

*Society for Pediatric Pathology  
Practice Committee -- 2003 Membership Survey*

**OBJECTIVES:** To determine the epidemiology and practice patterns of members  
To gather information for workforce planning and recruitment

**DO NOT PUT YOUR NAME ON THIS FORM**

Sex: Male Female      Age on 12/31/02: \_\_\_yrs      Country of Birth: \_\_\_\_\_  
Postgraduate Training (yrs): AP \_\_\_ CP \_\_\_ Ped Path \_\_\_ (location \_\_\_\_\_)  
Other \_\_\_\_\_

Certification (board(s) and year(s)): \_\_\_\_\_

Year you joined SPP: \_\_\_\_\_      Years in pediatric pathology practice: \_\_\_\_\_

Projected Calendar Year of Retirement: \_\_\_\_\_

Current Practice:      Country \_\_\_\_\_ State/Province \_\_\_\_\_

Type of Practice: (circle all that apply)

- | SETTING                             | SCOPE                                 |
|-------------------------------------|---------------------------------------|
| a. private, solo                    | a. perinatal autopsy pathology        |
| b. private path group (size _____)  | b. perinatal surgical pathology       |
| c. private multispeciality group    | c. pediatric autopsy pathology        |
| d. university pathology dept        | d. pediatric surgical pathology       |
| e. university clinical dept (_____) | e. pediatric clinical pathology       |
| f. children's hospital              | f. general (adult) autopsy pathology  |
| g. general hospital                 | g. general (adult) surgical pathology |
| h. government institution           | h. general (adult) clinical pathology |
|                                     | i. forensic pathology                 |
|                                     | j. medicolegal consultation           |

other setting or scope: \_\_\_\_\_

Number of designated pediatric pathologists now in your group: \_\_\_

Number you estimate will be in your group in      five years \_\_\_      ten years \_\_\_

Do you practice:      Full Time      Part Time

Percentage of practice time devoted to pediatric pathology: \_\_\_\_\_

Average hours worked/week: \_\_\_\_\_ weeks worked/yr: \_\_\_\_\_ weeks of call/yr: \_\_\_\_\_

When on call, do you cover (circle all that apply): Ped: AP CP /Adult: AP CP

Roughly estimate the average percent of your annual practice time that is devoted to

SERVICE _____	TEACHING _____	RESEARCH _____
Perinat/Ped Surg Path ___	Med Students ___	Research Lab ___
General Surg Path ___	Resid/Fell ___	Applied ___
Perinat/Ped Aut Path ___	Clinicians ___	Case Report ___
General Aut Path ___	Other (_____)	Other (_____)
Perinat/Ped Clin Path ___		
General Clin Path ___		
Other (_____)		

Do you have a funding for research?: Yes No      Source(s): \_\_\_\_\_

Number of publications 1998 thru 2002 (do not include abstracts or letters): \_\_\_\_\_

PLEASE ALSO ANSWER THE QUESTIONS ON THE BACK OF THIS FORM

**1. At what point in your training or career did you decide to go into pediatric pathology, and why?**

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**2. How can we recruit more individuals into pediatric pathology?**

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**3. Based on your work experience, what should be emphasized in a fellowship?**

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**4. What SPP activities are most relevant to your practice, and what more could we do?**

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**PLEASE RETURN COMPLETED FORM TO:**

**Mary Davis, M.D.  
J.W. Riley Hospital for Children  
702 Barnhill Drive, Room 2536  
Indianapolis, IN 46202**

**THANK YOU!!**