

Pocus Educator Survey

Please complete the survey below regarding your experience as an educator for the point-of-care ultrasound distance learning program.

Thank you!

Consent: You are invited to participate in a research study about distance education for point-of-care ultrasound. The goal of the research is to ensure best practices, maximize learner and facilitator satisfaction, and to determine if this novel curriculum is effective. Your participation in this research study is voluntary. You may refuse to participate or withdraw at any time prior to submitting the survey. To help protect your confidentiality, the survey is anonymous and will not contain information that will personally identify you. If you have questions regarding this IRB-reviewed research study, contact kahra.nix@emory.edu.

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- 1) What is your academic role? Fellow
 Faculty
-
- 2) How many years have you been in your current academic role? _____
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- 3) In what US region is your department? Northeast
 South
 Midwest
 West
-
- 4) How many weeks long was your ultrasound rotation this month? _____
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- 5) How many total learners from your institution participated in this ultrasound rotation? _____
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- 6) On average, how many hours per week did you spend on teaching and prep work for your ultrasound rotation before initiation of virtual learning? _____
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- 7) On average, how many hours per week did you spend on teaching and prep work for your ultrasound rotation after initiation of this distance learning ultrasound rotation? _____
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- 8) How engaged were your learners during the distance learning ultrasound rotation? Not engaged
 A little engaged
 Somewhat engaged
 Very engaged
-
- 9) How effective was this curriculum in contributing to your learners' ability to ACQUIRE ultrasound images? Not effective
 A little effective
 Somewhat effective
 Very effective
-
- 10) How effective was this curriculum in contributing to your learners' ability to INTERPRET ultrasound images? Not effective
 A little effective
 Somewhat effective
 Very effective

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- 11) What is your overall level of satisfaction with this distance learning ultrasound rotation?
- Very dissatisfied
 Dissatisfied
 Satisfied
 Very satisfied
-
- 12) How many scans (on average) did each one of YOUR rotators perform PER WEEK during this intervention? (please do not include any personally identifiable information)
- _____
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- 13) What is your level of satisfaction with the logistics (access to zoom links, pre-work, etc) of the virtual learning model?
- Very dissatisfied
 Dissatisfied
 Satisfied
 Very satisfied
-
- 14) Due to your experience with this curriculum, how likely are you to collaborate again on ultrasound education with other institutions in the future?
- Not likely
 A little likely
 Somewhat likely
 Very likely
-
- 15) In the future, if institutions are still requiring elective rotations to occur remotely, how likely are you to recommend continued use of this style of ultrasound education?
- Not likely
 A little likely
 Somewhat likely
 Very likely
-
- 16) What were the most valuable aspects of this virtual learning model? (please do not include any personally identifiable information)
- _____
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- 17) How could the virtual learning model be improved? (please do not include any personally identifiable information)
- _____
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- 18) Additional comments (please do not include any personally identifiable information)
- _____