1. Do you consider yourself fully retired—that is, no longer regularly working for pay, either part-time or full-time, in any medical or non-medical occupation?

(Circle Only One)

Yes .................................... 1  Go to Question 14
No, I still work for pay ........ 5  Go to Question 2

2. In what area(s) do you currently work?

<table>
<thead>
<tr>
<th>AREA</th>
<th>(Circle All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emergency Medicine (EM) .......................................................... 1</td>
<td></td>
</tr>
<tr>
<td>b. EM subspecialty,................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>c. Urgent care ........................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>d. Critical care EM ....................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>e. Internal medicine .................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>f. Occupational medicine ............................................................ 1</td>
<td></td>
</tr>
<tr>
<td>g. Physical &amp; rehabilitative medicine ............................................... 1</td>
<td></td>
</tr>
<tr>
<td>Other medical (non-EM)</td>
<td>(Please specify) _____________________________ 1</td>
</tr>
<tr>
<td>Other (non-medical)</td>
<td>(Please specify) _____________________________ 1</td>
</tr>
</tbody>
</table>

Options a-d above are defined as EM work for the purposes of this survey. If you circled none of options a-d, please go to Question 14.

3. In which applications of emergency ultrasound have you received training (during residency or otherwise)?

a. None ............1  Go to Question 4

(b) Animal model ................................................................. 1

(c) Computer simulation .......................................................... 1

d. DVD/CD program ....................................................................... 1

e. Mannequin or manufactured model ("Blue Phantom" or similar) .... 1

f. Online educational resource .................................................... 1

g. Textbook .................................................................................. 1

h. Training during residency .......................................................... 1

i. Ultrasound course ................................................................. 1

Other (Please specify) ____________________________________________ 1

4. Please estimate how many hours of training you have received in emergency ultrasound. _____ hours

5. What educational resource(s) have you used for training in the use of emergency ultrasound?

a. None ............1  Go to Question 6

(b) Animal model ................................................................. 1

(c) Computer simulation .......................................................... 1

d. DVD/CD program ....................................................................... 1

e. Mannequin or manufactured model ("Blue Phantom" or similar) .... 1

f. Online educational resource .................................................... 1

g. Textbook .................................................................................. 1

h. Training during residency .......................................................... 1

i. Ultrasound course ................................................................. 1

Other (Please specify) ____________________________________________ 1

6. In your emergency department, approximately what percentage of central venous catheters do you place using ultrasound guidance? _____ %
7. How comfortable are you using ultrasound guidance for central venous catheter insertion?

(Circle Only One)
- Very comfortable ................. 1
- Comfortable .................... 2
- Uncomfortable .................. 3
- Very uncomfortable ........... 4

8. Please identify any reasons why you do not use ultrasound guidance to place central venous catheters (either in general, or in specific instances).

a. I always use ultrasound guidance ................. 1  Go to Question 9 (Circle All That Apply)
b. Central lines for ED patients are placed by other services (e.g., surgery, critical care, interventional radiology) ................................................................. 1
c. Don’t have the right equipment ........................................................................ 1
d. No benefit over landmark (traditional) approach ............................................... 1
e. No specific training, or not enough training, in ultrasound-guided vascular access ...... 1
f. Opposition within hospital .................................................................................. 1
g. Preferred anatomic site not amenable to ultrasound guidance .................................... 1
h. Ultrasound guidance requires too much time to perform ...................................... 1
i. Technique too difficult or awkward ....................................................................... 1
j. Other (Please specify) ____________________________________________________________ 1

9. What is your primary practice setting?

(Circle Only One)
- City/county/public hospital ............. 1
- Private/community hospital .............. 2
- University hospital ...................... 3
- Other ........................................... 97
(Please specify) ____________________________________________________________

10. Is your emergency department affiliated with an emergency medicine residency program? (i.e., Do emergency medicine residents work in your department for training purposes?)

(Circle Only One)
- Yes ................. 1
- No ...................... 5

11. What is your hospital’s trauma designation? (Circle Only One)

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>Unsure/Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>97</td>
</tr>
</tbody>
</table>

12. What is the annual volume of your emergency department? ___________ visits per year

13. How long have you practiced emergency medicine (since completing residency training)? _________ years

14. PLEASE MAKE ANY NEEDED CORRECTIONS TO THIS INFORMATION

COMMENTS: Please add any comments you have about this survey or issues related to Emergency Medicine and ABEM. Please print clearly so your comments can be noted.

__________________________________________________________

__________________________________________________________

Please return this survey to ABEM by May 28, 2010. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email research@abem.org.

© 2010 American Board of Emergency Medicine. All rights reserved.