



Resident Pre-Rotation Survey – RS 07 Intro Page

This tool was created at the University of California – San Diego to survey residents to assess knowledge and experience prior to the community block rotation.

The Faculty Survey addresses the following **ACGME Competencies**: Medical Knowledge, Interpersonal Communication, and Systems-based Practice. **Community Pediatrics Domains** that are also addressed are Culturally Effective Care, Community and Public Health, and Special Populations.

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Items: 22

Evaluator: Resident

Subject of Evaluation: Resident

If you chose to use this tool, you may modify as necessary, but credit should be given for authorship, as identified on the tool. The contact person for this tool is Ashley Maier; she can be reached at amaier@ucsd.edu.



UNIVERSITY OF CALIFORNIA
SAN DIEGO

NAVAL MEDICAL CENTER
SAN DIEGO



THE ANNE E. DYSON COMMUNITY PEDIATRICS TRAINING INITIATIVE

Resident Pre Rotation Survey

The information you provide in this survey is for program evaluation purposes only. Your name and the last six digits of your social security number are requested **for tracking purposes only**. Your name is used to ensure all participants have completed their surveys, and the last six digits of your social security number will be used thereafter to link together responses collected at different times. Respondent information will be evaluated/presented in aggregate form; individual names or responses will **not** be identifiable.

Last 6 Digits of Social Security Number: ____ - ____

Name _____ Today's Date: ____/____/____
Last First

Office Use Only
_____ Pre _____ Post _____ End of residency

For the following questions (1 – 10) choose the most appropriate answer(s).

1. Which of the following techniques is the **least** effective indicator for identifying the needs and resources of a particular community?
 - A. Focus groups
 - B. Community forums
 - C. Key informant interviews
 - D. Analysis of national data
 - E. Existing local morbidity & mortality data

2. The person primarily responsible for coordinating the care of a ventilator-dependent child living with her family in an urban home should be:
 - A. The pulmonologist managing the patient's home ventilator settings.
 - B. A pediatric intensivist familiar with the child's ICU course.
 - C. The child's pediatrician in association with the parents of the child.
 - D. The medical director of the home health agency providing medical supplies to the family.
 - E. The home health assistant who visits the patient's home to provide respite care.

3. Under Federal law, at what age does the school system become responsible for providing services to children with disabilities?
 - A. Birth.
 - B. 3 years old.
 - C. 1 year old.
 - D. 5 years old
 - E. Never, services are to be provided by other government agencies.

4. In the pediatrician's role as a "medical consultant" at a school site, which of the following is/are true:
 - A. A pediatrician must have access to a private exam room and a prescription pad to prescribe medications.
 - B. A pediatrician must have knowledge of the laws and regulations affecting the school, including those related to school financing and special education.
 - C. A pediatrician must establish a contract with the parents' of each student discussed defining mutually agreed on expectations and objectives.
 - D. A pediatrician does not need parental consent to discuss a student's problem with the student's primary care provider.

5. Under the IDEA law:
 - A. Services are limited to generally healthy students and students with minor disabilities (e.g. minor vision problems).
 - B. Children who qualify should be at least 10 years of age or older.
 - C. Education for children must be provided in the least restrictive environment to the child.
 - D. Schools are not required to make modifications to provide access to a free, appropriate, public education.

6. In 2000, which region of San Diego reported higher rates of infant mortality than the overall county rate?
 - A. Border (South Bay)
 - B. East County
 - C. Mid-City
 - D. All of the above

7. In 2000, which two regions reported higher rates of births to teens aged 15-17 than the overall rate for the county?
 - A. Border (South Bay) and Mid-City
 - B. East County and Mid-City
 - C. Border and East County
 - D. All of the above regions are higher than the county

8. In 2001, which region had almost twice the rate of substantiated child abuse allegations as compared to the county's rate overall?
 - A. Border (South Bay)
 - B. East County
 - C. Mid-City
 - D. None of the above

9. From the following list, which is the **least** widely acknowledged stressor which disproportionately impacts family/child health in a military population as compared to the general population:
 - A. Separation during extended deployments of one or both parents
 - B. Distance from extended family, friends, and established community resources
 - C. Higher proportion of young, less-experienced parents
 - D. Inadequate access to health care services
 - E. Relocation/moves resulting in isolation from previously established networks in communities.

10. Which one of the following services is not provided by the Fleet and Family Support Center:
 - A. Financial counsel and assistance
 - B. Academic tutoring for school-aged dependents
 - C. Guidance on, or referrals to, other installation support services
 - D. Personal and marital counseling
 - E. Employment information for military spouses

11. ML is a 13-year-old Mexican girl who recently immigrated to San Diego with her family. She lives with her parents, three brothers, and her paternal grandmother. Her grandmother is the matriarch of the family and is involved in most decisions. ML and her brothers speak a small amount of English, but her parents and grandmother speak very little to no English. A close family friend from church is bilingual, and often assists the family with translation. ML presents to your office with her mother and the family friend for a well child check. She has no complaints, but she tells you that her mother has several questions. Your nurse who speaks a little Spanish accompanies you in the exam room. You do not speak any Spanish.

Which of the following people would be the most appropriate translator for this encounter:

- A. The patient
- B. The family friend
- C. Your nurse
- D. A medical translator who will be available in fifteen minutes.
- E. No translator is needed, as the majority of your information at this well child check is obtained from your physical exam.

12. According to the AAP, which of the following is the most important concept to keep in mind when working with patients from different ethnic communities:

- A. To incorporate the use of traditional practices and beliefs encountered through your patients into your own practice
- B. To become familiar with all of the details of each of the cultures living in your geographic area.
- C. To be able to predict the beliefs of a cultural group from your experience with an individual from that group.
- D. To focus on the individual's model of disease and work with that person to develop therapeutic options that fit the individual's cultural needs.
- E. To impress upon your patients the importance of adopting the beliefs of the majority culture in your area.

13. In general, how would you rate your ability to identify a culturally-related issue that may impact how your patient views her/his illness?

1	2	3	4	5
Poor				Excellent

14. In general, how would you rate your ability to meaningfully address a culturally-related issue that you believe may impact how your patient views her/his illness?

1	2	3	4	5
Poor				Excellent

Introduction: The gap in disease burden and health outcomes in culturally diverse communities has brought the role of culture in health care to the forefront of considerations that physicians must take into account when treating patients. The following questions will ask about your experiences with & training in addressing culture and medicine. Additional questions assess your attitudes and level of general knowledge about issues related to culture and health care delivery.

15. With which types of ethnic communities have you had an opportunity to work during your medical school or undergraduate training? (Please indicate the approximate number of encounters in the appropriate column.)

	Never (0 encounters)	Rarely (< 5 encounters)	Often (≥ 5 encounters)
a. African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Latino/Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. What type of academic courses or training have you had that specifically addressed culture and medicine?

	Name of course/training	Institution
a.	_____	_____
b.	_____	_____
c.	_____	_____

17. What language(s) other than English do you feel comfortable speaking?

	<u>Where learned? (circle all that apply)</u>		<u>If school, circle # years studied</u>			
	Home	School	0	1	2	3+
a.	_____	_____				
b.	_____	_____				
c.	_____	_____				

18. What do you think are some culturally related issues that can arise when the provider and patient are from two different cultures? (e.g. language barriers)

- a. _____
- b. _____
- c. _____
- d. _____

