

Online Data Supplement

COVID-19 Impact on Interventional Pulmonology Training

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IP Fellow COVID-19 Survey

Dear IP Fellow,

This online survey is supported by AABIP and AIPPD and aimed at determining the effect of the COVID-19 pandemic on your IP training. Your participation in this survey is voluntary. Responses will not be linked to individuals, and you can consider your participation to be anonymous and confidential.

Please have your procedure log available for reference during completion of the survey.

Completion of the survey will require approximately 30 minutes. You are encouraged to complete the survey in one sit; however, if you are unable to do so, you will be able to save your responses and return later to complete the survey.

For questions regarding the survey, please contact the survey team including Rob Lee (leer2@mskcc.org), Or Kalchiem-Dekel (kalchieo@mskcc.org), Niral Patel (niralmpatel@gmail.com), or Audra Schwalk (aschwalk@mdanderson.org).

Sincerely,

Neeraj Desai

David Hsia

Ashutosh Sachdeva

Jason Akulian

Christine Argento

Ali Musani

Mohit Chawla

Robert Lee

Niral Patel

Audra Schwalk

Or Kalchiem-Dekel

A. General Information

Gender

- Female
- Male
- Prefer not to answer

Age

(Leave blank if prefer not to answer)

Please provide your background training:

- Pulmonary and Critical Care Medicine
- Pulmonary Medicine
- Thoracic Surgery
- Other
- Prefer not to answer

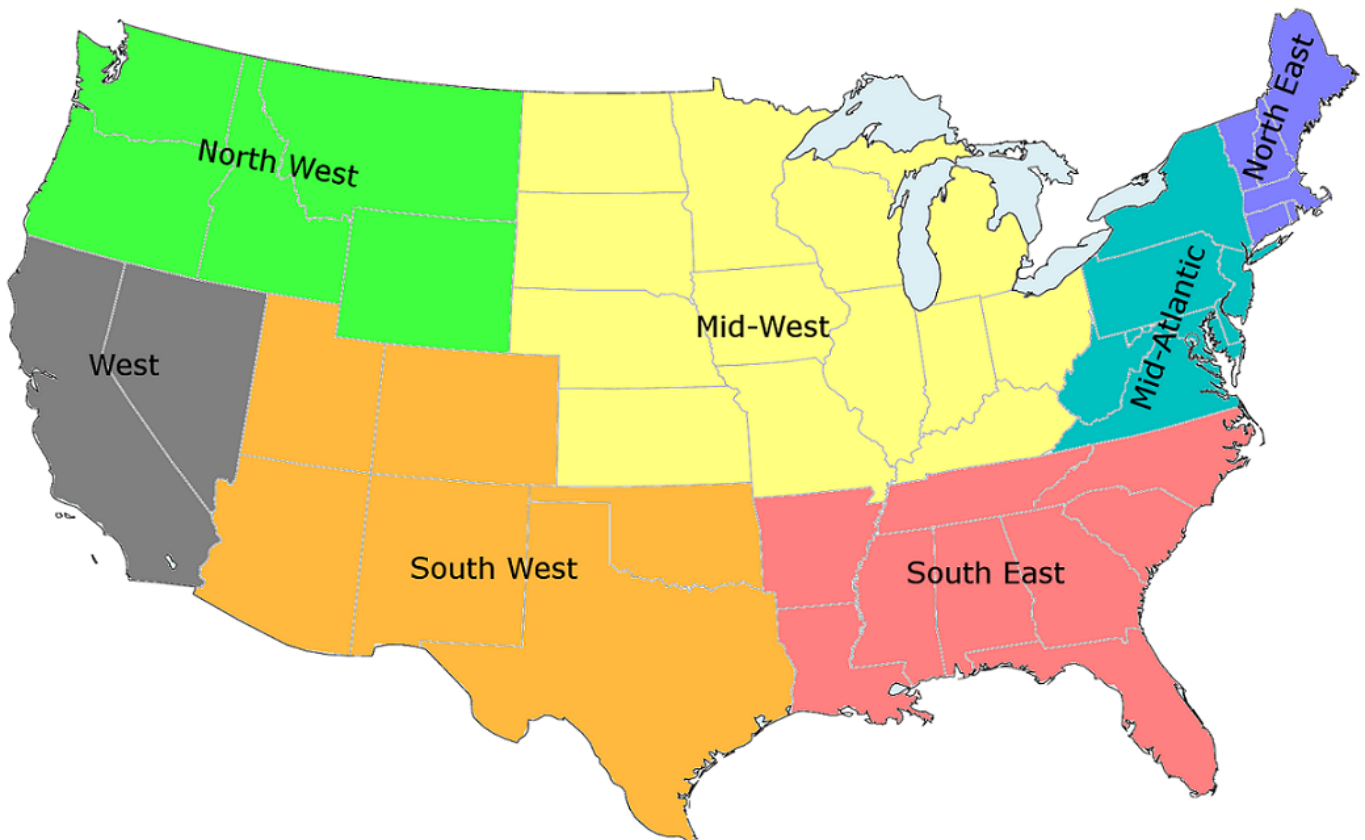
Other:

