Point-of-Care Ultrasound Needs Assessment for Pediatricians Survey

Start of Block: Informed Consent

Q1

Welcome to the Point-of-Care Ultrasound (POCUS) for pediatricians needs assessment!

We are conducting a needs assessment to determine the training needs for Point-of-Care/bedside ultrasound (POCUS) general pediatricians. We are interested in surveying general pediatricians working in the inpatient and outpatient setting at UCSF Benioff Children's Hospital Oakland (BCHO) and graduates from the BCHO pediatric residency who are working as general pediatricians in the inpatient and outpatient setting.

We are interested in understanding to what degree general pediatricians have had POCUS training, use POCUS in their daily practice, desire training in various POCUS applications, and barriers/support for implementation of POCUS training. For this study, you will be asked questions about prior POCUS training and the role POCUS might have in your clinical practice. The risks of participating in this study are minimal. Your responses will be anonymous and confidential.

If you choose to be in the study, you will complete an online survey. It will take about **10 minutes** to complete.

Your participation in this research is voluntary. You can skip questions that you do not want to answer or stop the survey at any time. The survey is anonymous, and no one will be able to link your answers back to you. Please do not include your name or other information that could be used to identify you in the survey responses.

The Principal Investigator of this study can be contacted at ashkon.shaahinfar@ucsf.edu with questions about this study. If you have questions or concerns about your rights as a research participant, you can call the UCSF Institutional Review Board at 415-476-1814.

By clicking the button below, you acknowledge:

Your participation in the study is voluntary. You are above 18 years of age. You are aware that you may choose to terminate your participation at any time for any reason. Thank you,

Anelah McGinness, MD. UCSF Benioff Children's Hospital Oakland GME, anelah.mcginness@ucsf.edu

Ashkon Shaahinfar, MD. UCSF Benioff Children's Hospital Oakland Pediatric Emergency, ashkon.shaahinfar@ucsf.edu

KOII.SHAAHIIIIAI WACSI.CAA
O I consent, begin the study (1)
I do not consent, I do not wish to participate (2)

End of Block: Informed Consent

Start of Block: Population characteristics	
Q2 What level of training are you currently in?	
O Pediatric resident (1)	
○ Fellow (4)	
O Attending/faculty (5)	
Display This Question:	
If What level of training are you currently in? = Fellow	
Or What level of training are you currently in? = Attending/faculty	
Q3 At this time, we are interested in the training needs of general pediatricians. Which of t following best describes your current clinical practice? Select all that apply.	he
Pediatric hospitalist medicine (inpatient general pediatrics) (1)	
Pediatric primary care (outpatient general pediatrics) (2)	
Urgent care (11)	
Adolescent medicine (8)	
Procedural pediatric sub-specialty: (4)	
Non-procedural pediatric sub-specialty: (12)	

Q4 Which of	the following best describes your current practice type?
	Solo or two physician practice (1)
	Group practice or HMO (7)
	Academic medical center (3)
	Federally Qualified Health Center (6)
	Community hospital (4)
Q5 Which of	the following best describes your current practice setting?
O Urban	(1)
O Subur	ban (5)
O Rural	(2)
Display This Q	uestion:
If What le	vel of training are you currently in? != Fellow
And What	level of training are you currently in? != Attending/faculty

Q6	In what ar	ea(s) of pediatrics do you plan to practice upon graduation? Select all that apply.
		Pediatric hospitalist medicine (inpatient general pediatrics) (1)
		Pediatric primary care (outpatient general pediatrics) (2)
		Urgent care (11)
		Adolescent medicine (8)
		Procedural pediatric sub-specialty: (4)
		Non-procedural pediatric sub-specialty: (12)
En	d of Block	: Population characteristics
Sta	rt of Bloc	k: Current training/exposure/comfort
	Do you cu ır clinical p	rrently have access to a Point-of-Care Ultrasound (POCUS) machine for use in ractice?
	O Yes (1)
	O No (2))
Q8	Do you re	gularly bill for performing POCUS scans?
	O Yes (1)
	O No (2)

use POCUS in your current clinical practice to inform clinical decisions?
s (1)
(2)
have had formal training in POCUS, in what setting did you receive your education? hat apply)
No POCUS training (14)
Medical school - preclinical elective (1)
Medical school - clinical elective (3)
Residency - dedicated ultrasound elective (4)
Residency - longitudinal scanning sessions (5)
Fellowship - dedicated ultrasound elective (6)
Fellowship - longitudinal scanning sessions (7)
Ultrasound fellowship (13)
Ultrasound conference/boot camp (10)
Other training (describe below) (15)

Display This Question:

If If you have had formal training in POCUS, in what setting did you receive your education? (select... = Other training (describe below)

•	tting, and the stage o		isted above, please o e in:	jescribe wno
X→				
	oroximate quantity of e supervision of an e		u have performed on S mentor:	a real patient
	0 patient scans (0)	1-10 patient scans (1)	10-50 patient scans (2)	50+ patient scans (3)
Supervised (1)	0	0	0	0
Unsupervised (2)	0	\circ	\circ	\circ
End of Block: Cui	rrent training/expos	sure/comfort		
	irrent comfort and			
	questions ask about		I of comfort with pro	ocedural and
Page Break ——				

Q14 Indicate your current level of comfort with the following procedural POCUS applications:

·	Extremely uncomfortable (1)	Somewhat uncomfortable (2)	Neither comfortable nor uncomfortable (3)	Somewhat comfortable (4)	Extremely comfortable (5)
Central vascular access (1)	0	0	0	0	0
Peripheral vascular access (2)	0	\circ	\circ	0	0
Arterial vascular access (3)	0	0	0	0	0
Lumbar puncture (including post-LP hematoma) (5)	0	0	0	0	0
Arthrocentesis (6)	0	\circ	\circ	\circ	\circ
Bladder volume measurement (ie prior to cath) (7)	0	0	0	0	0
Abscess drainage (10)	0	0	0	\circ	\circ
Foreign body removal (11)	0	\circ	\circ	\circ	\circ
Other (12)	0	\circ	\circ	\circ	\circ

