Early effect of COVID-19 on Oral and Maxillofacial Surgery Residency Experience Survey:

This survey aims to assess the impact of the COVID-19 pandemic on OMS residents and training programs to identify potential educational shortcomings or limitations. These data may inform the specialty as a whole and provide guidance on how to proceed in the coming months.

The individual responses are anonymous. The results may be shared with AAOMS, ABOMS, and CODA.

If you have any questions about this project, feel free to contact us by email or phone. This project is considered exempt by the University of Washington Institutional Review Board {IRB 45 CFR 46.101(b)(2) or (b)(3)}.

Your participation in this research project is voluntary, and you may decline altogether, or leave blank any questions you do not wish to answer. Your responses will remain confidential and anonymous. Research data will be securely contained and reported collectively. No one other than the researchers will know your individual answers to this questionnaire. Additionally, if the results of this research are published or presented at scientific meetings, no identifiable information will be disclosed.

If you agree to participate in this project, please answer the questions as best you can. It should take less than 10 minutes to complete. The final page is for program directors/chairs.

Please send any questions, comments, or concerns to <u>rhuntley@uw.edu</u> or <u>dillonj5@uw.edu</u>.

This survey will close Friday May 1st.

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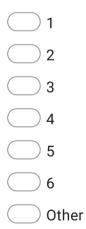
1. Gender:

Mark only one oval.

Male
Female

Other

- Decline to report
- 2. Year in current training program:



3. Are you currently a:

Mark only one oval.

Non-categorical program resident

OMS certificate program resident

MD/OMS certificate program resident

Program Director/Chair

4. If enrolled in an MD/OMS certificate program, are you currently in medical school?

Mark only one oval.

\subset	\supset	Yes
\subset	\supset	No

5. What State is your program in?

6. What City is your program in?

Relating to the COVID-19 pandemic:

7. Have modifications been made to your training program?

Mark only one oval.

\square	$\Big)$	Yes
\square	$\Big)$	No

8. If yes, have these changes been: (Check all that apply)

Check all that apply.

Departmental
Institutional
State based/State regulated (e.g. stay at home orders)
I do not know

9. The main resource(s) you use for information on the treatment of patients during the pandemic has been: (Check all that apply)

American Association of Oral and Mavillafacial Surgeone (AAOM	S)
American Association of Oral and Maxillofacial Surgeons (AAOM	
American Dental Association (ADA)	
UpToDate	
Institution resources	
State resources	
Department resources	
Other:	

Has your program made modifications to its scheduling of elective cases?
 Mark only one oval.

\square	\supset	Yes
\square	\supset	No

11. Is your program performing elective cases?

Mark	only	one	oval
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12. Has your program made modifications to its scheduling of urgent or emergent cases?

Mark only one oval.

Yes No

Other:	

13. Has your program modified your rotation/assignment due to the pandemic?

Mark only one oval.

Yes

14. Have you been assigned to an off service site that you would otherwise not have been assigned to prior to the COVID pandemic:

Mark only one oval.



15. If yes, please specify:

16. Has your program made modifications to its personal protective equipment (PPE) use?

Mark only one oval.

____ Yes

___) No

17. Your access to the following PPE is: (Check all that apply)

Mark only one oval per row.

	None	Limited	Fair	Good	Excellent
Masks with eyeshield	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
N95	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Powered & supplied air respiratory protection (PAPR) or similar	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

18. What PPE is your program using in clinic when performing aerosol generating procedures (AGP)?

Check all that apply.

Standard – mask, gown, gloves, eye protection

N95 plus standard

PPAR plus standard

- We are not performing (AGP)
- Other
- 19. What PPE is your program using in the OR when performing aerosol generating procedures (AGP)?

Check all that apply.

Standard – mask, gown, gloves, eye protection

N95 plus standard

PPAR plus standard

We are not performing (AGP)

Other

20. What PPE is your program using in the emergency room when performing aerosol generating procedures (AGP)?

Check all that apply.

Standard – mask, gown, gloves, eye protection

N95 plus standard

PPAR plus standard

We are not performing (AGP)

Other

21. Does your OMS clinic/facility/hospital have a negative pressure isolation room you can utilize?

Mark only one oval.

Yes
No
Do not know

22. If your program is currently screening patients for COVID-19 symptoms who is screening patients? (check all that apply)

Check all that apply.

