

**AO CMF
COVID-19 & CMF SURGEON GLOBAL IMPACT SURVEY**

Background

COVID-19 is pandemic that has affected the lives of many worldwide. The following survey addresses the impact that this virus has on healthcare professionals, in particular CMF surgeons, and the inherent variations that may exist geographically and at different time-points of virus severity upon society.

Follow-up surveys of the respondents may also be circulated in future to address the long-term impact of COVID-19. Information gained will provide insight into the effects of such an enormous public health crisis upon the community.

The survey will not take more than 10-15 minutes to complete. Information obtained from this survey will be kept strictly confidential.

A. General Demographics

- 1) Country of CMF Practice (**select one**) (Here, we will have a list of all countries to choose from)
- 2) Region of CMF Practice (**select one**) [We will break down further on analysis]
 - a. Africa
 - b. Australia
 - c. Asia
 - d. Europe
 - e. Middle East
 - f. North America
 - g. South America/Latin America
- 3) What is your gender?
 - a. Male
 - b. Female
- 4) Age (**select one**)
 - a) 25-34
 - b) 35-44
 - c) 45-54
 - d) 55-64
 - e) 65 or older
- 5) Do you have any of the of the following medical comorbidities? (**select all that apply**)
 - a. Obesity
 - b. Hypertension
 - c. Current tobacco use
 - d. Diabetes
 - e. Respiratory illness
 - f. Renal disease

- g. Current active cancer diagnosis
 - h. Cardiac disease
- 6) Do you live with a spouse at home? **(select one)**
- a. Yes
 - b. No
- 7) How many children do you live with at home? **(select one)**
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4+
- 8) Do you actively care for a family member over the age of 65 years-old who lives in your home? **(select one)**
- a. Yes
 - b. No
- 9) What is the estimated population of the city that you work in? **(select one)**
- a. <100,000
 - b. 100-500,000
 - c. 500,000 – 1,000,000
 - d. 1 – 2,000,000
 - e. >2,000,000
- 10) What other virus outbreaks have affected your practice or training in the past? **(select all that apply)**
- a. None
 - b. Severe Acute Respiratory Syndrome (SARS)
 - c. H1N1 (Swine Flu)
 - d. Middle East Respiratory Syndrome (MERS)
 - e. Ebola
- 11) What is your specialty?
- a. Oral & Maxillofacial Surgery
 - b. Plastic & Reconstructive Surgery
 - c. ENT
 - d. Ophthalmology
 - e. Neurosurgery
- 12) Have you completed a CMF surgery fellowship?
- a. Yes
 - b. No
- 13) If “yes” to Question #4, how many years has it been since you completed your CMF fellowship?
- a. Less than 5 years
 - b. 5 to 10 years
 - c. 10 to 15 years
 - d. 15 to 20 years
 - e. Greater than 20 years
- 14) Practice Type
- a. Academic/University Hospital

- b. Private
 - c. Academic/Private combined
 - d. Public local hospital
- 15) What percent of your work is dedicated to clinical practice? (**select one**)
- a. 0-25%
 - b. 26-50%
 - c. 51-75%
 - d. >75%
- 16) What percent of your work is dedicated to research? (**select one**)
- a. 0-25%
 - b. 26-50%
 - c. 51-75%
 - d. >75%
- 17) What percent of your work is dedicated to teaching? (**select one**)
- a. 0-25%
 - b. 26-50%
 - c. 51-75%
 - d. >75%
- 18) What percent of your work is dedicated to management? (**select one**)
- a. 0-25%
 - b. 26-50%
 - c. 51-75%
 - d. >75%

B. Overall COVID-19 and personal impact

- 19) Have you been placed under quarantine? (**select one**) [no, yes]
- 20) If you needed to be tested for COVID-19, do you know how to access this testing? (**select one**) [no, yes]
- 21) Have you personally been tested for COVID-19? (**select one**) [no, yes]
- 22) If you have been tested, what was the main driver of your decision to get tested? (**select one**) [I have not been tested, showed signs/symptoms of COVID-19, came into contact with a COVID-19 positive patient, prophylaxis, was formally asked to get tested, other]
- 23) Do you know anyone who has been diagnosed with COVID-19? (**select one**) [no, yes]
- 24) Have you been diagnosed with COVID-19? (**select one**) [no, yes]
- 25) Have you had sick leave due to COVID-19?
- 26) Have you required hospitalization due to COVID-19?
- 27) Have you been treated in the intensive care unit due to COVID-19?
- 28) How do you feel about the COVID-19 Outbreak? (**select one**) (1-not worried at all, 5-very worried) [1, 2, 3, 4, 5]
- 29) What are your greatest stressors at this time as directly related to the COVID-19 outbreak? (**choose up to 3**) [personal health, family health, community health, the ability of my hospital to accommodate and treat COVID-19 positive patients, timeline

to resume regular clinic practice, government/leadership, return to non-essential activities, economic issues]

