

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 rhuntley@uw.edu or dillonj5@uw.edu.

This survey will close Friday May 1st.

Raphael Huntley, DDS, PhD, Resident
University of Washington, Department of Oral & Maxillofacial Surgery

Principal Study Investigator:
Jasjit Dillon, DDS, MBBS, FDSRCS, FACS
Clinical Associate Professor
Chief of Service & Program Director

Department of Oral & Maxillofacial Surgery
University of Washington
Harborview Medical Center
dillonj5@uw.edu
(206) 744-4124

1. Gender:

Mark only one oval.

- Male
- Female
- Other
- Decline to report

2. Year in current training program:

Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- 6
- Other

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.

- Yes
- 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.

Yes

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)

Check all that apply.

American Association of Oral and Maxillofacial Surgeons (AAOMS)

American Dental Association (ADA)

UpToDate

Institution resources

State resources

Department resources

Other: _____

10. Has your program made modifications to its scheduling of elective cases?

Mark only one oval.

Yes

No

11. Is your program performing elective cases?

Mark only one oval.

Yes

No

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

No

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.

Yes

No

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N95	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powered & supplied air respiratory protection (PAPR) or similar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

Yes

No

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

Mark only one oval.

Less than 24hrs

Greater than 24hrs

Program Requirements:

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

Mark only one oval.

Yes

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?

Mark only one oval.

Yes

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?

Mark only one oval.

Daily

Weekly

Monthly

Other: _____

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

Mark only one oval.

Yes

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.

- Decreased
- Increased

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

Mark only one oval.

- Yes
- 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
- No change
- Increased

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

Mark only one oval.

- 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.

- Yes
- No

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

Mark only one oval.

- Yes
- No

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

Mark only one oval.

Yes

No

40. Are you a chief resident?

Mark only one oval.

Yes

No

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

Mark only one oval.

Yes

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.

Yes

No

Do not know

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

Mark only one oval.

Yes

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.

Exposure or potential exposure

Flu like symptoms which may or may not have been COVID

Be unwilling to see patients due to COVID

Have pre-existing conditions that prohibit them from seeing potential COVID patients

Are considered 'high risk' due to age (>60)

Concern 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.

- Yes
- No
- 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.

