

You received the survey link because the ACGME website has identified you as the Nephrology Program Director at your institution. If you are not the program director, please do not complete the survey--and if possible, forward the link to the program director. Thank you!

* 1. I am the Nephrology Program Director at my institution.

☐ Yes.

☐ No.

About you and your program...

* 2. The number of years I have practiced nephrology (including fellowship training) is

- ☐ < 5 years
- ☐ 5-10 years
- ☐ >10-20 years
- ☐ >20 years

3. How many total clinical fellows (both first and second year together) did you have in Training Year 2016-2017 (last year)?

4. How many total clinical fellows (both first and second year together) did you have in Training Year 2015-2016 (the year before last)?

About your temporary dialysis catheter insertion training...

Feel free to enter "NK" (Not known) or give an estimated number. Some programs do not keep these records.

5. How many temporary dialysis catheter (TDC) placements total were done by your fellows in Training Year 2016-2017 (last year)?

6. How many temporary dialysis catheter (TDC) placements total were done by your fellows in Training Year 2015-2016 (the year before last)?

* 7. Does your program have a minimum threshold number of TDC placements that must be done to satisfactorily demonstrate readiness for unsupervised practice and complete fellowship?

☐ Yes

☐ No

Types and Numbers of TDC your fellows are required to place...

8. If you answered "yes" to Q7, and have a minimum number of TDC placements that fellows must do to demonstrate readiness for unsupervised practice, please indicate what type and how many. (Skip this question if you do not have a required minimum number, and answered "no" to Q7.)

Femoral?	<input type="text"/>
IJ?	<input type="text"/>
Femoral/IJ together (Does not matter which)?	<input type="text"/>
Subclavian?	<input type="text"/>

9. What do you think the minimum threshold number of TDC insertions should be to demonstrate competence? (If you don't know, enter "NK" or "Don't know." If you don't think there should be a minimum number required, answer "No minimum".)

Femoral?	<input type="text"/>
IJ?	<input type="text"/>
Femoral/ IJ together (Does not matter which)?	<input type="text"/>
Subclavian?	<input type="text"/>
Comment?	<input type="text"/>

About your program's temporary dialysis insertion catheter practice...

* 10. How is the vein localized at your institution(s)? (Select all that apply).

- ☐ Real-time ultrasound
- ☐ Ultrasound localization only
- ☐ Fluoroscopy
- ☐ Physical landmarks only
- ☐ Other (please specify)

* 11. What percentage of fellow-performed TDC placements in your program are overseen by:: (Select all that apply.)

	0%	>0-25%	>25-50%	>50-75%	>75-100%
Nephrology Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventional Nephrologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventional Radiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care/ICU Medicine specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

About how you train your fellows to do TDC insertion...

* 12. Other than doing TDC placement directly, and keeping track of the number done, our program also trains fellows by (check all that apply):

- ☐ Doing TDC placement simulation training (intentional practice) at our own institution
- ☐ Doing TDC placement simulation testing at our own institution.
- ☐ Attending a procedural training simulation course at another site or institution, including a national meeting.
- ☐ Interventional nephrology rotation at our institution under the supervision of an interventional radiologist or nephrologist.
- ☐ No other training.
- ☐ Other (please specify)

Your opinions about simulation training for TDC placement...

* 13. Simulation training is a valuable supplement to adequate training in TDC placement.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. Simulation training is a necessary part of adequate training in TDC placement.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barriers to Training Fellows in TDC placement...

* 15. Which of the following are barriers to obtaining TDC placement competency for fellows (Chose all that apply).

- ☐ Logistics of preparing to insert the TDC (coordinating nursing assistance, supplies, localization modality)
- ☐ The time it takes to do the procedure.
- ☐ Limited time available to do procedure due to the busyness of the inpatient service.
- ☐ Competition for the procedure from trainees in specialties other than Nephrology (e.g. Critical Care, Surgery, Internal Medicine).
- ☐ Unwillingness or inability of Nephrology faculty to supervise the procedure.
- ☐ Unwillingness of Interventional Nephrologist to supervise/involve Nephrology fellows.
- ☐ Unwillingness of Interventional Radiology to supervise/involve Nephrology fellows.
- ☐ Unwillingness of Critical Care faculty to supervise/involve Nephrology fellows.
- ☐ Disinterest among fellows in doing the procedure.
- ☐ Fellows did not achieve central line competence during residency.
- ☐ Risk of complications.
- ☐ Lack of adequate reimbursement for the procedure.
- ☐ Cost of malpractice insurance.
- ☐ Other legal liability considerations.
- ☐ Most graduates will not perform the procedure in clinical practice.
- ☐ I do not perceive any significant barriers to the fellows' achieving competency
- ☐ Other (please specify)

16. Which of the following is the most important barrier to obtaining TDC placement competency for fellows? (Chose only one).

Do you think competency in TDC placement should be required?

* 17. Do you think attaining minimal competency in PERFORMING TDC placement should be required for Nephrology fellowship completion?

☐ Yes

☐ No

* 18. Why do you think attaining minimal competency should be required?

- ☐ It is an essential emergency procedure.
- ☐ All nephrologists should be willing and able to place a TDC
- ☐ It makes fellows more competitive for jobs after graduation.
- ☐ Other (please specify)

* 19. Should fellows be required to demonstrate competence in knowing the indications, contraindications, and complications for TDC placement, and appropriate referral for the procedure?

☐ Yes

☐ No

* 20. Should fellows have the opportunity to obtain minimal competency in performing TDC placement as part of an interventional/procedural track, even if it increases the length of the fellowship?

☐ Yes

☐ No

21. Please attach any other comments or suggestions you may have.

Thank you for taking the survey. Please click done if you are finished.