- 30) How do you think media has covered this outbreak? **(select one)** [excessive and overblown, accurate, not serious enough]
- 31) What percent of your leisure travel has been cancelled/postponed during this outbreak? **(select one)** [0-25%, 26-50%, 51-75%, >75-99%, 100%]
- 32) What percent of your business/academic travel has been cancelled/postponed during this outbreak? **(select one)** [0-25%, 26-50%, 51-75%, >75-99%, 100%]
- 33) Do you feel that your hospital provides adequate personal protective equipment for front-line workers? **(select one)** [no, yes]
- 34) Do you currently follow guidelines to manage patients under such a public health crisis **(select one)** [no, yes];
- 35) if yes, the guidelines come from which organization **(select all that apply)** [your hospital, local government, national association of your specialty, dental association, AOCMF, WHO, other]
- 36) What forms of personal protective equipment does your hospital/medical center provide? **(select all that apply)** [none, FFP1 mask, N95/FFP2 mask, FFP3 mask, Powered Air Purifying Respirators (PAPR), surgical mask, face shield, gown, full-face respirator, other]
- 37) What kind of specific additional measures do you take for COVID-19 positive or suspected patients that need care that cannot wait? **(select all that apply)** [none, FFP1 mask, N95/FFP2 mask, FFP3 mask, Powered Air Purifying Respirators (PAPR), surgical mask, face shield, gown, full-face respirator, other]
- 38) Have any of the following restrictions been placed on staff by your hospital/medical center? **(select all that apply)** [quarantine upon return from international travel, limitations on domestic travel, cancellation of all educational and academic activities, non-essential staff to work from home, cancellation of hospital meetings, cancellation of elective surgeries, none of the above]
- 39) Do you feel that your hospital has enough ventilators? **(select one)** [no, yes]
- 40) Has your local government placed any of the following restrictions? **(select all that apply)** [cancel elective surgery, “shelter-protection/self-isolation,” no group gatherings >50, no group gatherings >10, only gather with those in the same household, closure of non-essential businesses, closure of schools/universities, closure all dine-in restaurant opportunities, closure of public transportation, restrictions on elderly for going out of the home]

C. Caring for Patients

- 41) Are you still performing elective CMF surgery cases? **(select one)** [Yes, no]

- 42) What is the time from provided to restart elective cases (per your hospital/medical center) from the time of suspension of the elective cases? **(select one)** [no current stoppage of elective cases, <2 weeks, 2-4 weeks, 1-2 months, >2 months, unknown time frame)
- 43) Are you still performing essential and/or emergent CMF surgery? **(select one)** [Yes, no]
- 44) In a given week, what percent of your surgical case load has been cancelled/postponed due to the outbreak **(select one)** [0-25%, 26-50%, 51-75%, >75-99%, 100%]
- 45) In a given week, what percent of your clinic visits are performed via telecommunications? **(select one)** [0-25%, 26-50%, 51-75%, >75%]
- 46) Overall, how has your time spent performing clinical duties been impacted? **(select one)** [decreased, stayed the same, increased]
- 47) If you currently train residents or fellows, how do you feel that COVID-19 will impact their training? **(select one)** [hurts their overall training experience, no overall impact, will improve their overall training]
- 48) Have you been recruited to perform medical duties outside of your general scope of practice due to short-staffing? **(select one)** [no, yes]
- 49) If you have a COVID-19 patient indicated for CMF surgery, what precautions would you take to treat this patient **(select all that apply)** [recommend against surgery at this time, would proceed with standard level precautions, remove yourself from OR during intubation/extubation, additional personal protective equipment during surgery, reduce aerosol generating procedures (e.g. water-cooled burring)]
- 50) If you were diagnosed with COVID-19, would you feel obligated to tell your patients? **(select one)** [not at all, less likely, likely, absolutely]

