Family Medicine
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Supplemental Table 1: CREDES Quality Reporting Checklist

Adapted from Junger et. al. (**JUNGER**)

Criterion	Study Description
Rationale for Choice of the Delphi Technique	
Justification: The choice of the Delphi technique as a method of systematically collating expert consultation and building consensus needs to be well justified.	Described in methods – higher level, prospective evidence to answer the research question is lacking. Rigorous expert consensus is needed.
Planning and Design	
Planning and Process: Any modifications should be justified by a rationale and be applied systematically and rigorously	No traditional Delphi modifications were made.
Definition of consensus: Unless not reasonable due to the explorative nature of the study, an a priori criterion for consensus should be defined.	Consensus definitions were decided a priori as were the number of voting rounds. Consensus was not forced – items not meeting it were excluded by default after 3 rounds (also decided a priori).
Study Conduct	
Informational input: All material provided to the expert panel at the outset of the project and throughout the Delphi process should be carefully reviewed and piloted in advance.	Two independent researchers reviewed and piloted the structured questionnaires (PS and SB). External resident physician peer reviewers provided additional input on item clarity and questionnaire functionality.
Prevention of bias: Researchers need to take measures to avoid directly or indirectly influencing the experts' judgements. If one or more members of the research team have a conflict of interest, entrusting an independent researcher with the main	An independent, non-voting member of the research team from the University of North Carolina at Chapel Hill (PS) provided oversight to the process and feedback. Panel members were screened for conflicts of interest. Core members of the research team who voted as panelists were blinded to identities of all respondents

coordination of the Delphi study is advisable	when analyzing data. Only non-voting members had access to de-identified survey responses (SB, PS).
Interpretation and processing of results:	Recommendations stemming from these conclusions are discussed as are the limitations of this process.
External validation	Manuscript underwent a traditional peer review process with journal submission. It is compared to other Delphi studies on this topic as a means of external validation.
Reporting	
Purpose and rationale: The purpose of the study should be clearly defined.	As defined, to reach consensus on POCUS applications in FM residency training.
Expert panel: Criteria for the selection of experts and transparent information on recruitment of the expert panel, socio-demographic details including information on expertise regarding the topic in question, (non)response and response rates over the ongoing iterations should be reported	Demographics are reported in Table 1 and panel selection is described in the methods. Response rate was 100% across all rounds.
Description of the methods: The methods employed need to be comprehensible; this includes information on preparatory steps (How was available evidence on the topic in question synthesized?), piloting of material and survey instruments, design of the survey instrument(s), the number and design of survey rounds, methods of data analysis, processing and synthesis of experts' responses to inform the subsequent survey round and methodological decisions taken by the research team throughout the process	Piloting of material, design of surveys, literature search, the choice of number of rounds, the processing of information, and methodologic choices around consensus are described in detail in the methods section.

Procedure. Flow chart to illustrate the stages of the Delphi process, including a preparatory phase, the actual 'Delphi rounds', interim steps of data processing and analysis, and concluding steps	Figure 2 describes the selection of items and the flow of items throughout the rounds of Delphi voting.
Definition and attainment of consensus: It needs to be comprehensible to the reader how consensus was achieved throughout the process, including strategies to deal with non-consensus	Consensus was defined a priori, followed throughout, and non-consensus items excluded by default. Consensus was not forced. Minority dissent was described a priori and followed throughout but was not relevant to findings as no items met these criteria.
Results: Reporting of results for each round separately is highly advisable in order to make the evolving of consensus over the rounds transparent. This includes figures showing the average group response, changes between rounds, as well as any modifications of the survey instrument such as deletion, addition or modification of survey items based on previous rounds	Figure 2 shows modifications and item flow throughout all rounds. The round on which items reached consensus is provided in Figure 3. The overall rounds that items met consensus and weighted scores, including those that met negative consensus or did not reach consensus, are provided in tables and figures.
Discussion of limitations: Reporting should include a critical reflection of potential limitations and their impact of the resulting guidance	Panelists were all experts and residency curricular leads in point of care ultrasound. This expert consensus on items may be an overestimate of true generalizability of the broad utility and feasibility of these items in family medicine practice. This is discussed in the manuscript.
Adequacy of conclusions: The conclusions should adequately reflect the outcomes of the Delphi study with a view to the scope and applicability of the resulting practice guidance	Applications of the study to US Family Medicine residency training, as well as its limitations are discussed.
Publication and dissemination:	The results of this Delphi study are being used to inform the creation of standard

The resulting guidance on best practices should be clearly identifiable from the publication, including recommendations for transfer into practice and implementation.	point of care ultrasound curriculum guidelines for US Family Medicine Residencies. Ultimately, the application of these findings are up to accrediting and regulatory bodies, as well as individual US Family Medicine Residency programs.