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ORIGINAL RESEARCH

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Knowledge of essential regional ultrasound anatomy in an academic **Department of Anaesthesiology and Critical Care**

Supplement 1

Survey tool

1. What is your role in the Department of Anaesthesia and Critical Care (DACC)? Consultant with less than five years of specialist experience Consultant with more than 5–10 years of specialist experience Consultant with more than 10 years of specialist experience Registrar with less than two years of formal registrar training Registrar with more than two years of formal registrar training Medical officer with less than two years of experience in anaesthesia Medical officer with more than two years of experience in anaesthesia Medical officer with more than two years of experience in anaesthesia PCA or equivalent Subspecialist/fellowship 3. What is the average number of peripheral nerve blocks that you perform per week? 0-5	Please choose the appropriate selection that is applicable to you in the questionnaire below. You will be required to answer all the questions; otherwise, your response will be discarded.				
Consultant with less than five years of specialist experience Consultant with more than 5–10 years of specialist experience Registrar with less than two years of formal registrar training Registrar with more than 10 years of specialist experience Registrar with more than two years of formal registrar training Medical officer with less than two years of experience in anaesthesia Medical officer with more than two years of experience in anaesthesia None Diploma in anaesthesia FCA or equivalent Subspecialist/fellowship 3. What is the average number of peripheral nerve blocks that you perform per week? 0-5 6-10 11-15 > 15 4. Regarding the technique used to perform peripheral nerve blocks, which do you use? Landmark technique and a nerve stimulator Ultrasound guidance only Ultrasound guidance and a nerve stimulator 5. Which blocks do you perform most regularly? (Choose up to five.) Transversus abdominis plane (TAP) block Supraclavicular block Interscalene block Axillary nerve block Superior trunk block Subcostal TAP block Quadratus lumborum block Frentor spinae block Rectus sheath block Femoral nerve block Rectus sheath block Femoral nerve block Fascia iliaca infrainguinal Fascia iliaca suprainguinal Popliteal sciatic block Arkle block Wrist block Wrist block Wrist block					
2. Please choose your highest qualification: None Diploma in anaesthesia FCA or equivalent Subspecialist/fellowship 3. What is the average number of peripheral nerve blocks that you perform per week? O-5 6-10 11-15 > 15 4. Regarding the technique used to perform peripheral nerve blocks, which do you use? Landmark technique only Landmark technique and a nerve stimulator Ultrasound guidance only Ultrasound guidance and a nerve stimulator 5. Which blocks do you perform most regularly? (Choose up to five.) Transversus abdominis plane (TAP) block Supraclavicular block Interscalene block Axillary nerve block Superior trunk block Superior trunk block Subcostal TAP block Quadratus lumborum block Freector spinae block Rectus sheath block Femoral nerve block Obturator nerve block Obturator nerve block Adductor canal block Ankle block Mrist block Wrist block Wrist block Wrist block Wrist block Wrist block	 Consultant with less than five years of specialist experience Consultant with more than 5–10 years of specialist experience Consultant with more than 10 years of specialist experience Registrar with less than two years of formal registrar training Registrar with more than two years of formal registrar training Medical officer with less than two years of experience in anaesthesia 				
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	□ Wrist block				



6. Do y	ou use any of the following online applications regularly?
	NYSORA
	ESRA
	YouTube
	AnSo Other
_	
	e your knowledge of regional ultrasound anatomy on a scale of 1 to 5, where 1 ce and $5 = $ expert.
	1
	2
	3 4
П	5
8. Are	you aware of all the known risks/complications of each of the blocks you only perform?
	Yes
_	No
	Not sure
_	arding informed consent for peripheral nerve blocks, choose the option most able to you.
	I do not take consent
	I always take verbal consent (quick)
	I always take verbal consent (detailed)
	I always take written consent with a detailed explanation
10. Re	garding performing nerve blocks in adults (excluding interfacial plane blocks):
	I always do nerve blocks awake I always do nerve blocks asleep
11 D	I do a combination of asleep and awake nerve blocks
	garding performing the peripheral nerve block, if you cannot visualise the natomy clearly, do you continue with the block?
	Yes
	Sometimes
	Usually
12. Do	Never you think the ultrasound-guided performance of a regional technique is an
impor	tant skill for all anaesthetists?
	Yes
	No
	Useful but not essential
	nat do you feel are barriers to performing ultrasound-guided peripheral nerve in your setting? (Select all that apply.)
	Lack of confidence and knowledge of anatomy
	Surgical factors (type of surgery)
	Lack of time
	Pressure from the surgeon
	Lack of own skills and knowledge of practical abilities
	Lack of appropriate equipment Patient refusal
skill to	ou do perform peripheral nerve blocks, how did you gain the knowledge and perform them? (Select all that apply.)
	Self-trained
	Peer-to-peer training Use of online applications and videos
	Formal accredited teaching programme (workshops, formal online courses)

