Google Forms

https://www.google.com/forms

Google Forms is a survey administration software that is included in the Google Docs Editors software suite along with Google Docs, Google Sheets, and Google Slides. It allows collecting information from users through surveys. The collected information can be automatically entered into a spreadsheet.

An anonymous online survey performed using Google Forms was widely circulated among neurosurgeons practicing in India via email and social media platforms. The questionnaire consisted of 38 questions covering the various aspects of medicolegal issues involved in neurosurgery practice.

Results: A total of 221 survey responses were received, out of which 214 responses were included in the final analysis, barring 7 responders who had no work experience in India. The respondents were categorized according to their working arrangements and work experience. Out of all of the respondents, 20 (9.3%) had ≥ 1 malpractice suits filed against them. More than 90% of the respondents believed that malpractice suits are on the rise in India. Almost half of the respondents believed the advent of teleconsultation is further compounding the risk of malpractice suits, and 66.4% of respondents felt that they were inadequately trained during residency to deal with medicolegal issues. Most respondents (88.8%) felt that neurosurgeons working in the government sector had lesser chances of facing litigations in comparison to those working in the private sector. The practice of obtaining video proof of consent was more commonly reported by respondents working in freelancing and private settings (45.1%) and those with multiple affiliations (61.3%) compared to respondents practicing in government settings (22.8%) ($p < 0.001$). Neurosurgeons working in the private sector were more likely to alter management and refer sick patients to higher-volume treatment centers to avoid malpractice suits than their government counterparts ($p = 0.043$ and 0.006, respectively). The practices pertaining to legal preparedness were also found to be significantly higher among the respondents from the private sector ($p < 0.001$).

This survey highlights the apprehensions of neurosurgeons in India with regard to rising malpractice suits and the subsequent increase of defensive neurosurgical practices, especially in the private sector. A stronger legal framework for providing for quick redress of patient complaints, while deterring frivolous malpractice suits, can go a long way to allay these fears. There is a dire need for systematic training of neurosurgeons regarding legal preparedness, which should begin during residency [1)].

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evaluators received Google Forms with questionnaires on each scan, DICOM files to be manipulated in the Horos software for multiplanar reconstruction, and a collection of slides demonstrating the steps for classifying each type of ACP pneumatization. Interobserver agreement was calculated by the Fleiss kappa test.

Results: Thirty CT scans were analyzed by 37 evaluators, of whom 20 were neurosurgery residents and 17 were neurosurgeons. The overall reproducibility of the ACP pneumatization classification showed a Fleiss kappa index of 0.49 (95% confidence interval: 0.49-0.50). The interobserver agreement indices for the residents and neurosurgeons were 0.52 (0.51-0.53) and 0.49 (0.48-0.50), respectively, and the difference was statistically significant ($P < 0.00001$).

Conclusion: The optic strut-based classification of ACP pneumatization showed acceptable concordance. Minor differences were observed in the agreement between the residents and neurosurgeons. These differences could be explained by the residents' presumably higher familiarity with multiplanar reconstruction software [2].

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an online survey among neurosurgery residents in Indonesia, Malaysia, Philippines, Singapore, and Thailand from May 22 to 31, 2020 using Google Forms. The 33-item questionnaire collected data on elective and emergency neurosurgical operations, ongoing learning activities, and health worker safety.

Results: A total of 298 of 470 neurosurgery residents completed the survey, equivalent to a 63% response rate. The decrease in elective neurosurgical operations in Indonesia and in the Philippines (median, 100% for both) was significantly greater compared with other countries ($P < 0.001$). For emergency operations, trainees in Indonesia and Malaysia had a significantly greater reduction in their caseload (median, 80% and 70%, respectively) compared with trainees in Singapore and Thailand (median, 20% and 50%, respectively; $P < 0.001$). Neurosurgery residents were most concerned about the decrease in their hands-on surgical experience, uncertainty in their career advancement, and occupational safety in the workplace. Most of the residents (n = 221, 74%) believed that the COVID-19 crisis will have a negative impact on their neurosurgical training overall.

Conclusions: An effective national strategy to control COVID-19 is crucial to sustain neurosurgical training and to provide essential neurosurgical services. Training programs in Southeast Asia should consider developing online learning modules and setting up simulation laboratories to allow trainees to systematically acquire knowledge and develop practical skills during these challenging times [3].

A questionnaire addressing various aspects of the residency program from a resident's perspective was prepared with Google Forms and circulated among neurosurgery residents through social media and email groups. Where applicable, a 5-point Likert scale was used to grade the responses to the questions. Responses were collected from May to October 2019 and analyzed using descriptive statistics. Complete anonymity of the respondents was ensured to keep the responses unbiased.

Results: A total of 195 responses were received, with 189 of them from lower-middle-income countries (LMICs). The majority of these were from India (75%), followed by Brazil and Pakistan. An abiding concern among residents was lack of work hour regulations, inadequate exposure to emerging subspecialties, and the need for better hands-on training (> 60% each). Of the training institutions represented, 89% were offering more than 500 major neurosurgical surgeries per year, and 40% of the respondents never got exposure to any subspecialty. The popularity of electronic learning resources was discernible and most residents seemed to be satisfied with the existent system of evaluation. Significant differences ($p < 0.05$) among responses from India compared with those from other countries were found in terms of work hour regulations and subspecialty exposure.

Conclusions: It is prudent that concerned authorities in LMICs recognize and address the deficiencies perceived by neurosurgery residents in their training programs. A determined effort in this direction would be endorsed and assisted by a host of international neurosurgical societies when it is felt that domestic resources may not be adequate. Quality control and close scrutiny of training programs should ensure that the interests of neurosurgical trainees are best served [4].

The Web-based questionnaire, developed using Google Forms, contained 42 items: 7 on stereotactic radiotherapy implementation, 4 on IMRT, 24 on IGRT, and 7 on respiratory motion management. The survey was conducted from 17 January to 9 March of 2018; in total, 335 institutions provided data. The results show that volumetric modulated arc therapy was used at a level comparable to that of static gantry IMRT. For IGRT, machine-integrated computed tomography (CT), including kilovoltage or megavoltage cone-beam CT and megavoltage CT, was used at many institutions in conjunction with target-based image registration. For respiratory motion management, breath holding was the most commonly used technique. Our hope is that multi-institutional surveys such as this one will be conducted periodically to elucidate the current status of radiotherapy and emerging developments in this field. If our questionnaire was distributed worldwide, in the same format, then global trends in radiotherapy could be better understood [5)].

A satisfaction survey generated with a form of Google Forms was carried out in September 2018 with 14 questions related to the quality, ease and capacity of the learning obtained after the use of the nerve blocks Simulator, which was firstly published on the first edition of the course for 34 students. An average of 7.3 attempts of resolution have been made per practice and per student in the simulator. The students are, in their immense majority, habitual users of the ICTs and 73% of them consider that their experience with the simulator has been satisfactory and that their learning has been favored by this fact. The authors have verified that the ultrasound simulator contributes to the learning of skills for the practice of nerve blocks and, furthermore, it helps to ensure that theoretical knowledge is carried out in a more productive and efficient way [6)].

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