

## Supplemental Information

### Confidential Questionnaire for Chiefs

Dear Pediatric Hospitalist Division Director,

Before you begin, you will need to know the number of individuals in your division who are 50 to 64 and 65+ years old (and how many of them work on a part-time basis). The practice of pediatric hospital medicine entails broad clinical, academic, and administrative responsibilities that may become challenging for aging physicians and their employers. The objective of this descriptive study is to define the current state of practice regarding modifications to work hour and productivity requirements and the existence of programs to support the transition to retirement for late-career pediatric hospitalists. Completion of the questionnaire represents consent to use the data obtained in group reports. Only deidentified, group data will be distributed. This survey is completely voluntary and there will be no negative consequences for any individual who chooses not to participate. All data will be collated so that no specific individual will be linked to questionnaire responses at any point during the study or in poststudy publication. Data collected from this study will be used by the American Academy of Pediatrics Section of Hospital Medicine, Subcommittee on Late Career Pediatric Hospitalists to develop recommended policies. The data will be disseminated at various medical meetings in the form of poster, workshop, and/or platform presentation. An article describing the study results will be prepared and submitted to relevant journals. Thank you for your participation!

### Practice Demographics

1. Name of your primary institution or hospital: \_\_\_\_\_
2. In which state is your group's PRIMARY hospital pediatric medicine practice?  
AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

3. Who employs the hospitalists in your group?  
Medical school  
Hospital  
Physician practice group  
Other . . . . please describe: \_\_\_\_\_
4. How many full-time equivalent positions are there in your group/division?  
\_\_\_\_\_
5. How many individual hospitalists (full- or part-time) work in your group?  
\_\_\_\_\_
6. How many individual hospitalists in your division are in each of the following age groups:  
50 to 64 years old: \_\_\_\_\_  
65+ years old: \_\_\_\_\_
7. For each age group, how many physicians in your group work part-time (allocated as <1.0 full-time equivalent)?  
50 to 64 years old: \_\_\_\_\_  
65+ years old: \_\_\_\_\_

### Overnight Shift Responsibilities for Late-Career Physicians

8. Do physicians in your group do any IN-HOUSE overnight shifts? Yes or No
9. Are late-career physicians required to do the same number of overnight shifts as younger physicians in your group? (Select all that apply)  
They must do the same number of overnight shifts as everyone else.  
They can opt to do FEWER overnight shifts.  
They can opt out of ALL overnight shifts.  
Age is not a factor when determining our overnight schedules.
10. At what age can late-career physicians opt to do FEWER overnight shifts?  
\_\_\_\_\_
11. At what age can late-career physicians opt out of ALL overnight shifts?  
\_\_\_\_\_

### Policies and Programs to Support Late-Career Physicians

Which of the following does your institution offer?

12. Modified clinical schedule: Yes, No, Don't know  
Please describe your group's clinical schedule modifications: \_\_\_\_\_
13. Phased retirement (part-time employment, etc.): Yes, No, Don't know  
Please describe your group's phased retirement options: \_\_\_\_\_
14. Decreased clinical productivity requirements: Yes, No, Don't know  
Please describe your group's clinical productivity exceptions: \_\_\_\_\_
15. Financial retirement planning: Yes, No, Don't know  
Please describe your group's financial retirement planning options: \_\_\_\_\_
16. Retirement counseling or mentoring (nonfinancial): Yes, No, Don't know  
Please describe your group's retirement counseling/mentoring options: \_\_\_\_\_
17. Early retirement incentives: Yes, No, Don't know  
Please describe your group's early retirement incentives: \_\_\_\_\_
18. Health care benefits for retirees: Yes, No, Don't know  
Please describe your group's health care benefits for retirees: \_\_\_\_\_
19. Academic benefits (library, e-mail, office, committees, etc.) for retirees: Yes, No, Don't know  
Please describe your group's academic benefits for retirees: \_\_\_\_\_
20. Did you make any accommodations or create any policies for late-career physicians because of the COVID-19 pandemic? Yes, No  
Please describe the accommodations you made: \_\_\_\_\_
21. Please provide any additional comments/information that may be useful for our study regarding late-career physicians: \_\_\_\_\_