

Survey Questions:**Survey of Senior U.S. Retina Fellows Regarding Perceptions of Occupational Risk and Changes to Clinical Practice during the COVID-19 Pandemic**

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1. Please describe your fellowship institution:
 - a. Academic institution
 - b. Private practice
 - c. Hybrid academic/private practice

2. Is your fellowship located in one of the following metro areas: Seattle, San Francisco/Bay Area, Los Angeles, Detroit, New Orleans, Miami, Philadelphia, New York City, Boston, Chicago, New Haven, and Northern New Jersey?
 - a. Yes
 - b. No

3. How is your institution developing patient care policies surrounding the COVID-19 pandemic? Check all that apply:
 - a. Following policies set by larger institution (i.e. institution of academic affiliation)
 - b. Following guidance by the AAO
 - c. Following guidance by the ASRS
 - d. Following guidance by the CDC
 - e. Independently, without guidance from specific source
 - f. I don't know

4. Have retina fellows at your institution been re-deployed to other services (medicine, ER, or ICU, for example) in response to the COVID-19 pandemic?
 - a. Yes
 - b. No
 - c. No, but we were told this may be possible.

5. Have ophthalmology residents at your institution been re-deployed to other services (medicine, ER, or ICU, for example.) in response to the COVID-19 pandemic?
 - a. Yes
 - b. No
 - c. No, but we were told this may be possible.

6. Have ophthalmology faculty at your institution been re-deployed to other services (medicine, ER, or ICU, for example) in response to the COVID-19 pandemic?
 - a. Yes
 - b. No
 - c. No, but we were told this may be possible.

7. In which of the following settings are fellows required to wear a surgical mask?
 - a. All patient contact
 - b. Suspected or confirmed COVID-19 positive patients

- c. Confirmed COVID-19 positive patients
 - d. Suspected or confirmed COVID-19 positive patients during procedures (office or operating room (OR)) only
8. In which of the following settings are fellows required to wear an N95 surgical mask?
- a. All patient contact
 - b. Suspected or confirmed COVID-19 positive patients
 - c. Confirmed COVID-19 positive patients
 - d. Suspected or confirmed COVID-19 positive patients during procedures (office or operating room (OR)) only
 - e. We do not have access to N95 masks
9. Which personal protective equipment (PPE) are available to you for use in clinic? Check all that apply.
- a. N95 mask
 - b. Surgical mask
 - c. Eye protection
 - d. Gowns
 - e. Gloves
10. Which PPE are available to you for use for ER and/or inpatient evaluation? Check all that apply.
- a. N95 mask
 - b. Surgical mask
 - c. Eye protection
 - d. Gowns
 - e. Gloves
11. Which PPE are available to you for use in the OR? Check all that apply.
- a. N95 mask
 - b. Surgical mask
 - c. Eye protection
 - d. Gowns
 - e. Gloves
12. What are the PPE conservation practices instituted as policy at your institution? Check all that apply.
- a. No policy exists
 - b. I don't know
 - c. Reusing N95 masks
 - d. Reusing surgical masks
 - e. Reusing eye protection
13. Do you believe that PPE recommendations have been affected by current or anticipated supply shortages?
- a. Yes

- b. No
14. How comfortable are you with the current PPE recommendations at your institution?
- a. Extremely comfortable
 - b. Somewhat comfortable
 - c. Neutral
 - d. Somewhat uncomfortable
 - e. Extremely uncomfortable
15. In addition to PPE, what methods are being used to reduce risk of COVID-19 infection?
Check all that apply:
- a. Slit lamp face shield
 - b. Temperature screening of all patients
 - c. Face mask placed on patients
 - d. Screening questionnaire prior to patients entering office
 - e. Reduction in patient volume/scheduling
 - f. Limiting family/caretaker companions
16. Have you had exposure to a confirmed COVID-19 positive patient?
- a. Yes
 - b. No
17. Have you been tested for COVID-19?
- a. Yes
 - b. No
18. Have you self-quarantined due to suspected or confirmed exposure to a COVID-19 patient?
- a. Yes
 - b. No
19. Does your institution's OR require additional administrative permission/pre-operative clearance to complete retina surgery at this time?
- a. Yes
 - b. No
20. Does your institution utilize an OR room/facility with specific isolation features (negative-pressure, HEPA filtration, etc.) to complete surgery for *suspected* COVID-19 patients?
- a. Yes
 - b. No
21. Does your institution utilize an OR room/facility with specific isolation features (negative-pressure, HEPA filtration, etc.) to complete surgery for *confirmed* COVID-19 patients?
- a. Yes

- b. No
22. Does your institution utilize an room/facility with specific isolation features (negative-pressure, HEPA filtration, etc.) to complete office-based procedures for *suspected* COVID-19 patients?
- a. Yes
 - b. No
23. Does your institution utilize an room/facility with specific isolation features (negative-pressure, HEPA filtration, etc.) to complete office-based procedures for *confirmed* COVID-19 patients?
- a. Yes
 - b. No
24. If you are unable to complete emergent/urgent surgery due to changes in OR availability, how are patients being directed?
- a. Referred directly to an academic institution/academic retina specialist
 - b. Referred directly to another retina specialist who is not at an academic institution
 - c. Surgery is delayed, but will be completed at your institution
 - d. No specific guidance given
25. Are you concerned regarding potential impact of reduced procedural or surgical volume on your training?
- a. Extremely concerned
 - b. Somewhat concerned
 - c. Neutral
 - d. Somewhat unconcerned
 - e. Not at all concerned
26. In your best estimation, please describe how you anticipate your OR based surgical volume will change due to COVID-19?
- a. No change
 - b. Case reduction by 10% or less
 - c. Case reduction by 20%
 - d. Case reduction by 30%
 - e. Case reduction by 50%
 - f. Increase in total cases (by any amount)
27. Have you been furloughed or otherwise had reduction in pay/benefits?
- a. Yes
 - b. No
28. If you have accepted a position after completion of fellowship, has your contract or start date changed due to COVID-19?
- a. Yes, my contract was revoked.
 - b. Yes, my start date was extended

- c. No changes have been made
 - d. I have not yet accepted a position for employment after fellowship
29. Are fellows in your program currently completing tele-medicine screening/evaluations?
- a. Yes
 - b. No
30. If telemedicine visits are being completed by fellows, please indicate the method below.
- a. Audio visits only
 - b. Video visits only
 - c. Audio or Video visit
 - d. Fellows at my program do not perform telemedicine visits
31. How many tele-medicine encounters are being completed by fellows, approximately, per day?
- a. 1-3 visits
 - b. 3-5 visits
 - c. Greater than 5 visits
 - d. Greater than 10 visits
 - e. Fellows at my program do not perform telemedicine visits
32. Please add any additional comments you think may be helpful. If you have had pay or benefits reduced due to the COVID-19 pandemic, or have been tasked with additional duties outside of typical VR fellow duties, please elaborate here.
- Free text response