Front desk staff in person
Telephone screening
Hospital screening
ER screening
We are not screening patients
Other

23. If yes, are you screening based upon: (Check all that apply)

Check all that apply.



Signs and Symptoms prior to arrival to your clinic/facility/hospital

Preoperative COVID testing for surgical procedures

Other

24. Is your site using lab-based COVID-19 testing for patients?

Mark only one oval.

\square	\supset	Yes
\square	\supset	No

25. If COVID-19 testing, are test results available within:

Mark only one oval.

Greater than 24hrs

Program Requirements:

26. Do you have concerns you will NOT meet current CODA graduation requirements due to the pandemic?

\subset	\bigcirc	Yes
\subset	\supset	No

27. What are your areas of concern? (Check all that apply)

Check all that apply.

Anesthesia cases
Off service anesthesia rotation
Ambulatory anesthesia/deep sedation
Trauma
Pathology
Orthognathic
Reconstructive and cosmetic surgery
Other:

28. Has your operative experience been affected by COVID-19?

\subset	\supset	Yes
\subset	\supset	No

29. If yes, gauge the change:

Mark only one oval.

-100%
-75%
-50%
-25%
+25%
+50%
+75%
+100%

30. What is your normal frequency of didactic courses?

31. Have your program didactics changed since COVID-19?

\square	\bigcirc	Yes
\square	\supset	No

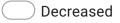
32. If yes, what is the current frequency of the didactic courses since COVID-19?

Check all that apply.

Daily
Weekly
Monthly

33. Has your program's didactic frequency:

Mark only one oval.



Increased

34. Is your program utilizing virtual (online) didactics? e.g. Zoom

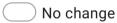
Mark only one oval.

\square	\supset	Yes
\square	\supset	No

35. If yes, do you find the value of virtual (online) didactics, as compared to your prior didactics, to be:

Mark only one oval.

Decreased



Increased

36. With regard to your emotional health, the changes implemented by your program have made you feel:

Mark only one oval.

O Very poor	
Poor	
- Fair	
Good	
Excellent	

37. Do you feel your institution/residency has implemented appropriate training for you in response to the pandemic?

Mark only one oval.



38. Do you feel your institution/program has appropriately provided PPE and guidance/information in response to the pandemic?

\square	$\Big)$	Yes
\subset	\supset	No

39. Do you feel safe (minimal risk of exposure) at you institution/program?

Mark only one oval.

\subset	\supset	Yes
\subset	\supset	No

40. Are you a chief resident?

Mark only one oval.



41. If you were in contract negotiations or discussions regarding future employment after completion of residency, have they been postponed or discontinued?

\square	$\Big)$	Yes
\square	\supset	No

42. What concerns or recommendations do you have to improve your training and protection during the pandemic?

Program Directors/Chairs:

43. What is the number of residents/faculty who currently have or have had COVID-19?

44. Does your OMS clinic/facility/hospital have a negative pressure isolation room you can utilize?

Mark only one oval.



🔵 No

🕖 Do not know

45. Is your program utilizing virtual (online) didactics? e.g. Zoom

Mark only one oval.

\square	\supset	Yes
\subset	\supset	No

46. Have you had resident(s) leave/miss duty hours due to: (Check all that apply)

Check all that apply.

Exposure or potential exposure
Flu like symptoms which may or may not have been COVID
Resident drop out of program due to anxiety related to COVID
Concern due to high risk state such as immunocompromised or pregnant
Other:

47. Have you had faculty leave/miss duty hours due to: (Check all that apply)

Check all that apply.

Exposi	ure or potential exposure
🔄 Flu like	e symptoms which may or may not have been COVID
Be unv	willing to see patients do to COVID
Have p	pre-existing conditions that prohibit them from seeing potential COVID patients
Are co	nsidered 'high risk' due to age (>60)
Conce	rn due to high risk state such as immunocompromised or pregnant
Other:	

48. Have your program's outside referral patterns:

Mark only one oval.

Increased
 Decreased
 No changes

- Do not know
- 49. Will your institution be delaying first year residents (incoming dental students) onboarding due to the pandemic?

Mark only one oval.

\bigcirc	Yes
\bigcirc	No
\bigcirc	Do not know

50. Have incoming residents reached out with concerns of delayed onboarding due to: (Check all that apply)

Check all that apply.

Graduation from dental school
National licensing

State licensing

Other:

51. Any additional comments you wish to add:

Thank you for your responses.