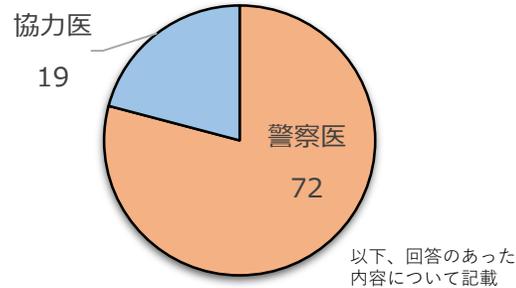
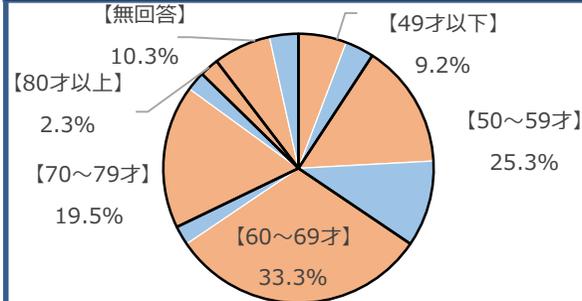


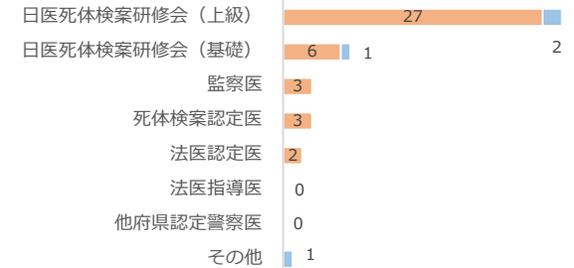
1. アンケート配付先



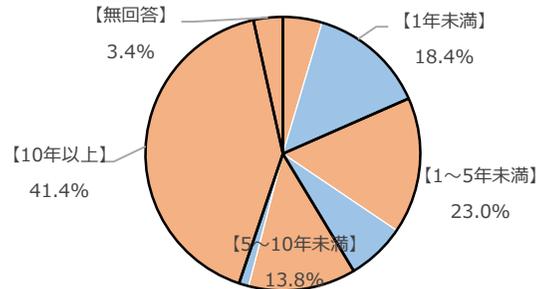
2. 年齢層



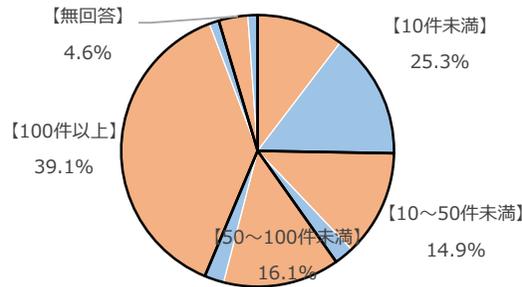
3. 資格取得



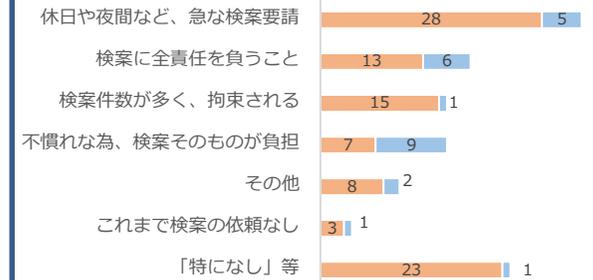
4. 経験年数



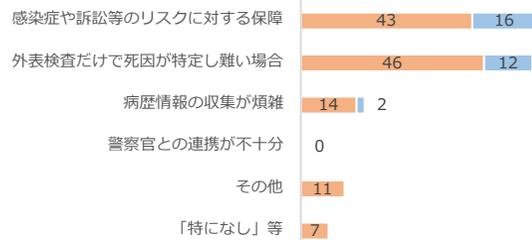
5. 年間検案数



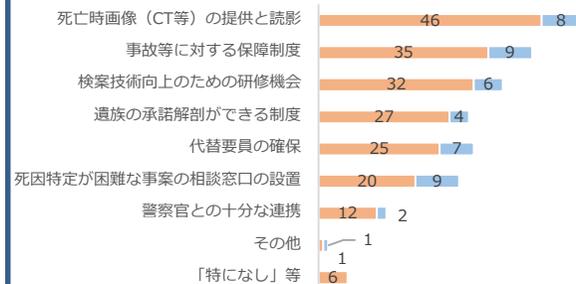
