



## ECMOjo Demographic Survey

Participant Number \_\_\_\_\_

1. Primary specialty

- a. Nurse
- b. Respiratory Therapist
- c. Physician
- d. Other \_\_\_\_\_
- c. Perfusionist

2. Physician

- a. Resident
- b. Fellow
- c. Faculty

3. Years of ECMO experience

- a. \_\_\_\_\_ years

4. Number of cases in last 2 years (unproctored)

- a. None – Two
- b. Two to five
- c. Six to ten
- d. More than ten

5. Are you an ECMO Specialist (do you sit at the pump?)

- a. Yes
- b. No

6. Do you have ECMO simulation experience?

- a. Yes
- b. No

7. Have you participated in an organized ECMO educational course

- a. Type?
  - i. Lecture series
  - ii. Wet lab or Animal lab
  - iii. Training course (lectures and wet/animal lab)
  - iv. other

b. How often?

- i. Only once
- ii. Once a year
- iii. Once every other year
- iv. Other \_\_\_\_\_