

Procedural Competency Survey

Dear Proceduralists,

The SHM POCUS Task Force needs your help. You have been identified as an expert in point-of-care ultrasound (POCUS). We are conducting a survey to better understand institutional privileging to perform ultrasound-guided bedside procedures.

Purpose: The POCUS Task Force has drafted a framework for both INITIAL and ONGOING privileging for ultrasound-guided bedside procedures. Our goal is to assess the current status of privileging for ultrasound-guided bedside procedures and to collect your input about the proposed recommendations.

Risks/Benefits: Participation is voluntary and the survey results will be reported in aggregate and anonymously. The survey should take approximately 8 minutes. Completing this survey indicates your consent to participate.

If you have any questions please contact us at: Nilam Soni

Brian P. Lucas

David Tierney

Trevor Jensen

Nilam Soni

Demographics

1) Gender:

- Female
 Male

2) Age:

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>85

3) Select all that apply to you.

- Hospitalist
- Intensivist
- Emergency room physician
- Other

Please explain:

4) What is your PRIMARY practice setting?

- University-based, private teaching hospital
- University-based, public teaching hospital
- Community/private, teaching hospital
- Community/private, non-teaching hospital
- Veteran's Administration hospital
- Military hospital
- Ambulatory center
- Other

Please explain.

5) Is your primary practice setting a teaching hospital for internal medicine interns or residents?

- Yes
- No
- I don't know

6) In which state do you primarily practice medicine?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

7) In your current role, do you approve or deny privilege requests (either initial or ongoing) for providers to perform bedside procedures?

- Yes
- No
- I don't know

8) Within the past year, have you taught ultrasound-guided procedures at your primary practice setting to any of these providers?

(Please select all that apply.)

- I do not teach ultrasound-guided bedside procedures
- Medical Students
- Physician Assistants
- Residents
- Fellows
- Faculty
- Nurse Practitioners
- Nurses
- Other

Please list.

Information about Ultrasound-guided Procedures

1) Are there procedures for which ultrasound guidance is ROUTINELY used at your hospital?

- Yes
 No
 I don't know

Which of the following procedures are ROUTINELY performed with ultrasound guidance at your hospital?
(Please select all that apply.)

- I don't know
 Paracentesis
 Thoracentesis
 Central Venous Line
 Lumbar Puncture
 Arterial Line
 Arthrocentesis
 Other

Please list:

2) Are there procedures for which use of ultrasound guidance is MANDATORY at your hospital?

- Yes
 No
 I don't know

Which of the following procedures MUST BE performed with ultrasound guidance at your hospital?
(Please select all that apply.)

- I don't know
 Paracentesis
 Thoracentesis
 Central Venous Line
 Lumbar Puncture
 Arterial Line
 Arthrocentesis
 Other

Please list.

INITIAL PRIVILEGING

(Definition: Process through which a credentialed medical practitioner is granted INITIAL privileges by a health care organization to perform a clinical service for a set time period, usually 1-2 years.)

1) Does your hospital require a minimum number of bedside procedures for INITIAL PRIVILEGING?

- Yes
- No
- I don't know

Please describe the requirements for INITIAL privileging for bedside procedures in your hospital.

Please provide the minimum number of bedside procedures your hospital requires for:

a. Paracentesis:

- I don't know
- 0
- 1
- 2
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b. Thoracentesis:

- I don't know
- 0
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c. Lumbar Puncture:

- I don't know
- 0
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d. Arthrocentesis:

- I don't know
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e. Central Venous Line:

- I don't know
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f. Arterial Line:

- I don't know
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How is the minimum number of bedside procedures confirmed for initial privileging:
(Please select all that apply.)

- Self-reporting
- Report by supervisor
- Chart reviews
- Other

Please explain.

2) Does your hospital make a distinction between use of ultrasound vs. landmarks to guide bedside procedures when granting INITIAL privileges?

- Yes - there is a distinction between use of ultrasound vs. landmarks to guide bedside procedures
 No
 I Don't Know

Comments.

For which procedures does your hospital make a distinction.
(Please select all that apply.)

- I don't know
 Paracentesis
 Thoracentesis
 Central Venous Line
 Lumbar Puncture
 Arterial Line
 Arthrocentesis
 Other

Please explain.

