Prevalence of ultrasound use and attitudes towards training among fellows of the College of Intensive Care Medicine of Australia and New Zealand

Practice of echocardiography is becoming increasingly common among intensive care practitioners with several different qualification pathways available. CICM USIG conducted a survey of CICM fellows to determine the prevalence of echocardiography use, experience and involvement in ultrasound teaching and training by CICM Fellows. The findings of this survey played an important part in preparation of USIG recommendations for the 'Levels of Training in Critical Care Echocardiography (CCE) in adults' document. We felt it may be useful for some of the results of the survey be described in further detail as background to this document.

The survey was distributed among all CICM Fellows ($n = 1076$) in 2016/17. The response rate was 10.6% (106 responders). There were 79 USIG members at that time. Responders predominantly had <3 or 3–10 years post-Fellowship experience from NSW, Queensland or Victoria. Almost all respondents stated that vascular access and focused cardiac ultrasound should be part of a formal CICM Fellowship training (99% and 97%, respectively). Half of respondents had formal qualifications in ultrasound (54%, $n = 56$). All had access to relatively high level ultrasound equipment in intensive care units, but only 66% archived their studies. Most of those, who did not store images (68%), were performing focused cardiac ultrasound. All responders (100%) used ultrasound for vascular access and 95% for pleural drainage. Importantly, 38% of responders felt that their level of practice was at least equal to cardiology colleagues. The majority (74%) felt that TOE should be a part of training in advanced CCE and a half (49%) preferred two separate pathways for accreditation in TTE vs. TOE,

as has been suggesting in the Levels of Training in CCE document. Only 17% took active part in providing teaching of advanced echocardiography. Involvement in ultrasound research was also low (25%), while only 55% of responders participated in echocardiography-specific CME.

The results of this survey provided vital background information and confirmed urgent need for USIG to provide leadership in setting robust unified training standards and clear definitions for levels of CCE training. We hope to ensure safe, consistent and up to date practice, teaching and research in CCE in Australia and New Zealand.

Thank you for your consideration of our 'Letter to the editor'. We look forward to hearing from you.

Yours sincerely,

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