Supplemental File 2: Pediatric Resident Procedural Skills Survey

**Question 1.** Please name your pediatric residency training program

**Question 2.**
What year of residency are you currently in?
- 1st year
- 2nd year
- 3rd year
- Other:

**Question 3.**
Are residents in your program required to maintain a procedure log?
- Yes
- No

**Question 4.**
What is the process for resident procedure logs?
- Private log kept by residents (hand written log, Excel spread sheet, etc.)
- Procedure log included in residency management software program (e.g. My Evaluations, New Innovations, etc.)
- N/A we don’t use procedure logs
- Other

**Question 5.**
Is there a standard list of procedures that residents are required to log?
- Yes
- No

**Question 6.**
If yes to Question 5, what procedures are residents required to keep track of in their procedure logs (check all that apply)?
- Bag-mask ventilation
- Bladder catheterization
- Giving immunizations
- Incision and drainage of abscess
- Lumbar puncture
- Neonatal endotracheal intubation
- Peripheral intravenous catheter placement
- Reduction of simple dislocation
- Simple laceration repair
- Simple removal of foreign body
- Temporary splinting of fracture
- Umbilical catheter placement
- Venipuncture

**Question 7.**
What data do you record in your procedure log?
- Successfully performed procedures only
- Both successful and unsuccessful procedures
- N/A-we don’t use procedure logs

**Question 8.**
How would you rate the accuracy of your procedure log, according to the following choices?
- Very accurate- Includes every procedure I have done
- Accurate- Includes the vast majority of procedures, but I may have missed a few by mistake
- Somewhat accurate- Includes many of my procedures, but not all of them
- Not very accurate- Includes only a few of my procedures because of frequent omissions
- N/A- I do not keep a procedure log

**Question 9.**
Does your program have a standardized process to determine when a resident can perform a procedure independently- i.e. without someone else in the room supervising (e.g. a minimum number of procedures, a sign-off form, etc.)
- Yes
- No

**Question 10.**
If yes, please describe the standardized process to determine when a resident can perform a procedure independently. (If you don’t have a process write N/A)

Using your **most accurate data** (procedure logs or memory), please indicate the **TOTAL number** of procedures you have **performed from the start of your residency** for each of the procedures listed. **If you have not yet performed a specific procedure, please answer “0”**

**Question 11.**
Bag-mask ventilation
Enter an integer (without commas)

**Question 12.**
Bladder catheterization
Enter an integer (without commas)

**Question 13.**
Giving immunizations
Enter an integer (without commas)

**Question 14.**
Incision and drainage of abscess
Enter an integer (without commas)
Question 15.
Lumbar puncture
Enter an integer (without commas)

Question 16.
Neonatal endotracheal intubation
Enter an integer (without commas)

Question 17.
Peripheral intravenous catheter placement
Enter an integer (without commas)

Question 18.
Reduction of simple dislocation
Enter an integer (without commas)

Question 19.
Simple laceration repair
Enter an integer (without commas)

Question 20.
Simple removal of foreign body
Enter an integer (without commas)

Question 21.
Temporary splinting of fracture
Enter an integer (without commas)

Question 22.
Umbilical catheter placement
Enter an integer (without commas)

Question 23.
Venipuncture
Enter an integer (without commas)

Question 24.
Please list any other procedures you record, and the number you have successfully completed to date

Question 25.
Please indicate where the above information on procedure numbers was obtained.
__ Procedure log
__ Memory
__ Combination of procedure log and memory

Question 26.
Do you believe you have experienced a sufficient number of procedures for your level of training?
__ Yes
__ No

Question 27.
Would you like to have more procedural experiences than you have now?
__ Yes
__ No

Question 28.
If yes, what procedures would you like to have more experience with? (list as many as you like)

Question 29.
Do you have suggestions on ways to enhance exposures to particular procedures?
__Simulation
__ Haptics-based/modules
__ Procedural elective
__ Operating room elective
__ Animal lab
__ Other

Question 30.
Do you believe residents in your program graduate with sufficient procedural experience to be competent in pediatric procedures upon graduation?
__ Yes
__ No

Question 31.
What do you anticipate that your area of practice will be after residency graduation?
__ Private practice
__ Hospitalist
__ Fellowship

Question 32.
If you are pursuing a fellowship post-residency, will it be in critical care (NICU, PICU)?
__ Yes
__ No

This concludes the survey. Thank you for your time!