Q15 Indicate your current level of comfort with the following diagnostic POCUS applications:

	Extremely uncomfortable (1)	Somewhat uncomfortable (2)	Neither comfortable nor uncomfortable (3)	Somewhat comfortable (4)	Extremely comfortable (5)
Lung (Pneumothorax, pneumonia, bronchiolitis, pleural effusion/empyema) (1)	0	0	0	0	0
Focused cardiac exam (pericardial effusions, global cardiac function) (3)	0	0	0	0	0
Foreign bodies (soft tissue) (4)	0	\circ	\circ	\circ	\circ
Skin and soft tissue (cellulitis or abscess) (5)	0	0	0	\circ	0
Neck (lymphadenopathy vs abscess vs mass) (6)	0	0	0	0	0
Optic nerve measurement (papilledema) (7)	0	0	0	0	0
Constipation (transrectal diameter to assess rectal stool burden) (8)	0	0	0	0	0
Musculoskeletal (long bone and clavicle fractures, skull fractures, joint effusion) (9)	0	0	0	0	0
Genitourinary (bladder volume, hydronephrosis) (10)	0	0	0	\circ	\circ

Basic abdominal (abdominal free fluid) (13)	\circ	\circ	\circ	\circ	\circ
Advanced abdominal (appendicitis, intussusception, hypertrophic pyloric stenosis, cholecystitis) (21)	0		0	0	0
Transabdominal pelvic (early pregnancy detection, IUD placement confirmation) (22)	0		0	0	0
Other (23)	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
Other (23) Other (24) Other (24) Other (24) Other (25) Other (24) Other (25) Other					

Q17 How would you rate your current overall comfort in using POCUS for diagnostic applications?
C Extremely uncomfortable (20)
O Somewhat uncomfortable (21)
O Neither comfortable nor uncomfortable (22)
O Somewhat comfortable (23)
O Extremely comfortable (24)
Page Break ————————————————————————————————————

Q18 The following questions ask about the clinical utility of various procedural and diagnostic POCUS applications pediatricians.			
Page Break ————————————————————————————————————			



Q19 Which of the following procedural applications would be the most useful to you in your clinical practice?

p.	I would never use this (1)	Somewhat useful (2)	Useful (3)	Very useful (4)	Extremely useful (5)
Central vascular access (1)	0	0	0	0	0
Peripheral vascular access (2)	0	0	\circ	\circ	0
Arterial vascular access (3)	0	0	\circ	\circ	\circ
Lumbar puncture (including post-LP hematoma) (5)	0	0	0	0	0
Arthrocentesis (6)	0	\circ	\circ	\circ	\circ
Bladder volume measurement (ie prior to cath) (7)	0	0	0	0	0
Abscess drainage (10)	0	\circ	\circ	\circ	\circ
Foreign body removal (11)	0	\circ	\circ	\circ	\circ
Other (12)	0	\circ	\circ	\circ	\circ

Q20 Which of the following diagnostic applications would be the most useful to you in your clinical practice?

·	I would never use this (1)	Somewhat useful (2)	Useful (3)	Very useful (4)	Extremely useful (5)
Lung (Pneumothorax, pneumonia, bronchiolitis, pleural effusion/empyema) (1)	0	0	0	0	0
Focused cardiac exam (pericardial effusions, global cardiac function) (3)	0	0	0	0	0
Foreign bodies (soft tissue) (4)	0	\circ	\circ	\circ	\circ
Skin and soft tissue (cellulitis or abscess) (5)	0	\circ	0	\circ	0
Neck (lymphadenopathy vs abscess vs mass) (6)	0	0	0	0	0
Optic nerve measurement (papilledema) (7)	0	0	0	0	0
Constipation (transrectal diameter to assess rectal stool burden) (8)	0	0	0	0	0
Musculoskeletal (long bone and clavicle fractures, skull fractures, joint effusion) (9)	0	0	0	0	0
Genitourinary (bladder volume, hydronephrosis) (10)	0	0	0	0	0
Basic abdominal (abdominal free fluid) (13)	0	0	0	0	Dago 13 of 16

Advanced abdominal (appendicitis, intussusception, hypertrophic pyloric stenosis, cholecystitis) (21)	0	0	0	0	0	
Transabdominal pelvic (early pregnancy detection, IUD placement confirmation) (22)	0	0	0	0	0	
Other (23)	\circ	\circ	\circ	\circ	\bigcirc	
Q21 How often do you think there is an opportunity to use POCUS in your clinical practice?						
○ Every day (2)						
O Multiple times a week (3)						
O Multiple times a month (16)						
O Multiple times per year (17)						
O Never (18)						
End of Block: Current comfort and desired training						

Start of Block: Attitudes and barriers

Q22 What	are some barriers to use of POCUS in your clinical practice?				
	Lack of access to an ultrasound machine (1)				
	Lack of HIPAA compliant means to store and access images (4)				
	Discomfort with image acquisition/technique (5)				
	Discomfort with image interpretation (6)				
	Lack of easy access to experts to discuss findings (8)				
	Concern about opposition from traditional imaging specialists (11)				
	Do not expect POCUS would change clinical management (12)				
	Time constraints (3)				
	Lack of interest (10)				
	Other (15)				
Display This Question: If What are some barriers to use of POCUS in your clinical practice? = Other					
Q23 If you selected "other", please describe the barriers to POCUS in your clinical practice					
End of Blo	ock: Attitudes and barriers				