

## Child Abuse – Program Directors

<b>Table 43. CHILD ABUSE: PROGRAM DIRECTORS: How long have you been a director of a pediatric fellowship program? (N=579)</b>			
	<b>Child Abuse</b>	<b>All Other SS</b>	
	<b>(N=12)</b>	<b>(N=567)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
≤ 5 years	58 (7)	50 (282)	.55
> 5 years	42 (5)	50 (285)	

<b>Table 44. CHILD ABUSE: PROGRAM DIRECTORS: What do you believe is the minimum length of training time for establishing clinical competence in your subspecialty during pediatric fellowship training? (N=579)</b>		
	<b>Child Abuse</b>	<b>All Other SS</b>
	<b>(N=12)</b>	<b>(N=567)</b>
	<b>Mode (Range)</b>	<b>Mode (Range)</b>
Minimum time in months	24 (12-36)	24 (1-48)

<b>Table 45. CHILD ABUSE: PROGRAM DIRECTORS: Do you believe that the <u>clinical training time</u> should be the same for all fellows <u>in your subspecialty</u>, regardless of career path (i.e., those who pursue primarily a clinical vs. primarily a research career)? (N=586)</b>			
	<b>Child Abuse</b>	<b>All Other SS</b>	
	<b>(N=13)</b>	<b>(N=573)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
Yes	69 (9)	65 (373)	.76
No	31 (4)	35 (200)	

	Mode (Range)	Mode (Range)	
Ideal <i>clinical training time</i> for fellows who will be <i>primarily clinicians</i>	24 (18-24)	24 (2-48)	-
Ideal <i>clinical training time</i> for fellows who will be <i>primarily clinician educators</i>	24 (24-36)	24 (3-48)	-
Ideal <i>clinical training time</i> for fellows who will be <i>primarily researchers</i>	36 (12-36)	12 (3-60)	-

**Table 46. CHILD ABUSE: PROGRAM DIRECTORS: The RRC currently expects at least 12 months of clinical experience. Do you believe that there is a need to change the expected amount of clinical training time in your subspecialty? (N=583)**

	Child Abuse (N=13)	All Other SS (N=570)	
	% (N)	% (N)	P-value
Yes, I believe that the expected amount of clinical training time should be <i>increased</i>	54 (7)	48 (273)	.86
Yes, I believe that the expected amount of clinical training time should be <i>decreased</i>	0 (0)	1 (7)	
No, I believe that the expected amount of clinical training is appropriate	46 (6)	51 (290)	

**Table 47. CHILD ABUSE: PROGRAM DIRECTORS: Why do you believe that the expected amount of clinical training time in your subspecialty should be increased? Please choose all that apply. (N=279)**

	Child Abuse (N=7)	All Other SS (N=272)	
	% (N)	% (N)	P-value
Increase in types of procedures and/or complexity of patient care	29 (2)	65 (177)	.05

Duty hour restrictions and other changes during residency have reduced fellow's initial clinical competence	14 (1)	51 (138)	.06
Duty hour restrictions during fellowship have reduced fellow's clinical competence	14 (1)	32 (86)	.33
Need for further development of clinical independence	71 (5)	64 (174)	.68
Additional supervisory experience is needed	43 (3)	26 (72)	.33
Additional time is needed for longitudinal case management	29 (2)	29 (79)	.98
Other	14 (1)	5 (14)	.29

**Table 48. CHILD ABUSE: PROGRAM DIRECTORS: Why do you believe that the expected amount of clinical training time in your subspecialty should be decreased? Please choose all that apply. (N=7)**

	Child Abuse (N=0)	All Other SS (N=7)	
	% (N)	% (N)	P-value
Takes less time than what is currently required to establish clinical competence	0 (0)	29 (2)	-
Fellows should be spending more time in research	0 (0)	100 (7)	-
It would increase applicants to fellowship in my subspecialty	0 (0)	0 (0)	-
Other	0 (0)	0 (0)	-

**Table 49. CHILD ABUSE: PROGRAM DIRECTORS: As a program director, I am comfortable assessing the clinical competence of fellows in my program to practice without direct supervision at the end of training. (N=580)**

<i>Please indicate the extent to which you agree or disagree with the following statement related to assessing clinical competence during fellowship training.</i>	Strongly Disagree	Disagree	Agree	Strongly Agree	
	% (N)	% (N)	% (N)	% (N)	P-value
<b>Child Abuse (N=13)</b>	0 (0)	0 (0)	46 (6)	54 (7)	.73
<b>All Other SS (N=567)</b>	4 (20)	5 (31)	42 (238)	49 (278)	

**Table 50. CHILD ABUSE: PROGRAM DIRECTORS: Please indicate the extent to which you agree or disagree with the following statement related to assessing clinical competence during fellowship training. (N=586)**

