

**Pediatric Research in Office Settings (PROS)**  
**Department of Research**  
**American Academy of Pediatrics**

The Pediatric Research in Office Settings (PROS) network was established in 1986 to provide research opportunities for Fellows of the Academy engaged in office-based practice (or similar primary care settings). The Academy recognized a gap in the research available on children's health care, because most studies had been based in academic and hospital outpatient settings. The PROS network is ideal for studying child health problems seen in practice, ways that these problems are treated, and effectiveness of such treatments. The mission of PROS is to improve the health of children by conducting collaborative practice-based research to enhance primary care practice.

The PROS network is made up of 723 practices and 1748 practitioners in 61 smaller "networks" organized at the Chapter (state) level. The involved Chapters each have a Chapter Coordinator (and alternate) appointed by the Chapter President. The Coordinator is responsible for recruiting practices and overseeing research training and data collection in that Chapter. Currently, 90% of PROS providers are physicians, with many of the rest (10%) nurse practitioners. The vast majority of PROS providers identify their primary activity as direct patient care (92%) and subspecialty where most time is spent in general pediatrics (96%).

The Steering Committee of the PROS network has responsibility for PROS policy decisions, including the final choice of studies. The Steering Committee's decisions are informed by regularly obtained feedback from the Chapter Coordinators and their participating practices. The Director of PROS does primary staffing for the Steering Committee, along with the Director of the AAP Division of Primary Care Research and staff from that division. The Steering Committee itself is made up of a Chairperson, three Chapter Coordinators, members of relevant AAP committees, various liaison members, and up to three consultants, as needed.

The AAP Division of Primary Care Research, located within the Department of Research, is responsible for supporting PROS at the national level. Staff from the division work with the study's principal investigator on all facets of the project, from the development of proposals for funding to the many details involved in conducting the study. Ideas for PROS studies may be submitted by any Fellow of the Academy in a participating practice, a Chapter Coordinator, a member of the Steering Committee, a member of the research team, or an Academy committee or council.

The PROS network is committed to generating new knowledge about basic pediatric issues of prevention and medical effectiveness -- knowledge that can have a significant impact on the health of children. The special advantages that the PROS network enjoys -- practitioner expertise, ability to generate large sample data, and an effective research support system -- allow for the continued attainment of that mission.



## **MISSION STATEMENT**

**The mission of PROS is to improve the health of children and enhance primary care practice by conducting national collaborative practice-based research.**



## Secondary Sexual Characteristics in Boys Study Joining the Study

A decade ago, groundbreaking PROS research published in *Pediatrics* revealed that young girls were developing pubertal changes earlier than had been described in textbooks.\* Currently, preliminary data suggest that boys also may be starting to develop physically earlier than in the recent past but the validity of these findings is uncertain.

We therefore invite you and your practice colleagues to participate in a new research study called *Secondary Sexual Characteristics in Boys (SSCIB)*. SSCIB will determine the stages of secondary sexual development and mean ages of onset of pubertal testicular enlargement among boys of varied racial and ethnic origin seen in pediatric practices in the United States today. Nearly 7,000 boys ages 6 through 16 years will be studied to assure an age range likely to capture the full range of sexual development from the prepubertal state to sexual maturity. The data collected will allow for the determination of prevalence and mean ages of onset of various pubertal characteristics in boys by race and ethnicity.

If you decide to participate, you will be asked to:

- 1) Study a training manual on the assessment of sexual maturity stages in boys and a technique for measuring testicular volume. Pass two brief qualifying exams. (**Note: This part of the study has been approved for 2.5 AMA PRA Category 1™ credits**);
- 2) Set up patient enrollment and informed consent procedures in your practice;
- 3) Enroll 30 boys into the study (15 boys ages 6-12 and 15 boys ages 13-16 being seen for a well-child visit). **Each participating practitioner will be asked to enroll 30 boys;**
- 4) Complete a **one-page**, two-sided data collection form on puberty-related variables and stages of pubic hair and genitalia development for each patient and;
- 5) Send completed data collection forms and logs back to PROS Central.