Where are you training for IP?

- USA
- Canada
- Elsewhere
- Prefer not to answer

Elsewhere:

Where in the USA? (Please use the displayed map when answering below)



Where in the USA?

- Northeast
- Mid-Atlantic
- Southeast
- Mid-West
- Southwest
- Northwest
- West
- Other
- Prefer not to answer

Other:

How may IP fellows in your program?

(Leave blank if prefer not to answer)

B. COVID-19 Exposure

Are you actively involved in the care of COVID-19 confirmed or suspected patients?

- Yes
 No

Please indicate within which practice(s) you are taking care of COVID-19 patients: (check all that apply)

- IP practice
 Non-IP practice (e.g. general pulmonology, critical care medicine, etc.)
 Other
 Prefer not to answer

Other:

In which setting(s) are you taking care of COVID-19 patients? (check all that apply)

- Endoscopy / bronchoscopy suite
 Operating room
 ICU / IMC / Subacute Unit
 Admitting inpatient floor
 ED / Urgent Care
 Outpatient clinic
 Other
 Prefer not to answer

Other:

Over the past 4 weeks, in the care of approximately how many COVID-19 patients were you involved?

- 1-10
 10-25
 25-50
 >50
 Prefer not to answer

Are you satisfied with your access to N95 masks and/or PAPR when directly exposed to COVID-19 confirmed or suspected patients?

- Yes
 No
 Other
 Prefer not to answer

Other:

Are you satisfied with your access to general personal protective equipment (PPE) in your daily practice?

- Yes
 No
 Other
 Prefer not to answer

Other:

Does your institution mandate COVID-19 testing in all patients planned for aerosol-generating procedures (e.g. bronchoscopy, tracheostomy) regardless of symptoms?

- Yes
 No
 Other
 Prefer not to answer

Other:

Have you performed or actively participated in bronchoscopy procedures on COVID-19 patients?

- Yes
 No
 Prefer not to answer
-

Over the past 4 weeks, in how many bronchoscopies have you participated on COVID-19 patients?

_____ (Leave blank if prefer not to answer)

Have you performed or actively participated in tracheostomy procedures on COVID-19 patients?

- Yes
 No
 Prefer not to answer
-

Over the past 4 weeks, in how many tracheostomies have you participated on COVID-19 patients?

_____ (Leave blank if prefer not to answer)

Were you required to self-quarantine due to exposure to a COVID-19 patient?

- Yes
 No
 Other
 Prefer not to answer
-

Other:

Were you required to self-quarantine due to symptomatic COVID-19 infection (confirmed or presumed)?

- Yes
 No
 Other
 Prefer not to answer
-

Other:

Do you have access to stress management or personal counseling services via your institution or training program?

- Yes
 No
 Other
 Prefer not to answer
-

Other:

Have you utilize such services within the context of the COVID-19 pandemic?

- Yes
 No
 Other
 Prefer not to answer
-

Other:

C. Redeployment

Are you aware of plans to redeploy you outside the practice of IP as a result of the COVID-19 pandemic?

- Yes
 No
 Other
 Prefer not to answer

Other:

Is your redeployment voluntary or mandatory?

- Voluntary
 Mandatory
 Other
 Prefer not to answer

Other:

Were you already redeployed outside the practice of IP as a result of the COVID-19 pandemic?

- Yes
 No
 Other
 Prefer not to answer

Other:

Between 3/16/2020 and 4/15/2020, how many hours did you spend in redeployment outside IP practice during weekdays?

_____ (Leave blank if prefer not to answer)

Between 3/16/2020 and 4/15/2020, how many hours did you spend in redeployment outside IP practice during weekends?

