

**FRCP-EM PROGRAM DIRECTOR TELEPHONE SURVEY**

Date & Time: \_\_\_\_\_ Academic Institution: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

**1) a) Do your residents have access to a mannequin-based simulator?**  
(please indicate)

YES          NO          UNSURE

**b) If you answered YES to the above, which department(s) is/are primarily responsible for the management and supervision of your mannequin-based simulator?**  
(check 2 maximum)

	Emergency Medicine
	Anesthesia
	School of medicine/University
	Private not-for-profit organization
	Private for-profit organization
	Don't know
	Other (specify)

**2) Have your residents used the following simulation training modalities in their residency training at any point?** (please indicate)

- |                                                         |     |    |        |
|---------------------------------------------------------|-----|----|--------|
| 1. Mannequin based high-fidelity simulators             | YES | NO | UNSURE |
| 2. Partial-task trainers (e.g. lumbar puncture torso)   | YES | NO | UNSURE |
| 3. Standardized patient based high-fidelity simulations | YES | NO | UNSURE |

Please specify any other simulation equipment that you use:

**3) a) Do you have a program or curriculum of regularly scheduled simulation-based education? (please indicate)**

YES      NO

**b) If you answered YES to the above have regularly scheduled simulation sessions, how often are these run? (check the closest approximation)**

	Every week
	Every 2 weeks
	Every month
	Every 3 months
	Every 6 months
	Every year
	Other (specify)
	Unsure

**c) Are your simulation sessions linked to the non-simulation-based education activities, and if so how?**

**4) a) Is simulation used for examination in your program? (check one)**

	No
	Yes, for formative assessment only
	Yes, for formative and summative assessment

**b) How often are your residents formally examined PER YEAR in a simulation environment? Please indicate any differences in the assessment frequency across different postgraduate years.**

Level of Training	Assessment Frequency
All residents	
PGY1	
PGY2	
PGY3	
PGY4	
PGY5	

**c) If you don't formally assess your residents, would you be comfortable using simulation for assessment (i.e. examination) at your institution?**

YES            NO

**5) Are faculty recognized with the following for participating in simulation training development, instruction, or assessment? (please indicate)**

- |                                     |     |    |
|-------------------------------------|-----|----|
| 1. Release or protected time        | YES | NO |
| 2. Monetary compensation            | YES | NO |
| 3. Recognition for tenure/promotion | YES | NO |

Please indicate any other ways faculty are recognized:

**6) a) Which of the following are barriers to using simulation at your institution? (please indicate)**

1. Lack of faculty time	YES	NO	UNSURE
2. Faculty inexperience	YES	NO	UNSURE
3. Faculty disinterest	YES	NO	UNSURE
4. Resident disinterest	YES	NO	UNSURE
5. Cost	YES	NO	UNSURE
6. Lack of protected time within the curriculum	YES	NO	UNSURE
7. Lack of access to equipment	YES	NO	UNSURE

Please specify any other barriers to using simulation at your institution:

- 
- 

**b) Which two of the above do you feel are the most significant barriers?**

- 
- 

**7) In the PAST YEAR, what percentage of your residents' time in simulation training (mannequin-based high-fidelity, partial task-trainer, and/or standardized patient high-fidelity) has been spent in the following locations?**

**PGY1**

- |                                                        |         |
|--------------------------------------------------------|---------|
| 1. In-situ (i.e. in the actual ED)                     | _____ % |
| 2. Hospital-based simulation lab                       | _____ % |
| 3. Off-site simulation lab (i.e. external to hospital) | _____ % |

TOTAL = 100%

**PGY2**

- |                                                        |         |
|--------------------------------------------------------|---------|
| 1. In-situ (i.e. in the actual ED)                     | _____ % |
| 2. Hospital-based simulation lab                       | _____ % |
| 3. Off-site simulation lab (i.e. external to hospital) | _____ % |

