15 REDUCED OR INITIALLY REDUCED SELECTED]  D-19-related base pay reductions have been  Voluntary (1)  Involuntary (2)
	Both (3)
	Page Break
	11 of 16
0	vould you characterize your feelings of commitment to cPHM <i>before</i> COVID-19?  Very high (1)
	Moderately high (2) Medium (3)
0	Low (4)
0	Very low (5)
Q26 How v	would you characterize your feelings of commitment to cPHM since COVID-19?
	Very high (1)
	Moderately high (2) Medium (3)
0	Low (4)
	Very low (5)
	Page Break
_	12 of 16 graphic Information
Q27	
	is your current gender identity?
	Male (1) Female (2)
0	Non-binary (3) Prefer other identity (4), Q27_TEXT please describe

Q28
What is your age?
O 30 or younger (1) O 31 - 40 (2)
0 41 – 50 (3)
0   51 - 60   (4)
O 61 or older (5)
Page Break
Page 13 of 16
Q29
Where do you currently practice?
O <b>Northeast:</b> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania (1)
O <b>Midwest:</b> Indiana, Illinois, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota (2)
O <b>South:</b> Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas (3)
O <b>West:</b> Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming, Alaska, California, Hawaii, Oregon, Washington (4)
O Outside of the U.S. (5)
Q30
How would you describe your primary hospital setting?
O Urban (1)
O Suburban (2)
O Rural (3)
Q31
Is your hospital affiliated with a university-based center or free-standing children's hospital?
O Yes (1)
O No (0)
Q32
What is the estimated distance from the main hospital at which you work to the closest free-
standing or university-based children's hospital?
O Under 20 miles (1)
O 20 – 50 miles (2) O 51-100 miles (3)
O Over 100 miles (4)
Page Break
Page 14 of 16
Q33
How many years have you been employed in PHM
O up to 5 (1)
0 6-10 (2)

0 11-20 (3) 0 21-30 (4) 0 31-40 (5) 0 More than 40 (6)

Q34
How many years have you been employed in community PHM (cPHM)
O up to 5 (1)
0 6-10 (2)
0 11-20 (3)
O 21-30 (4) O 31-40 (5)
O More than 40 (6)
Q35
Do you hold a leadership role in your current job?
O Yes (1), Q35_TEXT please describe:
O No (0)
Page Break
Page 15 of 16
Q36
Did you have any post-residency training?
0 Yes (1)
O No (0)
(007) [OLIONALIE OF FOTO VEO FOD 000]
(Q37) [SHOWN IF SELECTS YES FOR Q36]
What post-residency training? Select all that apply.
<ul><li>Q37_1 Chief Resident</li><li>Q37_2 PHM fellowship</li></ul>
Q37_3 Fellowship in a different sub-specialty
Q37_4 Post-graduate degree, Q37_4_TEXT please list
Q37_5 Certificate course work, Q37_5_TEXT please list
Q37_6 Other, Q37_6_TEXT please list:
☐ Q37_6 Other, Q37_6_TEXT please list:ALL OF THE ABOVE CODED (1) IF SELECTED; (0) IF NOT SELECTED
Page Break
Page 16 of 16
Q38
Did you take <u>and pass</u> the PHM board certification in 2019?
O Yes (1) [SURVEY ENDS]
O No (0)
Q39 [SHOWN IF SELECTS NO FOR Q38]
Will you be eligible to take the PHM board certification exam by 2023?
O Yes (1)
O No (0)
O40 ISHOWN IE SELECTS VES FOR O201
Q40 [SHOWN IF SELECTS YES FOR Q39]  Do you plan to take the PHM board partification even in either 2021 or 2022?
Do you plan to take the PHM board certification exam in either 2021 or 2023?
O Definitely, yes (1) O Probably, yes (2)
O Probably not (3)
O Definitely not (4)
, · · · · · · · · · · · · · ·

# Q41 [SHOWN IF SELECTS NO FOR Q39]

# Do you plan to pursue a PHM fellowship?

- O Definitely, yes (1)
- O Probably, yes (2)
- O Probably not (3)
- O Definitely (4)

# Q42 [SHOWN IF SELECTS NO FOR Q39]

# Do you plan to pursue a PHM board certification?

- O Definitely, yes (1)
- O Probably, yes (2)
- O Probably not (3)
- O Definitely not (4)

Thank you!
We greatly appreciate your having taken the time to help.

Please hit the 'forward' button to submit your response.