ONGOING PRIVILEGING

(Definition: Process through which a credentialed medical practitioner is granted RENEWAL of active privileges by a healthcare organization to perform clinical services for set time period, usually 1-2 years.)

1) Does your hospital require a minimum number of bedside procedures for ONGOING privileging?

- Yes
- No
- I don't know

Please describe how ongoing privileging is obtained.

What is the minimum number of bedside procedures for:

a. Paracentesis:

- I don't know
- 0
- 1
- 2
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b. Thoracentesis:

- I don't know
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c. Lumbar Puncture:

- I don't know
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d. Arthrocentesis:

- I don't know
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e. Central Venous Line:

- I don't know
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f. Arterial Line:

- I don't know
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How is the minimum number of bedside procedures confirmed for ongoing privileging?
(Please select all that apply.)

- Self-reporting
- Report by Supervisor
- Chart Reviews
- Other

Please describe:

2) Does your hospital make a distinction between use of ultrasound vs. landmarks to guide bedside procedures when granting ONGOING privileges?

- Yes - there is a distinction between use of ultrasound vs. landmarks to guide bedside procedures
 No
 I Don't Know

For which procedures does your hospital make a distinction.
(Please select all that apply.)

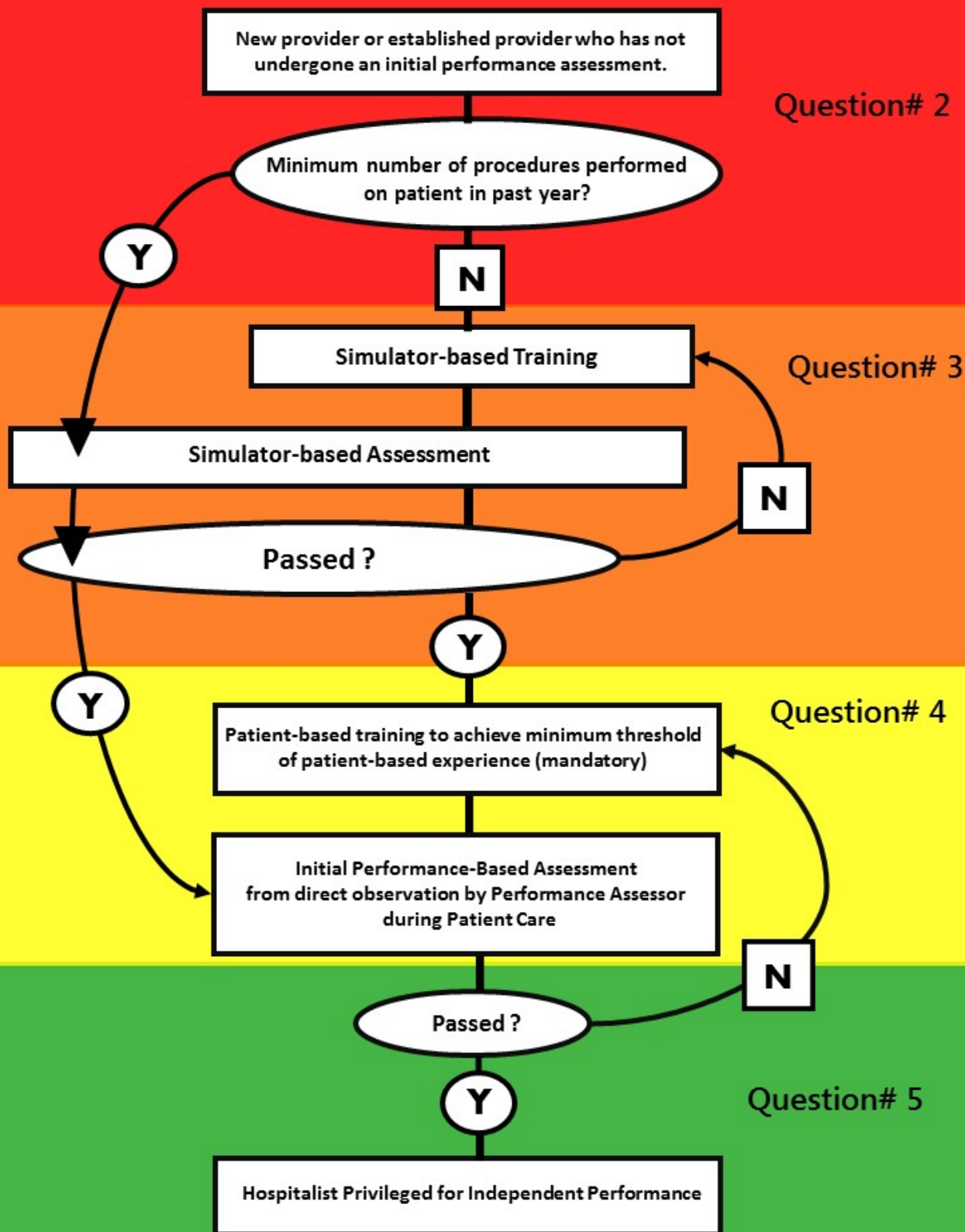
- I don't know
 Paracentesis
 Thoracentesis
 Central Venous Line
 Lumbar Puncture
 Arterial Line
 Arthrocentesis
 Other