*If you are interested in joining this study or if you have any questions, please feel free to contact PROS Central at 800/433-9016, extension 4362.*

**Thank you for your consideration and support of PROS!**

\*Herman-Giddens ME, Slora EJ, Wasserman RC, Bourdony CJ, Bhapkar MV, Koch GC, Hasemeier CM. Secondary Sexual Characteristics and Menses in Young Girls Seen in Office Practice: A Study from Pediatric Research in Office Settings (PROS) Network, American Academy of Pediatrics. *Pediatrics*, 1997; 99:505-512.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

141 Northwest Point Blvd • Elk Grove Village, IL 60007-1098



# PROS NEW STUDY

## CEASE—an innovative PROS study needs your help!

The dangers of secondhand smoke to children are well-documented. Because many parents see pediatricians more than they see their own physicians, pediatricians have an opportunity to promote the health of parents, which can improve the health of pediatric patients many fold.

The Clinical Effort Against Secondhand Smoke Exposure (CEASE) study is looking for PROS practices who want to reduce the burden of second-hand tobacco smoke on the children they serve.

- *Would you like to help your patients' parents to be smoke-free?*
- *Does your practice site see 50+ patients a day?*
- *If yes, your practice may be eligible to join the CEASE study!*

The CEASE study will test a new method which helps practices make it easy and automatic to 1) assess children's exposure to secondhand smoke in the family and assess parents' interest in quitting smoking, 2) help parents quit smoking and protect their children from secondhand smoke, and 3) help link every parent who wants to quit to the free quitline in each state.

Your office will be provided with all the training, tools, and support to help you help your patients and families.

Please complete and return the *surveys* to start your participation on the CEASE study.

## JOIN US NOW! WE NEED YOUR HELP!



For PROS Office Use Only:

Practice ID #: \_\_\_\_\_

Start Date: \_\_\_\_\_

Practice DB: \_\_\_\_\_ PracSurv DB: \_\_\_\_\_

## PEDIATRIC RESEARCH IN OFFICE SETTINGS (PROS) PRACTICE SURVEY

This survey is used to (1) enroll **practices** joining the PROS network and (2) periodically re-survey current network practices to obtain new and updated information. **Each practice** must complete a **Practice Survey** to become an active PROS practice. If your practice has more than one site but the sites are very similar, you need only complete one Practice Survey. If your practice has more than one site and each site is different in terms of the patient population or other important characteristics, please fill out an additional Practice Survey for each site. In addition, each practitioner within the practice wishing to join the PROS network must complete a **Practitioner Survey**. At least one Practitioner Survey has been included with this survey.

To be eligible to join PROS, practices must provide a full range of direct pediatric and/or adolescent patient primary care (including preventive services) and deliver care to an active panel of patients. Each practice that is joining PROS must select a **Contact Practitioner** who is responsible for getting this survey completed. The Contact Practitioner represents his/her practice and is responsible for communicating with the PROS Chapter Coordinator and the PROS central office at the American Academy of Pediatrics. Please follow the mailing or faxing instructions on the **last page**. Your responses will be kept strictly confidential. Results of this survey will be reported in aggregate only. Thank you.

### **PLEASE PRINT LEGIBLY**

**Name of practice/institution joining PROS:** \_\_\_\_\_

**Preferred practice mailing address:** *(If you are enrolling one practice with multiple sites, please choose one mailing address where you'd like to receive PROS correspondence.)*

\_\_\_\_\_  
department or division name (leave blank if doesn't apply)

\_\_\_\_\_  
street address / \_\_\_\_\_  
suite/room/floor/bldg or PO box #

\_\_\_\_\_  
city / state / zip code / country (if not US)

**Telephone:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_, extension \_\_\_\_\_

**Non-patient line/2<sup>nd</sup> Line:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_, extension \_\_\_\_\_

**Fax:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**PROS Contact Practitioner:** \_\_\_\_\_ / \_\_\_\_\_  
First Middle (No initials) Last Professional degrees  
(eg, MD, DO, NP, etc.)

1. Sometimes it is difficult to reach the contact practitioner. Therefore, please select and name a person in your office who will serve as the PROS Office Contact. This person, who may be a staff member or a practitioner in your office, will be responsible for coordinating office activities related to PROS. If you cannot select an office contact person at this time, please leave this blank.