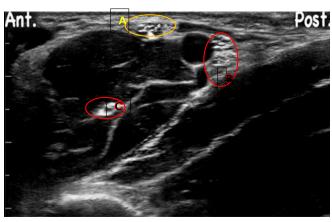
15. Do you feel that a formal teaching programme will be beneficial in improving your regional anaesthesia skills?
☐ Yes☐ Maybe☐ No
16. Which learning platform would you prefer to learn or improve your skill set an performance of peripheral nerve blocks?
 Online workshops/webinars Simulation-based training Hands-on workshops (cadavers, scanning live patients) All of the above
☐ All of the above

For the next seven questions that follow, please note that you will have one minute per question. Any unanswered questions will be considered an incorrect response. Please do not answer using abbreviations. Remember, your response is anonymous. Please try to answer the questions as honestly as possible. Thank you for your time and response.

"Plan A blocks" are now internationally accepted as the essential blocks for a qualified anaesthetist to be able to perform. To be able to perform these essential blocks, knowledge of regional ultrasound anatomy is essential. In each question, an image of these essential blocks will be shown. Please identify the block demonstrated with ultrasound anatomy and label the structures.

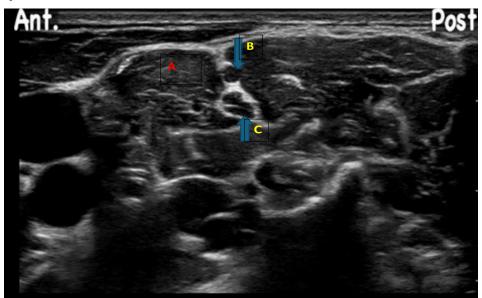
Question 17

□ None



17.1 Name the block that would be performed here.	
17.2 Label structure A.	<u>.</u>
17.3 Label structure B.	
17.4 Label structure C.	

Question 18

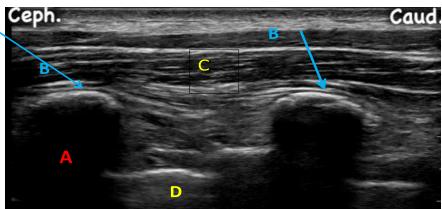


18.1 Name the block performed	here.

- 18.2 Label structure A.
- 18.3 Label structure B.
- 18.4 Label structure C.
- 18.5 What is **the most** common complication experienced with this block?

Question 19

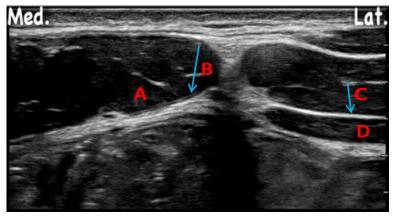




19.1 Name the block performed at B. (Hint: this block is done laterally to the spinous processes as demonstrated.)

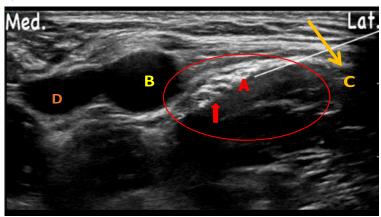
- 19.2 Label structure A.
- 19.3 Label muscle C.
- 19.4 Label D. _____

Question 20



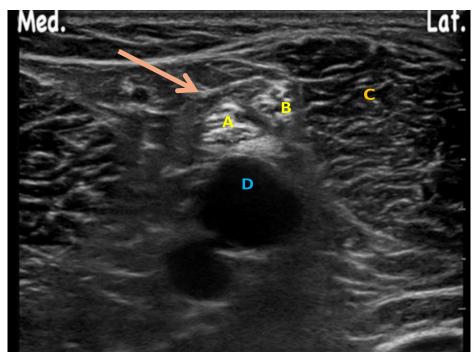
- 20.1 Name the block that is done at B.
- 20.2 Name the block that is done at C.
- 20.3 Label muscle A. ___
- 20.4 Label structure D.

Question 21



- 21.1 Which block is demonstrated here? ___
- 21.2 Label structure A.
- 21.3 Label structure B.
- 21.4 Label structure C. ___
- 21.5 Label structure D.

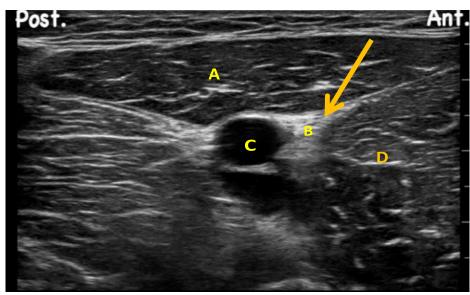
Question 22



22.1 Name the block performed indicated by the arrow.

22.2 Label structure A.	
22.3 Label structure B.	
22.4 Label structure C.	
22.5 Label structure D.	
22.6 Name a common complication of this block	

Question 23



23.1 Name the block performed at the indicated site (arrow).

23.2 Label structure A.	
23.3 Label structure B.	
23.4 Label structure C.	
23.5 Label structure D.	

23.6 Name a procedure that this block is commonly used for.