Please list:

Comments.

Review the proposed INITIAL privileging process for bedside procedures in **FIGURE 1**.

Figure 1 – Initial Performance Assessment.



1) Figure 1 describes a framework for initial privileging for bedside procedures. Do you think this framework is an appropriate recommendation for initial privileging?

- Yes
- No

Please explain your thoughts.

2) Should providers be required to report a minimum number of bedside procedures to be granted INITIAL privileges? (Please refer to the RED section in Figure 1)

- Yes
- No

What do you think should be the minimum threshold of patient-based experience for the following bedside procedures?

a. Paracentesis:

- No specific number
- 0
- 1
- 2
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- 5
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- 11
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b. Thoracentesis:

- No specific number
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c. Lumbar Puncture:

- No specific number
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d. Arthrocentesis:

- No specific number
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e. Central Venous Line:

- No specific number
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f. Arterial Line:

- No specific number
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Comments.

3) Should a simulation-based assessment be required to grant INITIAL privileges?
(Please refer to the ORANGE section in Figure 1)

- Yes
 No

Comments:

4) Should direct observation of bedside procedures performed on patients be required to grant initial privileges?
(Please refer to the YELLOW section in Figure 1)

- Yes
 No

Comments:

5) Should providers be required to participate in further training if they do not pass the performance-based assessment?
(Please refer to the GREEN section in Figure 1)

- Yes
 No - a repeat assessment without additional training should be an alternative

Comments:

6) For the framework depicted above in Figure 1, should assessment of INITIAL privileging include use of ultrasound guidance?

