**2018 COMSEP Annual Survey**

If you are a preceptor that teaches students in the ambulatory setting, please answer the following questions.

1. **How do you teach pediatric otoscopy to medical students? Check all that apply.**
* Formal didactic session
* Formal hands-on and/or simulation session
* Direct patient care settings
1. **Do you demonstrate pneumatic otoscopy?**
* Yes
* No
1. **Do you demonstrate cerumen removal?**
* Yes
* No
1. **Please indicate you level of agreement with the following statement. I find the following barriers to teaching pediatric otoscopy to medical students:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | StronglyAgree | Agree | Disagree | StronglyDisagree |
| The general approach (i.e. holding young child, equipment, otoscope technique) is difficult to teach |[ ] [ ] [ ] [ ]
| The time it takes to teach students in direct patient care settings  |[ ] [ ] [ ] [ ]
| The presence of cerumen |[ ] [ ] [ ] [ ]
| My own skills in teaching pediatric otoscopy  |[ ] [ ] [ ] [ ]
| My own skills in performing pneumatic otoscopy |[ ] [ ] [ ] [ ]
| My own skills in cerumen removal  |[ ] [ ] [ ] [ ]
| Lack of technological devices to facilitate teaching (e.g. video otoscope, dual head otoscope, tympanogram) |[ ] [ ] [ ] [ ]
| Lack of formal feasible curricula  |[ ] [ ] [ ] [ ]
| Availability of equipment (e.g. insufflator bulb)  |[ ] [ ] [ ] [ ]
| Student anxiety (10) |[ ] [ ] [ ] [ ]
| Parent anxiety (11) |[ ] [ ] [ ] [ ]

1. **It is important for *all* graduating medical students to know how to perform basic pediatric otoscopy, defined as visualization of the tympanic membrane using an otoscope.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **A curriculum regarding how to teach the pediatric ear exam to medical students in direct patient care settings would help me to be more effective in teaching this skill.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree

The next set of questions relate to your own clinical experience with pediatric otoscopy.

1. **Which criteria do you use to diagnose the majority of your patients with acute otitis media? Check all that apply.**
* Moderate to severe bulging of the TM
* Distinct erythema and poor mobility of the TM
* Poor mobility and fluid levels of the TM
* Retraction and abnormal color of the TM
* Poor mobility of the TM
1. **The AAP Guidelines for the diagnosis of Acute Otitis Media are helpful to me.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **In which clinical situations do you use pneumatic otoscopy? Check all that apply.**
* To diagnose AOM
* To diagnose OME
* Only when I am unsure of the diagnosis
* I do not use insufflation
1. **Cerumen is a frequent barrier to the accurate diagnosis of Acute Otitis Media.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **I find it difficult to remove cerumen in the young child.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **Were you taught how to perform cerumen removal on a young child?**
* Yes
* No
1. **Were you taught how to perform pneumatic otoscopy on a young child?**
* Yes
* No
1. **Skill in pneumatic otoscopy is important to the diagnosis of AOM**
* Strongly agree
* Agree
* Disagree
* Strongly disagree

These questions relate to you as a physician:

1. **How many years have you practiced ambulatory pediatrics (post-residency)?**
* 0-5
* 5-15
* 15-25
* 25+
1. **How would you define your residency-training program?**
* Academic/Tertiary Care
* Community Pediatrics

If you are in a supervisory role for the pediatric clerkship, please answer the following questions.

1. **The preceptors in my program demonstrate pneumatic otoscopy to our clerkship students.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **The preceptors in my program demonstrate cerumen removal to our clerkship students.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **Please indicate your level of agreement with the following statement. The following factors are barriers for the preceptors in my program teaching pediatric otoscopy to medical students:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | StronglyAgree | Agree | Disagree | StronglyDisagree |
| The general approach (i.e. holding young child, equipment, otoscope technique) is difficult to teach |[ ] [ ] [ ] [ ]
| The time it takes to teach students in direct patient care settings  |[ ] [ ] [ ] [ ]
| The presence of cerumen |[ ] [ ] [ ] [ ]
| My own skills in teaching pediatric otoscopy  |[ ] [ ] [ ] [ ]
| My own skills in performing pneumatic otoscopy |[ ] [ ] [ ] [ ]
| My own skills in cerumen removal  |[ ] [ ] [ ] [ ]
| Lack of technological devices to facilitate teaching (e.g. video otoscope, dual head otoscope, tympanogram) |[ ] [ ] [ ] [ ]
| Lack of formal feasible curricula  |[ ] [ ] [ ] [ ]
| Availability of equipment (e.g. insufflator bulb)  |[ ] [ ] [ ] [ ]
| Student anxiety (10) |[ ] [ ] [ ] [ ]
| Parent anxiety (11) |[ ] [ ] [ ] [ ]

1. **Are insufflator bulbs routinely available where your faculty teaches students?**
* Yes
* No
* I don’t know
1. **The preceptors in my program need further education to be more effective teachers of pediatric otoscopy to our clerkship students.**
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. **Please** **provide any other comments on the practice or the teaching of pediatric otoscopy.**

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