	Strongly Disagree		Disagree		Agree		Strongly Agree		P-value
	Child Abuse	All Other SS	Child Abuse	All Other SS	Child Abuse	All Other SS	Child Abuse	All Other SS	
	(N=13)	(N=573)	(N=13)	(N=573)	(N=13)	(N=573)	(N=13)	(N=573)	
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	
Training future researchers in my subspecialty is an important component of fellowship training	0 (0)	0 (3)	8 (1)	2 (9)	54 (7)	38 (219)	38 (5)	60 (342)	.20
Training ALL subspecialists to be able to critically appraise new literature is an important component of fellowship training	0 (0)	0 (1)	0 (0)	1 (3)	15 (2)	13 (75)	85 (11)	86 (494)	.99
Training ALL subspecialists to be competent educators/teachers is an important component of fellowship training	0 (0)	0 (2)	0 (0)	5 (27)	38 (5)	43 (243)	62 (8)	52 (300)	.82
Training ALL subspecialists in quality improvement activities is an important component of fellowship training	0 (0)	2 (12)	0 (0)	10 (59)	62 (8)	55 (316)	38 (5)	33 (185)	.60
Scholarly activity during fellowship should be tailored to the career goals and interests of the individual fellows	0 (0)	1 (5)	0 (0)	4 (26)	38 (5)	26 (147)	62 (8)	69 (395)	.66
ALL fellows in my subspecialty should complete a scholarly activity project as part of fellowship training	0 (0)	1 (7)	8 (1)	7 (41)	46 (6)	29 (163)	46 (6)	63 (362)	.55

Scholarly activity requirements should be more broadly defined	0 (0)	3 (18)	31 (4)	31 (179)	46 (6)	40 (225)	23 (3)	26 (149)	.90
Scholarship Oversight Committees gave programs a greater ability to tailor scholarly activity to each fellow's individual needs than in the past	0 (0)	5 (26)	31 (4)	25 (139)	46 (6)	50 (285)	23 (3)	20 (115)	.83
Advanced clinical training, such as cardiac electrophysiology and transplant hepatology, should be offered AS PART OF the current three year training program WITH DIMINISHED scholarly activity requirements	0 (0)	22 (115)	64 (7)	52 (279)	27 (3)	22 (116)	9 (1)	4 (24)	.35
The core curriculum as currently required is a valuable part of fellowship training	0 (0)	2 (13)	15 (2)	15 (82)	69 (9)	63 (359)	15 (2)	20 (116)	.91

**Table 51. CHILD ABUSE: PROGRAM DIRECTORS: What do you believe is the minimum length of training time needed in scholarly activity in your subspecialty during pediatric fellowship training? (N=577)**

	Child Abuse (N=12)	All Other SS (N=565)
	Mode (Range)	Mode (Range)
Minimum time in months	12 (3-12)	12 (0-40)

**Table 52. CHILD ABUSE: PROGRAM DIRECTORS: Do you believe that the amount of scholarly activity should be the same for all fellows in your subspecialty, regardless of career path (i.e., those who pursue primarily a clinical vs. primarily a research career)? (N=584)**

	Child Abuse	All Other SS

	(N=13)	(N=571)	
	% (N)	% (N)	P-value
Yes	38 (5)	42 (241)	.79
No	62 (8)	58 (330)	
	Mode (Range)	Mode (Range)	
Ideal amount of scholarly activity for fellows who will be <i>primarily clinicians</i>	3 (3-12)	12 (0-36)	-
Ideal amount of scholarly activity for fellows who will be <i>primarily clinician educators</i>	12 (3-24)	12 (0-36)	
Ideal amount of scholarly activity for fellows who will be <i>primarily researchers</i>	* (6-36)	24 (8-48)	

\*Mode could not be calculated as each response was a unique value.

<b>Table 53. CHILD ABUSE: PROGRAM DIRECTORS: The RRC recommends that programs provide fellows with approximately 12 months for scholarly activity. Do you believe that there is a need to change the recommended amount of <u>scholarly activity</u> time <u>in your subspecialty</u>? (N=582)</b>			
	Child Abuse (N=13)	All Other SS (N=569)	
	% (N)	% (N)	P-value
Yes, I believe that the expected amount of time in scholarly activity should be <b>increased</b>	8 (1)	31 (174)	.10
Yes, I believe that the expected amount of time in scholarly activity should be <b>decreased, but not eliminated</b>	38 (5)	16 (91)	
Yes, I believe that the expected scholarly activity requirement should be <b>eliminated</b>	0 (0)	1 (8)	
No, I believe that the current expected amount of time in scholarly activity is appropriate	54 (7)	52 (296)	

**Table 54. CHILD ABUSE: PROGRAM DIRECTORS: Why do you believe that the expected amount of time devoted to scholarly activity should be increased? Please choose all that apply. (N=173)**

	Child Abuse (N=1)	All Other SS (N=172)	
	% (N)		P-value
Fellows are not adequately prepared to begin junior faculty research positions under current model	100 (1)	87 (150)	.70
Duty hour restrictions have adversely limited fellow's research time	0 (0)	33 (57)	.48
Other	0 (0)	13 (23)	.69

**Table 55. CHILD ABUSE: PROGRAM DIRECTORS: Why do you believe that the expected amount of time devoted to scholarly activity during fellowship should be decreased or eliminated? Please choose all that apply. (N=104)**

