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 9
No, I still work for pay ................................ 5 Go to Question 1b

1b. 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.</td>
<td>Emergency Medicine (EM) ................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>--includes EM clinical, administrative, academic, &amp; consulting</td>
</tr>
<tr>
<td>b.</td>
<td>EM subspecialty .................................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>--includes Addiction Medicine, Anesthesiology Critical Care Medicine</td>
</tr>
</tbody>
</table>
<pre><code>| (ACCM), Brain Injury Medicine, Clinical Informatics, Emergency Medical |
| Services (EMS), Hospice and Palliative Medicine (HPM), Internal Medicine– |
| Critical Care Medicine (IM-CCM), Medical Toxicology (MedTox), Pain |
| Medicine, Pediatric EM (PedEM), Sports Medicine (SPM), Surgical Critical |
| Care (SCC), and Undersea and Hyperbaric Medicine (UHM)               |
</code></pre>
<p>| c.   | Urgent care ......................................................................................... 1 |
| d.   | Internal medicine .................................................................................. 1 |
| e.   | Occupational medicine .......................................................................... 1 |
| f.   | Physical &amp; rehabilitative medicine .................................................... 1 |
| g.   | Other medical (non-EM) (Please specify) ............................................... 1 |
| h.   | Other (non-medical) (Please specify) ..................................................... 1 |</p>

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

a. None.... 1 Go to Question 4 (Circle All That Apply)
b. Biliary ultrasound (gallbladder) .............................................................. 1
c. Cardiac ultrasound/emergency echocardiography ................................. 1
d. Ultrasound-guided vascular access ...................................................... 1
e. Other procedural ultrasound (abscess or foreign body localization, paracentesis, |
   thoracentesis, nerve blocks, etc.) .............................................................. 1
f. Renal ultrasound ..................................................................................... 1
g. Trauma ultrasound/FAST (Focused Assessment with Sonography for Trauma) 1
h. Ultrasound in pregnancy ......................................................................... 1
i. Ultrasound of abdominal aorta .............................................................. 1

Other (Please specify) ................................................................................. 1

3. Please estimate how many hours of training you have received in emergency ultrasound. _______ hours
4. What educational resource(s) have you used for training in the use of emergency ultrasound?
   a. None...1  Go to Question 5 (Circle All That Apply)
   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

5. In your emergency department, approximately what percentage of central venous catheters do you place using ultrasound guidance? ________%

6. 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

7. 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 8 (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. Preferred anatomic site not amenable to ultrasound guidance ...... 1
   g. Ultrasound guidance requires too much time to perform ............... 1
   h. Technique too difficult or awkward .................................. 1
   Other (Please specify) ________________________________________ 1

8. Approximately how many ultrasound examinations do you perform per month? ________ ultrasounds

9. PLEASE MAKE ANY NEEDED CORRECTIONS TO THIS INFORMATION

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