

Results From the 2009 Pediatric Rehabilitation Practice Survey of the AAPM&R Pediatric Rehabilitation/Developmental Disabilities Council

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Objective: To quantitatively describe the practices of pediatric physiatrists who are members of the Pediatric Rehabilitation/Developmental Disabilities Council of the American Academy of Physical Medicine and Rehabilitation (AAPM&R).

Design: Cross-sectional survey using the SurveyMonkey instrument.

Setting: The Pediatric Rehabilitation/Developmental Disabilities Council.

Participants: Eighty-six members of the Pediatric Rehabilitation/Developmental Disabilities Council ListServ of the Pediatric Rehabilitation/Developmental Disabilities Council of the AAPM&R and pediatric physiatrists known to the author.

Methods: The link to the survey was embedded in an e-mail message that was distributed by the author to the members of the ListServ on August 14, 2009. Four reminder e-mail messages were sent. The survey was closed on October 2, 2009. All data were extracted into STATA for analysis. Basic practice data were tabulated by raw numbers and percentages. Summary statistics were calculated for salary data, and simple *t*-tests and Mann-Whitney tests were used to determine if differences were statistically significant ($\alpha < 0.05$) between subgroups.

Main Outcome Measurements: Location and style of practice, training, experience, and clinical productivity. Comparison of salary data was by experience, training, position, and gender.

Results: Women made up 71% of surveyed pediatric physiatrists. Forty percent of respondents practiced in the midwestern United States, and more than 50% practiced in academic settings. Twenty-eight percent of female respondents reported the title of medical director compared with 40% of the male respondents. Whereas 20% of responding practitioners had been in practice for more than 20 years, only 8% were full professors. Nearly 40% of respondents reported doing research, but only 8% had received federal funding for research. The average salary was \$191,400. Salary differences were noted by title, experience, and academic rank. Female respondents earned, on average, 82% of what male respondents earned.

Conclusions: This survey highlights important issues, including regional variations, a potential lack of academic competitiveness, limited engagement in externally funded research, and salary inequities.

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INTRODUCTION

The field of pediatric rehabilitation has changed significantly in recent years. The introduction by the American Board of Physical Medicine and Rehabilitation (ABPMR) of the Pediatric Rehabilitation Medicine (PRM) Certification, coupled with the rise in fellowship training programs, has altered the practice landscape [1]. In addition, the increased prevalence of childhood disability has changed demands on pediatric rehabilitation facilities and physicians [2-4]. National workforce data are not collected for pediatric physiatrists. Therefore no published literature exists about the practices of today's pediatric rehabilitation physicians.

In addition, data about the salaries of pediatric physiatrists are scarce. To my knowledge, only 3 surveys provide relevant salary data, none of which are easily accessed by pediatric

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physiatrists. The Association of American Medical Colleges (AAMC) provides data for various medical specialties, including the fields of physical medicine and rehabilitation (PM&R) and pediatrics, but it does not provide any specific data about pediatric rehabilitation. According to the AAMC, in 2007-2008, assistant professors of PM&R earned on average \$179,800, associate professors earned \$204,000, and professors earned \$226,700 [5]. In the pediatrics "other" category, the average salary for assistant professors was \$151,000, associate professors earned \$189,100, and professors earned \$231,200 [5]. The Association of Administrators in Academic Pediatrics conducts a salary survey that includes limited pediatric physiatrist data, but the results are available only for Association of Administrators in Academic Pediatrics use. Therefore the most specific available data about pediatric physiatrists' salaries are from the salary survey conducted by Ken Jaffe, MD, in 2003 (written communication, 2003). Although not published, the results were made available to interested individuals. Dr Jaffe surveyed 184 physicians who were either double boarded in pediatrics and physical medicine and rehabilitation or were non-double-boarded pediatric physiatrists. The response rate from his survey was 43.5%. Of the respondents, 58 were double boarded and 22 were non-double boarded. The average salary was \$172,929 for double-boarded practitioners and \$167,259 for non-double-boarded practitioners. The top salary, \$330,000, was reported by a double-boarded physician in a nonacademic setting with the title of chief. Conversely, the lowest salary, \$110,000, was reported by an assistant professor. The salaries were higher for persons in higher ranks and for those who reported being in a chief position. Although Dr Jaffe did not perform statistical comparisons, no obvious differences were noted between double-boarded and non-double-boarded pediatric physiatrists (K. Jaffe, MD, written communication, 2003).

As detailed, there is an overall paucity of publicly available data about pediatric physiatry practices and salaries. Therefore the first objective of this project was to describe the practice characteristics of the field of pediatric physical medicine and rehabilitation. The second objective was to provide salary data with comparisons by gender, experience, and training.

METHODS

Study Population

In the fall of 2009, the American Academy of Physical Medicine and Rehabilitation (AAPM&R) Pediatric Rehabilitation/Developmental Disabilities Council ListServ included 283 PM&R physicians, 87 of whom self-identified the Pediatrics Council as their primary council (E. A. Moberg-Wolff, MD, written communication, 2009). Of the Council members, 73 are recognized by the ABPMR as certified in PRM [6]. An

additional 11 individuals took the PRM examination in the fall of 2009 and may be part of the study population from the Listserv [7]. In an attempt to encourage participation of pediatric physiatrists not on the AAPM&R Pediatric/Developmental Council, pediatric physiatrists who were not members of the Council were contacted via e-mail to ask for their participation. In addition, ListServ recipients were encouraged to pass on the survey to their pediatric PM&R colleagues who were not members of AAPM&R. Because of this attempt to include pediatric physiatrists not on the ListServ, the base population cannot be formally determined. It is the author's best determination based on multiple communications that the survey was sent to an additional 15 pediatric physiatrists. Therefore the base study population includes the 87 persons self-identified from the ListServ and the 15 externally identified pediatric physiatrists not on the ListServ.

Survey Instrument and Administration

The survey was designed with use of SurveyMonkey (Appendix) [8]. The 10 questions included in the survey were related to training and certification, practice location, facilities, practice activities, years of experience, academic titles, gender, salary, clinical productivity, and protected time (please see Appendix 1 for the survey questions). The questions were assessed for clarity by 2 experts in the field of pediatric rehabilitation (D. Matthews, MD, and S. Apkon, MD, oral and written communication, August 2009). An e-mail letter with information about the survey, its purpose, and its intended use was distributed via the Pediatric Rehabilitation/Developmental Disabilities ListServ on August 14, 2009. Potential respondents were guaranteed anonymity and assured that participation was fully voluntary. A Web link to the SurveyMonkey instrument was embedded in the e-mail message. Completion of the survey was considered informed consent for participation in the study. Four follow-up e-mail messages were sent through the ListServ between August 18, 2009, and October 1, 2009, to encourage participation. The survey was officially closed on October 2, 2009.

Outcome Measures and Analysis

The outcome measures of interest included the type of training, experience, and practices represented by the Council members, as well as salary data stratified by gender, experience, and practice type. Basic practice data were tabulated by raw numbers and percentages. Respondents were instructed to report their annual salaries in full-time equivalents. All salary data, which were collected as ranged data instead of actual dollar amounts to protect the anonymity of respondents, were converted for averaging purposes. For example, if the respondent reported a salary as \$151,000-\$160,000, then the value used for

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