6. 負担に感じていること



7. 課題と感じていること



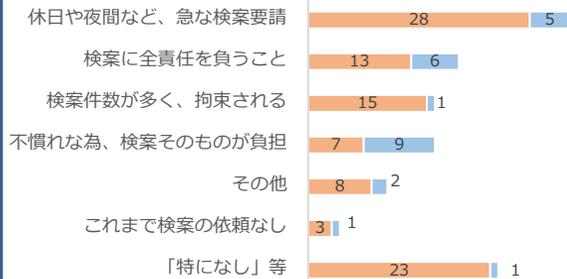
8. 必要なサポート



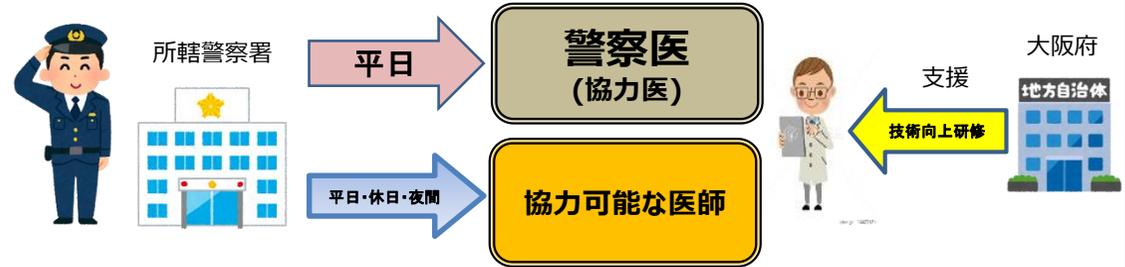
9. 今後の協力意向



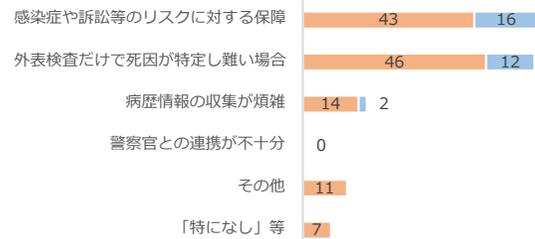
負担に感じていること



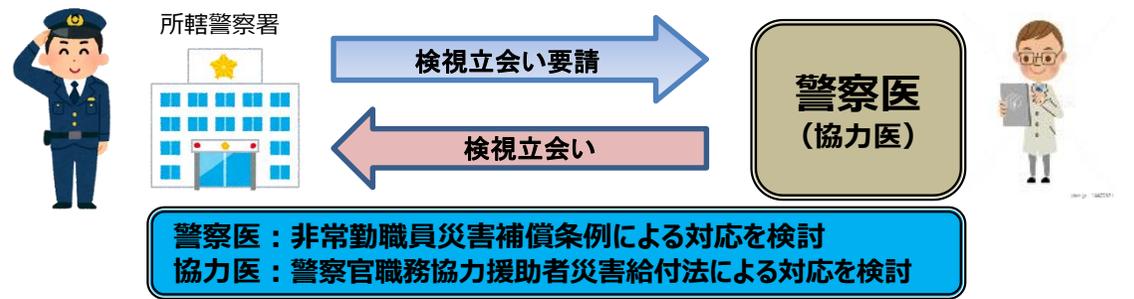
急な検案要請に対する協力可能な医師の確保



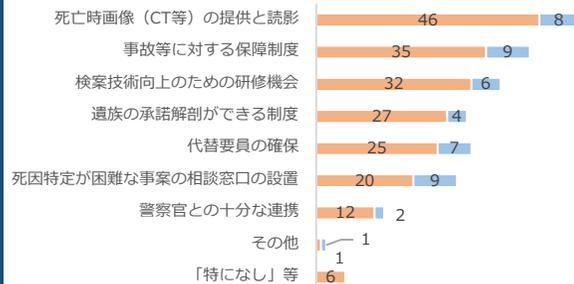
課題と感じていること



感染症やケガに対する災害補償



必要なサポート



CT画像と所見の提供