	Child Abuse (N=5)	All Other SS (N=99)	
	% (N)	% (N)	P-value
Scholarly activity requirements discourage pediatric residents from pursuing fellowship training	40 (2)	29 (29)	.61
Fellows who plan to pursue primarily clinical careers do not need the current amount of scholarly activity during training	80 (4)	88 (87)	.60
It would allow us to shorten fellowship training, making our subspecialty more attractive to potential fellows	60 (3)	41 (41)	.41
It would allow more time to be devoted to additional clinical training	60 (3)	66 (65)	.80
Other	20 (1)	8 (8)	.36

**Table 56. CHILD ABUSE: PROGRAM DIRECTORS: Which of the following activities do you believe fall within the scope of what is, or should be, acceptable to meet scholarly activity requirements during fellowship? Please choose all that apply. (N=586)**

	Child Abuse	All Other SS	
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	(N=13)	(N=573)	
	% (N)	% (N)	P-value
Bench or clinical research	100 (13)	99 (567)	.71
Health services research	92 (12)	91 (522)	.88
Quality improvement activities or clinical care guideline development	92 (12)	74 (425)	.14
Education-based activities (e.g., Developing an educational module on CD-ROM)	85 (11)	62 (355)	.10
Master of Public Health or Master of Education	84 (11)	83 (474)	.86
Master of Business Administration or other business/financial training	38 (5)	38 (219)	.99
Other	31 (4)	8 (48)	.005

**Table 57. CHILD ABUSE: PROGRAM DIRECTORS: Does your fellowship program have a core scholarly activity or research curriculum for fellows? (N=586)**

	Child Abuse (N=13)	All Other SS (N=573)	
	% (N)	% (N)	P-value
Yes	100 (13)	85 (487)	.13
<i>Average hours fellow spends in core curriculum over the course of training</i>	90	83	-

**Table 58. CHILD ABUSE: PROGRAM DIRECTORS: Please indicate which years in training a fellow participates in the core curriculum. Please choose all that apply. (N=494)**

	Child Abuse (N=13)	All Other SS (N=481)	
	% (N)	% (N)	P-value
Year one	92 (12)	90 (434)	.80
Year two	69 (9)	85 (407)	.13

Year three	62 (8)	77 (370)	.20
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**Table 59. CHILD ABUSE: PROGRAM DIRECTORS: Is the core curriculum strictly didactic? (N=490)**

	Child Abuse (N=13)	All Other SS (N=477)	
	% (N)	% (N)	P-value
Yes	69 (9)	47 (223)	.11

**Table 60. CHILD ABUSE: PROGRAM DIRECTORS: Do fellows from all subspecialties in your pediatrics department participate in the same core curriculum together? (N=493)**

	Child Abuse (N=13)	All Other SS (N=480)	
	% (N)	% (N)	P-value
Yes	77 (10)	68 (324)	.47

**Table 61. CHILD ABUSE: PROGRAM DIRECTORS: Please indicate if any of the following components are an expected part of your fellowship program core curriculum. Please choose all that apply. (N=583)**

	Child Abuse (N=13)	All Other SS (N=570)	
	% (N)	% (N)	P-value
Biostatistics	100 (13)	94 (538)	.38
Epidemiology	100 (13)	72 (410)	.02
Quality improvement modules	77 (10)	75 (429)	.89
Journal club	100 (13)	80 (458)	.08
Master of Public Health or Master of Education	15 (2)	7 (38)	.22

Master of Business Administration or other business/financial training	0 (0)	1 (5)	.73
Grant or proposal writing course/training	62 (8)	66 (379)	.71
Training in other aspects of research: Institutional Review Board, developing research protocols, etc.	100 (13)	84 (477)	.11
Adult learning, teaching, and curriculum development	62 (8)	49 (278)	.36
Other	8 (1)	11 (63)	.70

<b>Table 62. CHILD ABUSE: PROGRAM DIRECTORS: Do you believe that there is a need to increase or decrease the required overall length of fellowship training in your subspecialty? (N=583)</b>			
	<b>Child Abuse (N=13)</b>	<b>All Other SS (N=570)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
No, I believe that the required training duration, regardless of career path, should remain at three years	54 (7)	58 (334)	.61
Yes, I believe that the required training duration, regardless of career path, should be shortened to fewer than three years	0 (0)	2 (10)	
Yes, I believe that there should be two different tracks, a shorter duration track for clinicians or clinician-educators and a longer duration track for fellows who plan to pursue academic research	46 (6)	33 (188)	
Yes, I believe that the required training duration, regardless of career path, should be extended to more than three years	0 (0)	7 (38)	

<b>Table 63. CHILD ABUSE: PROGRAM DIRECTORS: Do you believe that all pediatric subspecialty trainees (across all pediatric subspecialties) should have the same required overall length of fellowship training (currently 3 years)? (N=583)</b>			
	<b>Child Abuse (N=13)</b>	<b>All Other SS (N=570)</b>	

	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
No, I believe that it should be the decision of each subspecialty to determine the appropriate amount of overall required length of fellowship training	69 (9)	77 (440)	.50
Yes, I believe that all subspecialty fellowship training should have the same required overall length	31 (4)	23 (130)	