Name of Office Contact: \_\_\_\_\_ / \_\_\_\_\_  
*Professional degree if clinician*

2. How many practitioners (including yourself) are associated with this practice? (Include only full- and part-time physicians, physician assistants and nurse practitioners who provide direct patient care to infants, children and/or adolescents.)

\_\_\_\_\_  
*(enter number of practitioners here)*

3. How did your practice initially hear about PROS? (Please circle only one response.)

- AAP News ..... 1
- PROS journal article ..... 2
- PROS chapter coordinator/co-chapter coordinator for my state/area ..... 3
- PROS Web Site..... 4
- Other (*specify on line below*) ..... 8

\_\_\_\_\_

4. Please indicate the practice arrangement type for the PROS practice site that you are enrolling with this form. (Please circle only one response.)

- Self-employed solo practice..... 1
- Two-physician practice ..... 2
- Pediatric group practice ..... 3
- Multi-specialty group..... 4
- Health maintenance organization (staff model) ..... 5
- Medical school or parent university..... 6
- Non-government hospital/clinic..... 7
- Non-profit community health center..... 8
- City/county/state government hospital or clinic ..... 9
- US government hospital or clinic ..... 10
- Other (please specify on the line below)..... 88

\_\_\_\_\_

5. Most PROS research studies involve a nominal honorarium to the participating practices. Reimbursement checks are normally made payable to the practice and include the practice's Tax Identification Number. Please record your practice's Tax Identification Number. (Your Tax ID number will be kept confidential and used for reimbursement purposes only.)

Practice Tax ID#: \_\_\_\_\_

6. All PROS studies need to be approved by the AAP Institutional Review Board (IRB), an Academy group designed to protect the rights of human subjects participating in scientific research and to uphold ethical standards for research. Some of our member practices can participate in studies without seeking further clearance from any local IRBs, while others (usually those affiliated with a university or other large institution) need to obtain additional local IRB approval. Please select which of the following options applies to your practice (you may need to ask your administrator):

- a) Yes, local IRB approval (in addition to AAP IRB approval) is required for my practice ..... 1
- b) No, local IRB approval is not required for my practice; AAP IRB approval is sufficient for my practice's participation in research. .... 2
- c) Unsure..... 6

7. Please estimate to the best of your ability if your practice is in one or more of the following areas. (Please circle one response for each line.)

This practice site is located in an area that has...	Yes	No	Don't Know
a) more than 50% economically disadvantaged people in the population	1	2	6
b) more than 50% minority people in the population	1	2	6
c) more than 50% uninsured people in the population	1	2	6
d) more than 50% with a language barrier in the population	1	2	6
e) a low physician-to-population ratio (<1:1,250)	1	2	6
f) many medical services not within a reasonable commuting distance	1	2	6
g) been designated a Federal Medically Underserved Area (MUA) or Population (MUP)	1	2	6

8. To the best of your ability, please estimate the percentage of your patients who are covered by the following insurance sources and systems. (Please enter a number or a "0" if none; percentages should sum to 100%.)

Private insurance, traditional fee-for-service .....	_____ %
Private insurance, managed care (HMO, IPA, PPO, POS, etc) .....	_____ %
Public insurance (Medicaid, SCHIP or other), fee-for-service .....	_____ %
Public insurance (Medicaid, SCHIP or other), managed care .....	_____ %
TRICARE (military insurance).....	_____ %
Uninsured.....	_____ %
Other ( <u>specify on line below</u> ) .....	_____ %
_____	
Don't know .....	_____ %
<b>TOTAL</b>	<b>100 %</b>

Please answer both Questions 9 and 10. Question 9 refers to Hispanic/Latino origin [eg, Cuban, Mexican, Puerto Rican, or other Hispanic] while Question 10 refers to race. Persons of Hispanic/Latino origin may be of any race therefore please respond to both questions. Hispanic/Latino is not considered a race.

**9. Please estimate the percent of Hispanic/Latino patients at this practice site.** (Please enter a number or "0" if none.)

