## Anonymous Survey of Attendees of the Pan-African Congress on Cleft Lip and Palate Repair Feb. 4-7, 2007 Faculty of the Division of Plastic Surgery Loma Linda University Medical Center Loma Linda, CA 92354

Demograp	phic Information
1.	Primary Specialty
	i. What is your primary specialty?
2.	Number of years to achieve certification for your specialty listed in question 1?
3.	Gender
4	i. Male ii. Female
4. 5	Which country are you currently practicing in?  Are there formal training programs for your primary specialty in your country?
5.	i. Yes ii. No
6.	Age
0.	i. 20-30
	ii. 31-40
	iii. 41-50
	iv. 51-60
	v. >60
7.	Years in practice post training
	i. 0-5
	ii. 6-10
	iii. 11-15
	iv. 16-20
	v. 21-25
	vi. 26-30
•	vii. >30 Please specify
8.	Percentage of practice time devoted to cleft
	i. 0-25
	ii. 26-49 iii. 50-74
	iv. 75-100
	v. Other Please list
9.	In what hospital type are you currently practicing?
0.	i. University hospital
	ii. Private hospital
	iii. Community hospital
	iv. Government hospital
	v. Other facility Please specify
10.	How will you describe the surrounding area in which you practice?
	i. Rural
	ii. Mid-size town (20,000-100,000 people)
4.4	iii. Large city (greater than 100,000 population)
11.	Number of primary cleft lip or palate cases seen during training i. <10
	ii. 10-20
	iii. 21-30
	iv. 31-40
	v. 41-50
	vi. 50-100
	vii. >100
12.	Number of cases treated per year currently by you
	i. <10
	ii. 10-20
	iii. 21-30
	iv. 31-40
	v. 41-50
	vi. 50-100
10	vii. >100
13.	Do you provide cleft surgery services outside your facility? Yes or No i. If yes, how much? 0-25% 26-50% 51-75% 76-100%
14.	i. If yes, how much? 0-25% 26-50% 51-75% 76-100%  Do outside surgeons come to your facility to offer cleft care? Yes or No
17.	i. If yes, how much? 0-25% 26-50% 51-75% 76-100%
	ii. If yes, where is the majority from? Please circle: African or Non-african countries
15.	How did you acquire the majority of your skills?
	i. University training

	ii. iii.	In-country mentor Out-of-country mentor	
	iv.	From practice	
	٧.	Other Please specify	
16.		centage of your skills do you attribute to the following?	
	i. ii.	University training None 0-25% 26-50% 51-75% 76-100% In-country mentor None 0-25% 26-50% 51-75% 76-100%	
	iii.	Out-of-country mentor None 0-25% 26-50% 51-75% 76-100%	
	iv.	From practice None 0-25% 26-50% 51-75% 76-100%	
	٧.	Other, listed above None 0-25% 26-50% 51-75% 76-100%	
17.	What per	centage of patients with cleft lip AND palate present at the following ages (total 100%)?	
	i.	At birth	
	ii.	Less than 1 year	
	iii. iv.	1-6 years 6-12 years	
	٧.	12-18 years	
	vi.	Over age 18	
18.	What per	centage of patients with isolated cleft palates present at the following ages (total 100%)?	
	i.	At birth	
	ii.	Less than 1 year	
	iii.	1-6 years	
	iv.	6-12 years 12-18 years	
	v. vi.	Over age 18	
19.		our protocol for a complete unilateral cleft lip and palate patient seen in the neonatal period? Please list	
	-	and the age you prefer to perform it for the following deformities.	
	i.	Lip:	
		i. Technique	
		ii. Age	
	ii.	Nose i. Technique	
		i. Technique ii. Age	
	iii.	Alveolus	
		i. Technique	
		ii. Age	
	iv.	Soft Palate	
		i. Technique	
	٧.	ii. Age Hard Palate	
	٧.	i. Technique	
		ii. Age	
20.			
	age, starting at the 6 year presentation, for those that apply		
	i.	Lip:	
		i. Technique	
	ii.	ii. Age Nose	
		i. Technique	
		ii. Age	
	iii.	Alveolus	
		i. Technique	
		ii. Age	
	iv.	Soft Palate i. Technique	
		ii. Age	
	٧.	Hard Palate	
		i. Technique	
		ii. Age	
21.		technique and age of repair for isolated cleft palate presenting as a neonate	
	i. ii.	Technique Age of repair	
22		Age of repair cal situation: Please rate the following based on your ease of access on a scale of 1-5. 1= Easy access and	
		It access. If no access, please circle no access	
	i.	Speech language pathologist No access 1 2 3 4 5	
	ii.	Orthodontist	
		No access 1 2 3 4 5	
	iii.	Audiology No access 1 2 3 4 5	
		110 000000 1 2 0 7 0	

ENT ίv. No access 1 2 3 4 5 ٧. Social work No access 1 2 3 4 5 vi. Psychology No access 1 2 3 4 5 vii. Anesthesia No access 1 2 3 viii. Dentist No access 1 2 3 4 5 ix. Any other access not specified above. Please specify \_ 23. Your clinical situation: Which of the following do you feel would be beneficial to have access to? Please rank in order of priority with 1= lowest priority and 5= highest priority i. Speech language pathologist 1 2 3 4 5 Orthodontist ii. 1 2 3 4 5 Audiology iii. 1 2 3 5 4 iv. 1 2 3 4 5 ٧. Social work 1 2 3 4 5 vi. Psychology 1 2 3 4 5 vii. Anesthesia 1 2 3 4 5 viii. Dentist 1 2 3 4 5 ix. None Other. Please specify\_ х. 24. Treatment challenges: On a scale of 1-5 with 1= no challenge at all and 5= most challenging, please rate the following treatment challenges Patient awareness 1 2 3 4 5 ii. Patient access to healthcare 1 2 3 4 5 iii. Patient access to cleft care 1 2 3 4 5 Patient follow-up iv. 1 2 3 4 5 Patient ability to pay ٧. 1 2 3 4 5 vi. Patient transportation 1 2 3 4 5 vii. Physician reimbursement 1 2 3 4 5 viii. Hospital reimbursement 1 2 3 4 5 Non-cleft workload ix. 1 2 3 4 5 Speech services X. 2 3 4 5 Orthodontic services χi. 1 2 3 4 5 xii. Others: Please list i. 2 3 4 5 ii. 2 5 3 iii. 2 3 4 iv. 2 3 4 5 ٧. 2 3 4 5