

**Appendix A: Survey "Impact of the COVID19 pandemic on Anesthesiology residents. Training and experience."**

**Sociodemographic Data:**

1. Gender: (M/F)
2. Age: (Number)
3. Year of residence: (1st/2nd/3rd/3rd/4th)
4. Have you previously done any other residency or healthcare related work?
  - Other residency
  - Other healthcare related work
  - The two
  - This is my first professional experience in healthcare.
5. Province where you work : (Province)
6. Type of hospital: (Primary/Secondary/Tertiary)
7. Have you suspended your previously planned rotation during the period 03/15 through 05/15? (Yes/No)
8. The change in the care activity has meant:
  - 8.1.** Staying at home for several days due to lack of care activity (periods at home due to window period/on-call rest will not be considered):  
(Yes/No)
  - 8.2.** I have maintained the activity in the same area: (Yes/No)
  - 8.3.** Transfer to a non-COVID Resuscitation Area: (Yes/No)
  - 8.4.** Transfer to COVID Resuscitation Area: (Yes/No)

8.5. Scheduled Surgical Activity: (Yes/No)

8.6. Work in another unit outside SARTD: (Yes/No)

8.7. Other: (Yes/No)

9. How many shifts did you perform per month before the COVID period?

(Number)

10. How many Guards have you performed per month during the COVID

period? (Number)

11. Have you had to extend your normal working hours? (Yes/No)

**Subjective Aspects:**

**Recognition**

12. Have you felt recognition as a professional by:

|                | <i>Nothing</i> | <i>Little</i> | <i>Quite</i> | <i>Much</i> |
|----------------|----------------|---------------|--------------|-------------|
| Family/Friends |                |               |              |             |
| Known          |                |               |              |             |
| Patients       |                |               |              |             |
| Your service   |                |               |              |             |
| Other sanitary |                |               |              |             |

13. Have you felt rejection for being a healthcare professional during the pandemic by the...

|                | <i>Nothing</i> | <i>Little</i> | <i>Quite</i> | <i>Much</i> |
|----------------|----------------|---------------|--------------|-------------|
| Family/Friends |                |               |              |             |
| Known          |                |               |              |             |
| Patients       |                |               |              |             |
| Your service   |                |               |              |             |
| Other sanitary |                |               |              |             |

### **Responsibilities and Training**

**14.** Mark what your level of exposure has been in relation to COVID+ patients:

- Complete including IOT/Airway Management*
- Only minor exposure techniques (cannulation of pathways, clinical visit...).*
- I was not allowed as a resident to be exposed to COVID patients.*

**15.** At any time during the pandemic period have you felt unprotected due to a lack of PPE in your workplace? (Yes/No)

**16.** Have you had to increase your responsibility/autonomy during this period? (Yes/No)

### **Ethical Aspects**

**17.** Indicate the situation that has caused you the greatest ethical conflict during this stage:

- LET (Limitation of Therapeutic Effort)*

- Restricted admission in ICU-AERU*
- EPI expenditure*
- Limited availability of drugs/resources*
- Work in suboptimal conditions (little time for adequate attention to each patient).*
- I have not felt ethically conflicted.*
- Others.*

### **Psychosocial Aspects**

- 18.** Have you ever feared for your own health? *(Yes/No)*
- 19.** Have you had to take measures to avoid exposing your loved ones (e.g. temporary change of address, etc.)? *(Yes/No)*
- 20.** Have you felt alone in dealing with this pandemic? *(Yes/No)*
- 21.** Have you needed psychological help to cope with this situation?  
*(Yes/No)*
- 22.** Has this type of assistance been provided/offered by your service/center? *(Yes/No)*

### **Teaching**

- 23.** Do you think your learning in these two months exceeds what was expected in the missed rotaries: *(Yes/No)*?
- 24.** Teaching as we know it has deteriorated due to the heavy care load and the diversification of activities performed. Various measures have been proposed to avoid this problem. Please rate how useful you consider the following proposed measures (1 not at all useful, 4 very useful):

**24.1.** Use of videoconferencing or reading platforms accessible from home for theoretical training: (1 to 4)

**24.2.** Practical training, specific in the treatment of COVID+ patients: (from 1 to 4)

**24.3.** Learning through clinical simulation: (from 1 to 4)

**24.4.** Placement of mentor-apprentice in the same team: (1 to 4)

**25.** Have you stopped attending congresses/training courses?: (Yes/No)

**26.** Have you used this period to increase your training?: (Yes/No)

**26.1.** I have attended virtual congresses and Webinars: (Yes/No)

**26.2.** I have studied on my own: (Yes/No)

**26.3.** I have been part of research teams: (Yes/No)

**26.4.** No, I have not undertaken training: (Yes/No)

**27.** Regarding your external rotations:

*I have been able to make them without alterations*

*It has been definitively cancelled*

*Postponed with agreed date*

*Postponed without date*

*I have not had any external rotations during this period.*

**28.** Give an overall evaluation of what you have learned during the COVID period at a formative level with a view to your future: (from 0 to 10)