TOTAL = 100%

**PGY3**

- 1. In-situ (i.e. in the actual ED) \_\_\_\_\_ %
- 2. Hospital-based simulation lab \_\_\_\_\_ %
- 3. Off-site simulation lab (i.e. external to hospital) \_\_\_\_\_ %

TOTAL = 100%

**PGY4**

- 1. In-situ (i.e. in the actual ED) \_\_\_\_\_ %
- 2. Hospital-based simulation lab \_\_\_\_\_ %
- 3. Off-site simulation lab (i.e. external to hospital) \_\_\_\_\_ %

TOTAL = 100%

**PGY5**

- 1. In-situ (i.e. in the actual ED) \_\_\_\_\_ %
- 2. Hospital-based simulation lab \_\_\_\_\_ %
- 3. Off-site simulation lab (i.e. external to hospital) \_\_\_\_\_ %

TOTAL = 100%

**8) The amount of time dedicated to the following clinical presentations in your simulation training is \_\_\_\_\_ . (please circle)**

1. Airway Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
2. Shock  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
3. Adult Cardiac Arrest  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
4. Pediatric Resuscitation  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
5. Neonatal Resuscitation  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
6. Cardiac Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
7. Respiratory Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
8. Vascular Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
9. Gastrointestinal Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
10. Neurologic Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
11. Endocrine / Metabolic Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
12. Infectious Diseases  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*
13. Obstetrical Emergencies  
*Far Too Little      Too Little      About Right      Too Much      Far Too Much*

**9) Please indicate your level of agreement with the following statements:**

1. You are comfortable with your residents participating in simulation-based educational activities

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

2. You are comfortable with your residents being assessed in the simulation environment

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

3. The time dedicated to simulation-base activities during residency meets your residents' educational needs.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

4. Your residents' abilities to care for real patients is improved because they have practiced similar situations through simulation training.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

5. The addition of multidisciplinary team members (RNs, RTs, other) helpful in your residents' simulation training.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

6. You would like greater multidisciplinary team member (RNs, RTs, other) participation in simulation training with your residents.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

7. You prefer your residents to have simulation that is performed in situ (in the ED) compared to that performed in a simulation lab.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

8. You prefer your residents to have simulation that is unannounced/surprise to that which is scheduled

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

9. Simulation that is unannounced/surprise to that which is scheduled offers your residents a clinically useful educational experience.

*Strongly Agree*      *Agree*      *Neutral*      *Disagree*      *Strongly Disagree*

**10) a) How many HOURS do your residents spend participating in simulation sessions PER MONTH? If there are marked differences across postgraduate years, please elaborate.**

Level of Training	On-service hours/mo	Off-service hours/mo
All residents		
PGY1		
PGY2		
PGY3		
PGY4		
PGY5		

**b) How many HOURS IN TOTAL do your residents spend in simulation sessions PER YEAR? If there are marked differences across postgraduate years, please elaborate.**

Level of Training	Total Hours/year
All residents	
PGY1	
PGY2	
PGY3	
PGY4	
PGY5	



**11) Who is participating in simulation-based education at your institution (check all that apply)?**

<input type="checkbox"/>	EM residents
<input type="checkbox"/>	Nurses
<input type="checkbox"/>	Respiratory Therapists
<input type="checkbox"/>	Paramedics
<input type="checkbox"/>	EM staff physicians (CME)
<input type="checkbox"/>	Other (specify)

**12) Approximately what percentage of your EM faculty are participating in the design and/or administration of simulation-based sessions?**

\_\_\_\_\_ %

**13) Who is primarily administering simulation-based education at your institution? (indicate 1<sup>st</sup> and 2<sup>nd</sup> most active)**

<input type="checkbox"/>	EM staff physicians with specific training in simulation-based education
<input type="checkbox"/>	EM staff physicians without specific additional training in simulation-based education
<input type="checkbox"/>	EM residents
<input type="checkbox"/>	Nurses
<input type="checkbox"/>	Respiratory Therapists
<input type="checkbox"/>	Paramedics

**14) Where do you think your program needs to be improved with respect to simulation?**

**13) Please state any additional comments.**

Thank you for your participation!