Hispanic/Latino..... \_\_\_\_\_ %

**10. Please estimate the racial composition of the patients at this practice site.** (Please enter a number or a "0" if none; percentages should sum to 100%. – Hispanic patients should be included in one of the following categories.)

White..... \_\_\_\_\_ %  
Black/African-American..... \_\_\_\_\_ %  
Asian ..... \_\_\_\_\_ %  
Native Hawaiian/Other Pacific Islander ..... \_\_\_\_\_ %  
American Indian/Alaskan Native..... \_\_\_\_\_ %  
TOTAL 100 %

**11. Please describe the community in which this practice site is located.** (Circle one response.)

Urban, inner city ..... **1**  
Urban, not inner city ..... **2**  
Suburban ..... **3**  
Rural ..... **4**

**12. To the best of your knowledge, do any practitioners in this practice belong to any of the following Practice-Based Research Networks (PBRNs)?** (Please check the box or boxes that apply.)

CORNET (The Ambulatory Pediatric Association-based Continuity Research Network) ..

NMAPedsNet (The National Medical Association Pediatric Section Research Network)...

Other (please specify on the line below).....

\_\_\_\_\_  
No – none of the above (Do not check any other boxes).....

***Please double-check this survey to make sure you have completed all items. Retain a copy for your files and follow the instructions below to return your survey to PROS Central. Thank you for your assistance.***

**BY MAIL** (postage-paid envelope enclosed): PROS; Department of Practice and Research; American Academy of Pediatrics; 141 Northwest Point Boulevard; Elk Grove Village, IL 60007-1098

**BY FAX**: 847/434-8910 - Attention: Norma T. Farfán, PROS Assistant

\*Please contact Ms. Farfán at 800/433-9016, ext. 7623 or nfarfan@aap.org if you have questions.

<p><i>For PROS Office Use Only:</i></p> <p>Provider ID #: _____</p> <p>Start Date: _____</p> <p>Provider DB: _____ Provsurv DB: _____</p>
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## PEDIATRIC RESEARCH IN OFFICE SETTINGS (PROS) PRACTITIONER SURVEY

This survey is used to (1) enroll **practitioners** joining the PROS network and (2) periodically re-survey the current network members to obtain new and updated information. In addition to this survey, there is a **Practice Survey** that must be completed by the practitioner who the practice selects to serve as the PROS Contact Practitioner. The Contact Practitioner represents his/her practice and is responsible for communicating with the PROS Chapter Coordinator and the PROS central office at the American Academy of Pediatrics.

To be eligible to join PROS, a practitioner **must** be a physician, nurse practitioner, or physician assistant who provides a full range of direct pediatric and/or adolescent patient primary care (including preventive services) in a PROS practice and delivers care to an active panel of patients for whom he/she is the primary care provider. Nurses who are not nurse practitioners and residents are not eligible for membership, although their support and assistance with PROS studies is both recognized and welcomed. **Each practitioner** wishing to join the PROS network must complete **his/her own Practitioner Survey** to become an active PROS member. If needed, please generate additional copies of the Practitioner Survey for your colleagues.

Please follow the mailing or faxing instructions on the **last page**. Your responses will be kept strictly confidential. Results of this survey will be reported in aggregate only. Thank you.

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_ / \_\_\_\_\_  
First
Middle (no initials)
Last
Professional degrees  
(eg, MD, DO, NP, etc.)

**Are you a Fellow of the American Academy of Pediatrics?**

Yes (please enter your AAP ID # on this line: \_\_\_\_\_) ..1

No .....2

**Practice name:** \_\_\_\_\_

**Practice telephone:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_, extension \_\_\_\_\_

**Your preferred email address:** \_\_\_\_\_

**PROS wishes to maximize the number of PROS practitioners on the PROS-Net email list in order to solicit new project ideas, get input on proposed projects, and increase the sense of a research community among PROS practitioners. PROS-Net discussions are infrequent and focused, and traffic is light. The PROS Steering Committee feels so strongly about the importance of your participation, that we will add you to PROS-Net on a trial basis (you can easily drop from the list at any time) unless you indicate otherwise below.**

Check here if you do not want to be added to the PROS-Net email list: .....