- Yes
 No
 I don't know

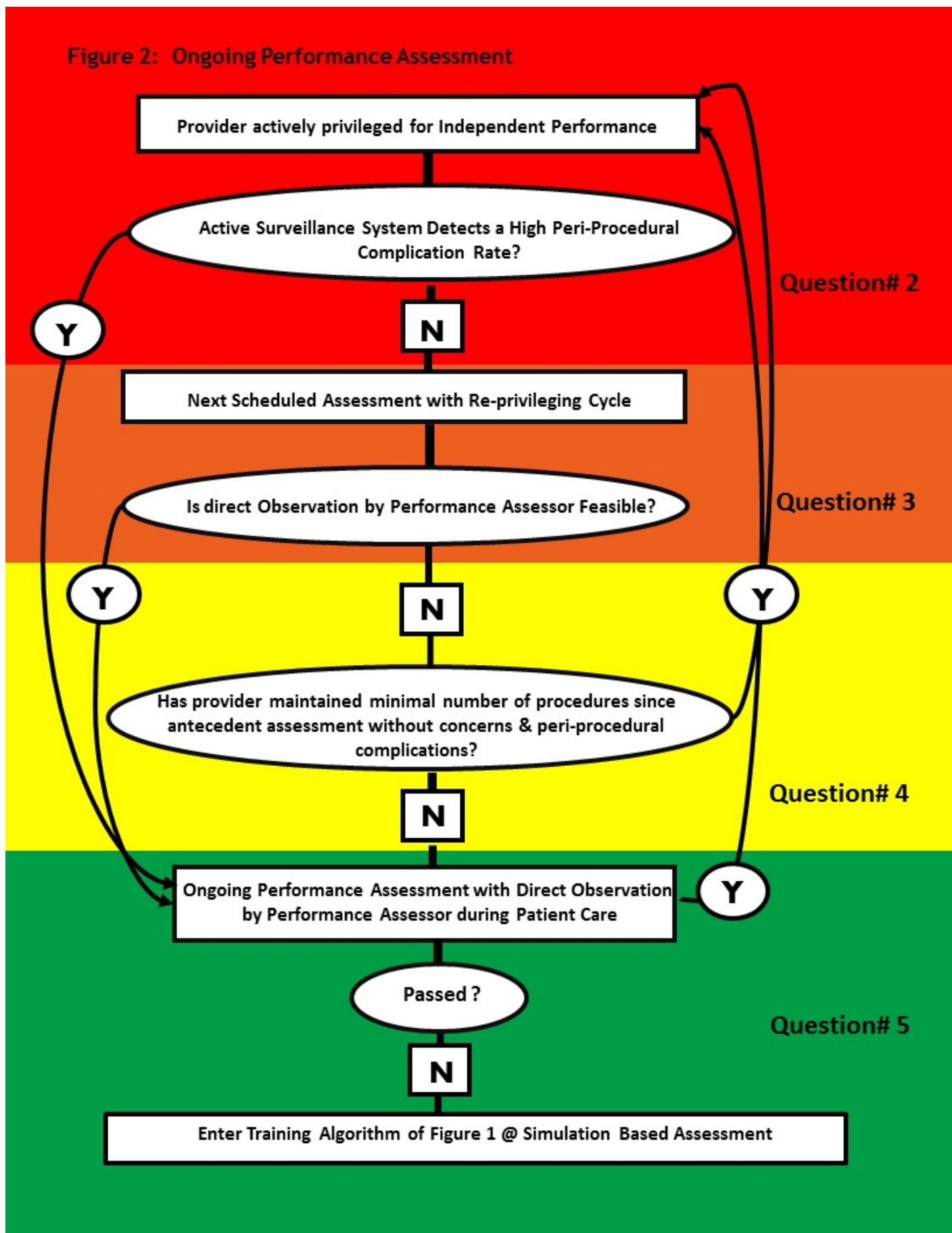
Which bedside procedures should be assessed with use of ultrasound guidance when granting INITIAL privileges?
(Please select all that apply.)

- I don't know
 Paracentesis
 Thoracentesis
 Central Venous Line
 Lumbar Puncture
 Arterial Line
 Arthrocentesis
 Other

Please list:

Comments:

Review the proposed ONGOING privileging process for bedside procedures in FIGURE 2.



1) Figure 2 describes a framework for ONGOING privileging for bedside procedures. Do you think this framework is an appropriate recommendation for ongoing privileging?

- Yes
 No

Please explain your thoughts.

2) Should hospitals routinely monitor individual providers for peri-procedural complication rates?
(Please refer to the RED section in Figure 2)

- Yes
 No

Comments:

3) Should direct observation by a performance assessor be required for ONGOING privileging of bedside procedures?

(Please refer to the ORANGE section in Figure 2)

- Yes
 No

Comments:

4) Should providers be required to report a minimum number of bedside procedures per year to renew ONGOING privileges?

(Please refer to the YELLOW section in Figure 2)

- Yes
 No

Minimum number of bedside procedures per year for ongoing privileging:

a. Paracentesis:

- No specific number
- 0
- 1
- 2
- 3
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- 6
- 7
- 8
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- 10
- 11
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- 13
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b. Thoracentesis:

- No specific number
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c. Lumbar Puncture:

- No specific number
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d. Arthrocentesis:

- No specific number
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e. Central Venous Line:

- No specific number
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f. Arterial Line:

- No specific number
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Comments.

5) Should providers be required to reenter the training algorithm of Figure 1 if they do not pass the performance-based assessment during patient care?
(Please refer to the GREEN section in Figure 2)

- Yes
 No - a repeat assessment without additional training should be an alternative

Comments:

6) For the framework depicted above in Figure 2, should assessment for ONGOING privileges include use of ultrasound guidance?

- Yes
 No
 I don't know

Which bedside procedures should be assessed with use of ultrasound guidance when granting ONGOING privileges?
(Please select all that apply.)

- I don't know
 Paracentesis
 Thoracentesis
 Central Venous Line
 Lumbar Puncture
 Arterial Line
 Arthrocentesis
 Other

Please list:

Final Comments

Please provide us with any additional comments on competency and privileging for bedside procedures.