

Central Line Repair Follow-up Survey

Dear participant,

Please complete this brief survey so we may better assess the experiences before and after your time on our service.

I sincerely appreciate your help with this study.

Please enter today's date

Please list your first name initial AND your last name initial

(Example: John Smith = JS)

Please select the description that applies to you

- ☐ Trainee at the University
- ☐ Trainee OUTSIDE of the University
- ☐ Rotating Advanced Practice Provider

Please state your current surgical training program

- ☐ General Surgery categorical resident
- ☐ Preliminary Surgery resident
- ☐ Pediatric Surgery fellow

Please state your plans after completing this current training program

- ☐ Pediatric Surgery fellowship training
- ☐ General Surgery Subspecialty training NOT including Pediatric Surgery
- ☐ Pediatric Surgery practice
- ☐ General Surgery practice
- ☐ General Surgery Subspecialty practice NOT including Pediatric Surgery
- ☐ Continued training in General Surgery
- ☐ Continued training in a Surgical discipline outside of General Surgery (Ortho, Plastics, Ob/Gyn, Urology, Neurosurgery, Ophthalmology, ENT, etc)
- ☐ Continued training in a NON-Surgical discipline (Radiology, Dermatology, Internal Medicine, Pediatrics, Neurology, etc)

Please select the number of years you have been in training (for trainees) or out in practice (for advanced practice providers)

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ 6 years
- ☐ 7 years
- ☐ 8 years
- ☐ 9 years
- ☐ 10 or more years

Please state your age

Please state your gender

- ☐ Male
- ☐ Female

Was this the first time you rotated on Pediatric Surgery?

- ☐ Yes
- ☐ No

If this was not the first time you rotated on Pediatric Surgery, please estimate the number of weeks you have PREVIOUSLY spent on a Pediatric Surgery service

- ☐ 1-2 weeks
☐ 3-4 weeks
☐ 5-8 weeks
☐ 9-12 weeks
☐ 13-24 weeks
☐ More than 24 weeks

Did you watch the educational video created by Pediatric Surgery with step-by-step instructions on how to repair a central line (Broviac)

- ☐ Yes
☐ No

Did you watch the PowerPoint presentation created by Pediatric Surgery on central line (Broviac) repair instructions?

- ☐ Yes
☐ No

Were you shown how to repair a central line (Broviac) during a MOCK CENTRAL LINE REPAIR PROCEDURE (using a mannequin or repair kits)?

- ☐ Yes
☐ No

Please estimate the number of central line (Broviac) repair procedures you assisted or observed DURING YOUR TIME on the Pediatric Surgery service

- ☐ None
☐ 1
☐ 2
☐ 3-5
☐ 6-10
☐ More than 10

Please estimate the number of central line (Broviac) repair procedures you personally performed DURING YOUR TIME on the Pediatric Surgery service

- ☐ None
☐ 1
☐ 2
☐ 3-5
☐ 6-10
☐ More than 10

Please describe the HIGHEST LEVEL of training you received DURING YOUR TIME ON PEDIATRIC SURGERY for education on central line repair procedures

Independent training includes reading the instructions on the repair kit, searching for online written instructions, and searching for educational videos

Formal training includes PowerPoint presentations, written instructions, and educational videos by the procedure team where you performed your FIRST central line repair

- ☐ Level 1: No training at all
☐ Level 2: Independent training
☐ Level 3: Formal training
☐ Level 4: Formal training AND Independent training
☐ Level 5: Proctored procedure by another experienced provider
☐ Level 6: Proctored procedure by another experienced provider AND Formal training
☐ Level 7: Proctored procedure by another experienced provider AND Formal training AND Independent training

If you selected independent training, please check all that apply

- ☐ Read instructions on the repair kit package
☐ Searched for written instructions
☐ Searched for instructional videos
☐ Other _____

Please state what other independent training you received

If you received formal training, please select all that apply

- ☐ PowerPoint presented or distributed by a proceduralist
- ☐ Written instructions presented or distributed by a proceduralist
- ☐ Educational video produced by the procedure team
- ☐ Other_____

Please state what other formal training you received

Please use the following scale to answer the next set of questions:

0 I feel completely unqualified or highly apprehensive about this.

10 I feel completely comfortable and/or require no supervision about this.

On a scale of 0-10, how would you rate your overall level of comfort in PERSONALLY PERFORMING a central line (Broviac) repair procedure?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in ASSESSING IF A CENTRAL LINE (BROVIAC) IS APPROPRIATE FOR REPAIR

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in TROUBLESHOOTING central line (Broviac) catheters that are not flushing easily after the repair

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in DOCUMENTING central line (Broviac) procedures

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in REQUESTING ASSISTANCE for central line (Broviac) procedures

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in providing POST PROCEDURE INSTRUCTIONS AND FOLLOW UP INFORMATION TO PATIENTS, CAREGIVERS OR PROVIDER TEAMS following central line (Broviac) repair procedures

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in ASSESSING THE DRESSING OR SKIN AROUND THE LINE during a central line (Broviac) repair procedure

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

On a scale of 0-10, how would you rate your overall level of comfort in PLACING A NEW STERILE DRESSING AROUND THE LINE after a central line (Broviac) repair procedure

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10