## Point-of-care ultrasound in India Emergency Departments

## Ultrasound experience

1. The purpose of this survey is to gain a better understanding of the current landscape of training and experience with point-of-care ultrasound across Indian Emergency Medicine Residency Programs affiliated with George Washington University. We are also looking to identify programs that would be suitable for a pilot of an ultrasound curriculum. This is a research project being conducted by Dr. Keith Boniface and Dr. Kate Douglass at George Washington University. You are invited to participate in this research project because you are either faculty or resident at an emergency medicine training program affiliated with GWU.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

The procedure involves filling an online survey that will take approximately 12 minutes. Your responses will be confidential and we do not collect identifying information such as your name, email address or IP address.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only and may be shared with George Washington University representatives.

If you have any questions about the research study, please contact Dr. Keith Boniface at kboniface@mfa.gwu.edu. This research has been reviewed by George Washington University IRB procedures for research involving human subjects.

ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "agree" button below indicates that:

- you have ready the above information
- · you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

$\bigcirc$	Yes, I agree to participate				
$\bigcirc$	No, I disagree.	I decline to participate			

**Emergency Departments** 

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2. What is your	institution?	

* 3. What is your level of training?	
4. Have you previous hands-on (practical) exposure to ultrasound	?
Yes	
○ No	
5. Have you ever used an ultrasound machine independently to he	elp make clinical decisions?
Yes	
○ No	
6. If yes, how many independent ultrasound scans have you done	?
0-10	
10-20	
20-40	
40-100	
100-1000	
>1000	
7. Please select all types of ultrasonography you have had hands-	on exposure to:
trauma	volume status
echocardiography	bladder evaluation ,
lung and pleura	spleen
Obstetrics first trimester,	nerve blocks ,
Obstetrics second and third trimester	paracentesis
liver	thoracentesis
gallbladder	lumbar puncture
Soft tissue	vascular access
ocular	musculoskeletal ,
deep vein thrombosis	abdominal aortic aneurysm
kidney	
Other (please specify)	

## 8. How comfortable do you feel independently performing and interpreting the following ultrasound examinations? (0 = NOT comfortable at all, 5 = extremely comfortable)

	0 = no experience at	1 = very	2 =			5 = very
	all	uncomfortable	uncomfortable	3 = neutral	4 = comfortable	comfortable
trauma						
echocardiography						
lung and pleura						
Obstetrics first trimester,			$\bigcirc$			
Obstetrics second and third trimester		$\circ$				
liver				$\bigcirc$		
gallbladder						
soft tissue						
ocular						
deep vein thrombosis						
kidney						
volume status						
bladder evaluation ,						
spleen				$\bigcirc$		
nerve blocks ,						
paracentesis						
thoracentesis						
lumbar puncture		$\bigcirc$		$\bigcirc$		
vascular access						
musculoskeletal			$\bigcirc$			
abdominal aortic aneurysm	$\circ$	$\bigcirc$				
Other types of ultrasound e	xamination experi	ence (please spec	cify)	_		
0.11.		D	h 0			
9. Have you had forma						
Yes - I have attended			dels as well as dida	actics		
Yes - I have had bedsi	ide teaching in the	hospital setting				
No						
Describe any training you h	ave had:					

10. If yes, how many hours of ultrasound lectures have you had?
O 0
<u> </u>
6-10
<u> </u>
16-20
>20
11. If yes, how many hours of ultrasound hands-on training have you had?
O 0
<u> </u>
<u> </u>
<u> </u>
<u> </u>
>20
12. How would you describe your interest in learning more about ultrasonography?
None
Low
Medium
High
13. What do you think the likelihood of your learning to use ultrasound for at least one clinical application in your anticipated assigned clinical setting?
None
Low
Medium
High

