

Love in the Time of Corona

Record ID _____

VERBAL CONSENT

Hello [name of interviewee]. My name is [your name]. I am a [medical student/resident/surgeon] at [your institution]. I am working with Dr. [your site's PI name] on a surgical workforce study in the era of COVID-19. If you are willing to participate, this will be an approximately 5-10 minute phone survey. May I proceed?

First, I will review our informed consent with you in order to get your verbal consent for participation.

The specific aim of this study is to explore the challenges of life in a dual professional household during this pandemic, in order to better inform healthcare leadership around workforce support as the pandemic continues to evolve. If you are not in a dual-professional household, your responses will still be extremely valuable as they will help us identify issues that affect the surgical workforce as a whole.

This study is a multi-center study. We will be conducting phone interviews of surgeons across several institutions.

This phone call will not be recorded. Data will be recorded using REDCap hosted at the University of Pennsylvania, which is a secure, web-based application. If you opt-in to provide your email, that will only be the only identifier stored with your data. Otherwise, your data will be de-identified. Consistent with standard practice, data will be stored for two years. The data may be used for future research efforts.

Risks to you are minimal, including primarily a small risk of loss of privacy were a data breach to occur.

Your participation in this study is voluntary. At any time, you may choose not to answer any of the questions without any penalty.

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should contact Dr. Rachel Kelz (rachel.kelz@uphs.upenn.edu). If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Institutional Review Board at the University of Pennsylvania at 215-898-2614.

May I proceed?

Verbal Consent Given

Yes
 No

DEMOGRAPHICS

What is your age?

What is your gender?

- Male
- Female
- Other

TRAINING / EMPLOYMENT

Are you a member of the housestaff or faculty?

- Housestaff
- Faculty

What is your PGY Level?
[Years since graduation from med school]

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

In what year did you transition to practice?
[e.g., 1991 or 2010]

What is your surgical specialty?

- Bariatric Surgery
- Breast Surgery
- Cardiothoracic Surgery
- Colorectal Surgery
- Endocrine Surgery
- General Surgery
- Gastrointestinal Surgery
- Hand Surgery
- Minimally-Invasive Surgery
- Neurological Surgery
- Obstetrics and Gynecology
- Ophthalmic Surgery
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery
- Otolaryngology-Head and Neck Surgery
- Pediatric Surgery
- Plastic and Reconstructive Surgery
- Rural Surgery
- Surgical Oncology
- Trauma, Acute Care, and Surgical Critical Care
- Urology
- Vascular Surgery
- Other

If Other, please specify:

RELATIONSHIP

What is your relationship status?

- Married
- Domestic Partnership
- Single
- Divorced
- Widowed
- Monogamous Relationship, not otherwise specified (e.g. significant other)
- Other

If Other, please specify:

Is your partner employed?

- Yes
- No

What is your partner's occupation?

- Physician
- Nurse or Advanced Practice Provider, Clinical
- Nurse or Advanced Practice Provider, Non-Clinical
- EMT, Medical Assistant, LPN
- Pharmacist
- Lawyer
- Business Person
- Law Enforcement
- Architect
- Engineer
- Clergy
- Teacher/Educator
- Military
- Other

If Other, please specify:

What is your partner's specialty?

- Cardiology
- Gastroenterology
- Internal Medicine or Family Practice
- Neurology
- Anesthesiology
- Pulmonary/Critical Care
- Rheumatology
- Infectious Disease
- Pediatrics
- Dermatology
- Occupational Medicine
- Nephrology
- Genetics
- Surgeon
- Other

If Other, please specify:

Is your partner employed by the same health system?

- Yes
- No

DEPENDENTS

Do you have any dependents?

- No
 Yes (children or adults)
 Yes (pets only)

How many child or adult dependents live in your home?

What are the ages of your dependents who live in your home?

[Note for interviewer: check all that apply]

- 0-5
 6-12
 13-18
 19-59
 60+

MISC. HOME

Is anyone pregnant in the household?

- Yes
 No

Have you updated your will or other legal documents in response to the pandemic?

- Yes
 No
 In-Process

Where are you living during the pandemic?

- At home
 In an employer-supplied housing (for example, dormitories)
 In another facility away from home
 Other

If Other, please specify:

Prior to the pandemic, who typically provided support for your household?
[check all that apply]

- Dog Walker
 Child Caregiver
 Housekeeper
 Other

If Other, please specify:

Who continues to come to your home to provide support for your household during the pandemic?
[check all that apply]

- Dog Walker
 Child Caregiver
 Housekeeper
 Other

If Other, please specify:

COVID-19

Have you had any known exposures to COVID-19? Yes
 No

If your exposure was in a professional setting: in your opinion, did you have adequate PPE? Yes
 No
 N/A (exposure was not in a professional setting)

Have you been tested for COVID-19? Yes
 No

If you wish to disclose, have you tested positive for COVID-19? Yes
 No
[If you do not wish to disclose, simply state "No Disclosure"] No Disclosure

Has your partner received a presumptive diagnosis of COVID-19? Yes
 No

WORK

Has your operative caseload increased, decreased, or stayed the same since the pandemic began? Increased
 Decreased
 Stayed the same
 I don't know

Are you working outside of your typical scope of practice due to the pandemic? Yes
 No

Have you been notified that you could be redeployed outside of your typical scope of practice? Yes
 No

STRESS

On a scale of 0 to 10, with 0 being no stress and 10 being the worst stress possible, what number best describes your level of stress right now? _____

I'm going to read a list of potential concerns related to COVID-19. Please indicate which ones are current stressors for you.
[check all that apply]

- Financial
- Becoming seriously ill
- Infecting my children
- Infecting elderly family members
- Infecting my partner
- Practicing outside of my specialty
- Facing ethical concerns due to limited healthcare resources
- Orphaning my children
- Other

If Other, please specify: _____

COMMENTS

Are there any additional sequelae of the pandemic that weigh heavily on your mind or unanticipated new lifestyle practices that you may try to maintain when things return to normal? (please describe)

INTERVIEWER VERIFICATION

Phone survey administered by
[Note to interviewer: please enter your first & last name]

Survey Administration Site Affiliation

Hospital of the University of Pennsylvania

Survey Administration Date