**1. Which of the following method(s) do you prefer when being contacted about PROS issues? (Please check all that apply.)**

- First-class mail .....
  - Express mail .....
  - Email .....
  - Telephone.....
  - Fax.....
  - Other (*specify on the line below*) .....
- 

**2. What is your discipline?**

- MD ..... **1**
  - DO..... **2**
  - Nurse Practitioner ..... **3**
  - Physician Assistant ..... **4**
  - Other (*specify on the line below*) ..... **8**
- 

**3. What is your specialty? (Please check all that apply.)**

- Pediatrics.....
  - Family practice.....
  - General practice .....
  - Other (*specify on the line below*) .....
- 

**4. Approximately what percentage of your time is spent in the following areas? (Please enter a number or a "0" if none; percentages should sum to 100%.)**

- General Pediatrics ..... %
- Other specialty/subspecialty (*specify on the lines below*):
- \_\_\_\_\_ / \_\_\_\_\_ %
- \_\_\_\_\_ / \_\_\_\_\_ %
- TOTAL: 100 %**

5. During a **typical** workweek, how many hours do you spend in the following professional activities? (If you do not spend any time in a particular activity, please enter zero (0) hours.)

- Direct patient care ..... \_\_\_\_\_
- Administration ..... \_\_\_\_\_
- Academic medicine ..... \_\_\_\_\_
- Research ..... \_\_\_\_\_
- Fellowship training ..... \_\_\_\_\_
- Other (specify: \_\_\_\_\_) ..... \_\_\_\_\_
- TOTAL HOURS WORKED PER WEEK (sum of above hours)..... \_\_\_\_\_

6. Would you be willing to collect data electronically in a future PROS study by either of the following methods?

a. on the World Wide Web (via office computer)?

- Yes ..... 1
- No ..... 2

b. on a handheld personal digital assistant/PDA (provided by PROS)?

- Yes ..... 1
- No ..... 2

Please answer both Questions 8 and 9. Question 8 refers to Hispanic/Latino origin [eg, Cuban, Mexican, Puerto Rican, or other Hispanic] while Question 9 refers to race. Persons of Hispanic/Latino origin may be of any race therefore please respond to both questions. Hispanic/Latino is not considered a race.

7. Are you of Hispanic/Latino origin?

- Yes ..... 1
- No ..... 2

8. With what racial group(s) do you identify yourself? (Check all that apply. If you are of Hispanic/Latino origin, please select your race(s) from the following categories in addition to your origin requested in Question 8.)

- White .....
- Black/African-American .....
- Asian .....
- Native Hawaiian/Other Pacific Islander.....
- American Indian/Alaskan Native.....

9. In what year were you born? .....19 \_\_\_\_\_

10. What is your gender?

Male .....1  
Female.....2

11. When a manuscript about a PROS study is submitted for publication, each participating practice's name is cited in the acknowledgment section as a tribute for their contribution to the study. Some journals are now required to have written permission from the practices to publish their names in this section.

To facilitate the process of collecting practitioners' signatures, we are asking you to sign below if you consent in general to having your practice's name published in the acknowledgment section of manuscripts related to any studies in which you have participated. Please note that you will have the opportunity to review all of these manuscripts in draft form prior to journal submission and may elect at that time to have your practice's name added to or removed from that specific manuscript, no matter what you have indicated below.

Yes, I consent to the above (*please sign on the line below*).....1

\_\_\_\_\_

No, I do not consent to the above.....2

**PLEASE DOUBLE-CHECK THIS SURVEY TO MAKE SURE YOU HAVE COMPLETED ALL ITEMS. PLEASE RETAIN A COPY FOR YOUR FILES.**

Return the survey to PROS Central by following the mailing and/or faxing instructions below:

**MAILING**

**FAXING**

PROS  
Department of Practice and Research  
American Academy of Pediatrics  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1098  
*(postage-paid envelope enclosed)*

FAX: 847/434-8910  
Attention: Norma T. Farfán  
PROS Assistant

If you have any questions, please contact Ms. Farfán at:  
800/433-9016, extension 7623  
or  
nfarfan@aap.org

**THANK YOU FOR YOUR TIME AND ASSISTANCE!**