ank the top 5 indications that you feel would be helpful for you to learn, given where you are racticing (you can "drag and drop" indications into order if you wish):
trauma
echocardiography
lung and pleura
Obstetrics first trimester,
Obstetrics second and third trimester
liver
gallbladder
Soft tissue
ocular
deep vein thrombosis
kidney
volume status
bladder evaluation ,
spleen
nerve blocks ,
paracentesis
thoracentesis
lumbar puncture
vascular access
musculoskeletal ,
abdominal aortic aneurysm

ltrasound to help with cli	nical decisior	n making?				
	Never	Sometimes	Often	Most of the time	Every time	
Shortness of breath / dyspnea	$\circ$					
Hypotension / shock	$\bigcirc$					
Chest pain						
Abdominal pain	$\bigcirc$					
/aginal bleeding						
loint pain or swelling	$\bigcirc$					
Soft tissue infection						
Frauma patients	$\bigcirc$					
/ision changes						
		rtant at all 2 = Of little	importance = N	3 Moderately important	4 = Important	5 = Very important
ack of ultrasound equipment						
ack of training	0					
Radiology opposition	0					
lospital opposition					0	$\circ$
No time to use while working	0					
lo interest	0			0	0	0
ack of financial incentive	0			0		
Concern for legal (OTHER han malparactice) liability				$\circ$		
Concern for malpractice iability				0	$\circ$	
her barriers to the use of ultra	asound in your p	ractice (please specify)				
17. Do you have dedicated time in your residency program to learn ultrasound?  Yes  No  No  18. Is there currently an ultrasound curriculum for emergency medicine residents at your institution?  Yes						
) No						
9. How important is it to sidency program?	you to have a	a structured curricul	um with dedic	ated time for ultraso	und in your	
		ance 3 = Moderately in				

20. Thank you for your time. Would you be interested in participating in a pilot of an ultrasound curriculum through your institution and George Washington University? (if yes, we have a few more questions for you)
Yes
○ No
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Ultrasound equipment availability
Thank you for your interest in a pilot program in ultrasound education from George Washington University. In order to determine the most suitable locations for this pilot, we would like to ask about the current ultrasound equipment available at your institution.
* 21. Does the Emergency Department own its own ultrasound machine that is located in the ED?
Yes
No, we borrow one when necessary from Radiology
No, we borrow one when necessary from Obstetrics and Gynecology
No, we borrow one when necessary from Cardiology
No, we have no access to an ultrasound machine
Other (please specify)

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22. What brand of ultrasound machine do you have? (if more than one machine, answer the following questions with regard to the most updated machine, and add as much detail as possible regarding your other ultrasound equipment to the "other" box below)	!
Sonosite 180plus	
Sonosite Titan	
Sonosite MTurbo	
Sonosite XPorte	
Sonosite S-Series	
○ GE	
Philips	
Mindray Mindray	
Zonare	
Siemens	
BK medical	
☐ Toshiba	
_ Esaote	
Samsung-Medison	
Hitachi-Aloka	
○ Terason	
Other (please specify)	_
23. Approximately how old is the machine?	
Less than two years old	
Two to five years old	
Greater than 5 years old	
24. What transducers are available and functional for this machine?	
Phased array / cardiac	
Abdominal large curvilinear	
Abdominal small microconvex curvilinear	
Linear high frequency (vascular)	
Intracavitary / transvaginal	
Other (please specify)	

25. What features are available on your machine?
M-mode
Color Doppler
Pulsed wave Doppler
Continuous wave Doppler
Cardiac calculations package
Obstetrics calculations package
Other (please specify)
26. Select which of the following tasks the ultrasound machine is able to perform:
Label images with patient demographics (name, medical record number, date, and time)
Store digital images and video clips
Export stored images onto a USB thumb drive
Label images with text and save as a still image
Other (please specify)
27. What services are available from radiology 24 hours a day?
XRay (plain radiographs)
□ ст
Ultrasound
MRI
Comment
28. Who is the person at your institution that would be the best person to coordinate an ultrasound curriculum?