D. Government/Leadership

- 51) Has your regional government provided a mandate for citizens to self-isolate at home? **(select one)** [Yes, no]
- 52) What is your perception of how your government has been handling this pandemic? **(select one)** [appears in disarray/disorganized, taken some action but not enough, acceptable/appropriate, actions are excessive and unnecessary]
- 53) What is your perception of how your hospital/medical center has been handling this pandemic? **(select one)** [appears in disarray/disorganized, taken some action but not enough, acceptable/appropriate, actions are excessive and unnecessary]
- 54) What is your main source of information regarding the COVID-19 outbreak? **(select one)** [International news on television, National/Local news on television, International news on internet, National/Local news on internet, newspapers, social media]
- 55) How often does your hospital/medical center provide updated information on COVID-19? **(select all that apply)** [they do not provide regular updates, multiple times a day, daily, once a week, 2-3 times week, >1 week between updates]

56) What do you feel would be the most effective platform for hospitals/medical centers to provide COVID-19 updates? **(select one)** [internet webinar, email, text-message, flyers, automated phone calls, social media outlet]

E. Financial Impact

57) How is your income currently impacted? **(select one)** [on salary – no impact, on salary – planned reduction, compensation-based income – no impact, compensation-based income – losing income]

58) Compared to a standard month, what % personal revenue decrease will you experience during which the COVID-19 outbreak was most severe? **(select one)** [0-20%, 21-40%, 41-60%, 61-80%, 81-100%]

59) Compared to a standard month, what % hospital/medical revenue decrease will you experience during which the COVID-19 outbreak was most severe? **(select one)** [0-20%, 21-40%, 41-60%, 61-80%, 81-100%]

60) Are your staff in your medical center on furlough? (temporary leave of absence, but still employed) **(select one)** [yes, no, potentially will be]

61) Upon resuming normal operative permissions for elective surgery, how many weeks do you expect will it take you to resume “baseline operation”? **(select one)** [<2, 2-4, 4-6, 6-8, 8+]

62) Has your medical center had to end the employment of some staff? **(select one)** [no, yes, no – but have plans to]

63) Have you personally had to end the employment of some staff? **(select one)** [no, yes, no – but have plans to]

F. Research

64) Were you engaging in research prior to the COVID-19 outbreak? **(select one)** [no, yes]

65) How has COVID-19 impacted your research activities? **(select one)** [stopped to a halt, decreased productivity, no change, increased productivity]

G. Future Challenges/Impact

66) How do you think this outbreak will impact how you treat your patients 1 year from now? **(select all that apply)** [no changes, heightened awareness of hygiene, will increase use of personal protection equipment, ask patients to reschedule if they feel sick, pursue increased non-operative measures prior to surgery, growth in digital options for communication]

- 67) What is your greatest concern when resuming full clinical care? **(free text)**
- 68) In a year from now, how likely are you to attend a medical conference (if not cancelled)? **(select one)** [not likely, unsure, likely]
- 69) Due to COVID-19, what are your perspectives of participating in online CMF education? **(select one)** [not interested, somewhat interested, interested, very interested]
- 70) Do you think that formal guidelines need to be developed to guide future public health concerns? **(select one)** [no, yes, unsure]

H. Personal Well-Being/Family

- 71) If AO CMF were to create a blog to provide a platform for CMF surgeons to connect, collaborate, and seek support; would you participate? **(select one)** [not interested/would not read, would read, would read and contribute]
- 72) Please rank what you are currently using your time for (from most-time to least) **(need to select all)** [spending time with family, personal wellness, resting, planning for the future, engaging in hobbies, academic projects/research, community outreach programs, CMF/practice/medical center related work]
- 73) How are you currently coping with the stress of COVID-19 around you? **(select all that apply)** [exercise, music, meditation/mindfulness, tobacco, alcohol, research projects, spending time with family, spiritual/religious activities, reading, television, telecommunications with friends]
- 74) What words of advice or encouragement would you like to provide to your colleagues? **(free text)**
- 75) What words of advice or encouragement would you like to provide to your patients? **(free text)**
- 76) This survey was initiated to capture the impact of this virus upon the individual and the community. Do you support such a survey? **(select one)** [no, yes, unsure]
- 77) Are you willing to be approached for future surveys to monitor long-term impact as well? **(select one)** [no, yes; if yes: open field for e-mail address]