

When responding to questions, include your experiences **since the completion of your traineeship**, unless the question specifies otherwise.

Name \_\_\_\_\_

1. Please check your discipline(s):

- Physician
- Nurse
- Social Worker
- Nutritionist
- Respiratory Care Practitioner
- Physical Therapist
- Other (please specify \_\_\_\_\_)

2. What professional license / credentials do you presently hold?

PHYSICIAN

Academic Degrees

- M.D.
- D.O.
- Ph.D.
- MPH
- MBA/MHA

License/Certification

- Pediatric Board Certification
- Pediatric Pulmonary Board Certification
- Critical Care Certification
- Neonatology Certification
- Allergy/Immunology Certification
- State M.D. Licensure
- Other (please specify – avoid abbreviations \_\_\_\_\_)

SOCIAL WORK

Academic Degrees

- MSW
- Ph.D./DSW

Licensure / Certification

- ACSW (Academy of Certified Social Workers)
- BCD Board Certified Diplomate
- Other (please specify – avoid abbreviations \_\_\_\_\_)

NUTRITION

Academic Degrees

- M.A.
- M.S.
- M.Ed.
- MPH
- Ph.D.

Licensure / Certification

- RD (Registered Dietitian)
- CNSD
- CDE (Certified Diabetes Educator)
- CS
- FADA (Fellow – American Dietetic Association)
- Other (please specify – avoid abbreviations \_\_\_\_\_)

RESPIRATORY / PHYSICAL THERAPY

Academic Degree

- Associate Level
- Baccalaureate Level
- Masters Level
- Doctoral Level

Licensure / Certification

- RRT (Registered Respiratory Therapist)
- PT (Physical Therapist)
- CRT (Certified Respiratory Technician)
- CPFT (Certified Pulmonary Function Technologist)
- BCLS (Basic Cardiac Life Support)
- ACLS (Advanced Cardiac Life Support)
- NRP (Neonatal Resuscitation Program)
- PALS (Pediatric Advanced Life Support)
- Other (please specify – avoid abbreviations \_\_\_\_\_)

NURSING

Academic Degree

- Masters Level
- Doctoral Level

Licensure / Certification

- Advanced Practice Nurse
- Clinical Nurse Specialist
- Nurse Practitioner
- Other (please specify – avoid abbreviations \_\_\_\_\_)

OTHER

Academic Degree

- Please specify – avoid abbreviations \_\_\_\_\_)
- Please specify – avoid abbreviations \_\_\_\_\_)

Licensure / Certification

- Please specify – avoid abbreviations \_\_\_\_\_)
- Please specify – avoid abbreviations \_\_\_\_\_)

3. What is your current job position/title?

- Not currently employed (skip to 5)

4. Estimate the percentage of your current professional time spent in the following roles. The total percentage should reach 100%, even if your roles overlap (i.e., clinical and teaching).

- \_\_\_\_\_ % Clinical Care
- \_\_\_\_\_ % Administration
- \_\_\_\_\_ % Research
- \_\_\_\_\_ % Education / training
- \_\_\_\_\_ % Technical assistance / consultation
- \_\_\_\_\_ % Other (Please specify \_\_\_\_\_)
- 100 % Total

5. In what setting have you practiced? **Check all that apply.**

	Current	Previous
Hospital Based	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Care Center	<input type="checkbox"/>	<input type="checkbox"/>
Community Based Agency	<input type="checkbox"/>	<input type="checkbox"/>
Educational Facility	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

6. Estimate the percentage of the patient population you currently serve which is made up of the following:

- Not currently providing clinical care.
- \_\_\_\_\_ % Hispanic
- \_\_\_\_\_ % Asian American / Pacific Islander
- \_\_\_\_\_ % African American
- \_\_\_\_\_ % American Indian / Alaskan Native
- \_\_\_\_\_ % White
- \_\_\_\_\_ % Other (Please specify \_\_\_\_\_)
- 100 % Total

7. What population(s) have you served? **Check all that apply.**

- Children
- Mothers / Pregnant Women
- Children with Special Health Care Needs
- Other (Please specify \_\_\_\_\_)

8. Are you currently providing services to mothers or children?

- Yes
- No

If no, why? **Check all that apply.**

- Position not available.
- Salary not competitive.
- Better opportunity in another field.
- Not adequately trained.
- Interests have changed.
- Enrolled in further education
- Do not hold adequate credentials or license
- Family / personal reasons
- Other (Please specify \_\_\_\_\_)

9. To whom have you provided education in your area of clinical expertise? **Check all that apply.**

- Have not provided education (skip to #11).

Students:

- Elementary
- Secondary
- Undergraduate
- Graduate
- Post Graduate
- Other (Please specify \_\_\_\_\_)

Professionals / practitioners

- Physician
- Nurse
- Social Worker
- Nutritionist
- Physical Therapist/Respiratory  
Care Practitioner
- Other (Please specify \_\_\_\_\_)

Public Sector:

- Families
- Community Organizations
- Schools
- Government
- Other (Please specify \_\_\_\_\_)

10. Have you provided education in the following areas? **Check all that apply.**

- Within your department
- Institution wide
- Local
- State
- Regional
- National
- International

11. Have you developed any of the following educational materials? **Check all that apply.**

For professionals / students

- Brochure / Pamphlet
- Video
- Article
- Chapter
- Book
- Computer based training
- Other (Please specify \_\_\_\_\_)

For families:

- Brochure / Pamphlet
- Video
- Article
- Chapter
- Book
- Computer based training
- Other (Please specify \_\_\_\_\_)

12. Please give an example of an important contribution you have made in teaching / education:

- Not applicable.

---

---

---

13. In what ways have you participated on an interdisciplinary team? **Check all that apply.**

- Have not participated on an interdisciplinary team.
- As a member of an interdisciplinary team
- Collaborated with other disciplines
- Led an interdisciplinary team
- Developed a team
- Other (Please specify \_\_\_\_\_)

14. Have you provided technical assistance (supporting the acquisition of information and the development of skills useful to strengthening a system of care) and/or professional consultation to an organization or agency?

- No (skip to 15)
- Yes

If yes, to whom have you provided technical assistance/consultation? **Check all that apply.**

- Within you institution/agency
- State/local Health or Social Services Department
- Title V (Maternal and Child Health Bureau) agency/program
- Primary care provider group
- School / university
- Professional association / organization
- Volunteer / community agencies
- Foundation
- Other (Please specify \_\_\_\_\_)

15. What is the scope of your technical assistance / consultation? **Check all that apply.**

- Local
- State
- Regional
- National
- International

16. Please give one example of an activity and an outcome, if known, of your technical assistance / consultation.

---

---

17. Have you participated in any of the following activities? **Check all that apply.**

- Strategic planning activities for organizations, agencies, programs or patient populations
- Development of guidelines, policies or procedures
- Program or personnel evaluation
- Fiscal management for organizations, agencies, programs or departments
- Managerial administrative or supervisory role
- None of the above
- Other (Please specify \_\_\_\_\_)

18. Have you participated in any of the following? **Check all that apply.**

- Read original research articles
- Authored one or more published research article
- Been awarded a grant or received funding for research
- Participated on a grant review panel
- Served as a manuscript reader for research journal
- Served as editor of research journal
- Contributed to position paper, editorial or consensus report
- Supervised trainee / student research
- Presented research results at state, regional or national meetings
- Collaborated in research project
- Been elected to leadership position in a professional research society
- None of the above

19. What principles of family-centered care have you applied/promoted? **Check all that apply.**

- Included families in planning and decision making
- Incorporated family feedback into programmatic policy and practice
- Participated in family support activities
- Trained others in principles of family-centered care
- Collaborated with community based providers
- Not applicable
- Other (Please specify \_\_\_\_\_)

20. Have you been involved with any of the following health promotion / disease prevention activities? **Check all that apply.**

- Health education / counseling
- Health screening
- Linkages with primary care
- Presentation to community based groups
- Immunizations
- None of the above
- Other (Please specify \_\_\_\_\_)

21. On behalf of mothers and children, have you ever: **Check all that apply.**

- Contacted legislators
- Attended hearings
- Participated in advocacy group coalitions
- Assisted families to access resources
- Testified at hearings
- Coordinated family advocacy groups
- None of the above
- Other (Please specify \_\_\_\_\_)

22. Have you received awards and/or special recognition for your professional contributions?

- No
- Yes

If yes, please give an example:

- Clinical excellence \_\_\_\_\_
- Professional leadership / expertise \_\_\_\_\_
- Research \_\_\_\_\_
- Volunteer / community agencies \_\_\_\_\_
- Other (Please specify \_\_\_\_\_)

23. Are you currently working towards an additional license / credential / degree?

- No
- Yes, please specify (please avoid abbreviations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Have you participated in the development of culturally appropriate materials, programs or services?

- No
- Yes

If yes, please give an example. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Please list membership and briefly describe leadership activities you have had in professional organizations.

---

---

---

---

---

26. Since completing your traineeship, please describe new areas of responsibility or leadership you have assumed.

---

---

---

---

---

Thank you again for helping us evaluate the Pediatric Pulmonary Center traineeship.