_____ (Leave blank if prefer not to answer)

Please indicate the setting(s) into which you are currently/planned to be redeployed: (check all that apply)

- ICU
 IMC / subacute care / stepdown unit
 General pulmonary service
 Admitting floor
 Emergency department / Urgent care
 Outpatient clinic
 Do not know yet
 Other
 Prefer not to answer

Please indicate your status in the ICU:

- Attending
 Fellow
 House staff
 Other

Other:

Please indicate your status in the IMC / subacute / stepdown unit:

- Attending
 Fellow
 House staff
 Other

Other:

Please indicate your status on the general pulmonary service:

- Attending
- Fellow
- House staff
- Other

Other:

Please indicate your status on the admitting floor:

- Attending
- Fellow
- House staff
- Other

Other:

Please indicate your status in the ED/UC setting:

- Attending
- Fellow
- House staff
- Other

Other:

Please indicate your status in the outpatient clinic:

- Attending
- Fellow
- House staff
- Other

Other:

Other:

D. Procedure Training

The following questions pertain to a potential impact of the COVID-19 pandemic on mandatory procedure training as delineated in the AABIP curriculum for IP training programs:

Do you feel that the COVID-19 pandemic may negatively impact your training in performance of any of the following diagnostic bronchoscopy procedures in your future practice?

(check all that apply; ignore procedures not performed in your program)

- Linear EBUS
- Radial EBUS bronchoscopy
- Navigational bronchoscopy (e.g., EMN, robotic)
- No impact on any of those

Do you feel that the COVID-19 pandemic may negatively impact your training in performance of any of the following therapeutic bronchoscopy in your future practice?

(check all that apply; ignore procedures not performed in your program)

- Rigid intubation
- Endobronchial stenting
- Endobronchial ablation
- No impact on any of those

Do you feel that the COVID-19 pandemic may negatively impact your training in performance of any of the following pleural procedures in your future practice?

(check all that apply; ignore procedures not performed in your program)

- US-guided pigtail/chest tube
- Tunneled pleural catheter
- Pleuroscopy / medical thoracoscopy
- No impact on any of those

Do you feel that the COVID-19 pandemic may negatively impact your training in performance of any of the following additional procedures in your future practice?

(check all that apply; ignore procedures not performed in your program)

- Tracheostomy
- PEG
- No impact on any of those

E. Procedure Volume

The following questions pertain to volumes of core IP procedures. Please have your procedure log available for reference.

For each procedure listed below, please indicate the number you have performed or actively participated in based on the date range (independent of the patient's COVID status):

Linear EBUS

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Guided bronchoscopy (e.g., EMN, radial EBUS, or robotic-assisted)

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Therapeutic bronchoscopy, rigid access (excluding EBV/IBV)

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Therapeutic bronchoscopy, flexible access (excluding EBV/IBV)

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

EBV/IBV for lung volume reduction

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

EBV/IBV for air leak

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Pigtail catheter / chest tube placement

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Tunneled pleural catheter placement

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Pleuroscopy / medical thoracoscopy

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

Tracheostomy

3/16/2020 - 4/15/2020

(If none, state "0")

2/16/2020 - 3/15/2020

(If none, state "0")

1/16/2020 - 2/15/2020

(If none, state "0")

12/16/2019 - 1/15/2020

(If none, state "0")

F. Outpatient Clinic

Does your program incorporate IP fellows into an outpatient clinic practice?

- Yes
 No

What was your outpatient clinic format before COVID-19 pandemic?

- Face-to-face
 Telemedicine
 Both face-to-face and telemedicine
 Other

Other:

What is your predominant outpatient clinic format currently, during the COVID-19 pandemic?

- Face-to-face
 Telemedicine
 Clinic cancelled
 Other

Other:

How is your clinic patient volume affected by the COVID-19 pandemic?

- Unchanged
 Increased
 Decreased
 Clinic cancelled
 Other

Other:

G. Academic and Research Activities

Does your program incorporate a curriculum of periodic IP lectures?

- Yes
 No

Has the schedule of the IP lectures been affected by the COVID-19 pandemic?

- Lecture schedule continues as usual
 Lecture number has increased
 Lecture number has decreased
 All lectures cancelled
 Other

Other:

What is the current predominant format of the IP lectures during the COVID-19 pandemic?

- Frontal
 Teleconference
 All lectures cancelled
 Other

Other:

Does your program incorporate dedicated research time into your IP curriculum?

- Yes
 No

How is your research time affected by the COVID-19 pandemic?

- My research time has not been affected
 My research time has increased
 My research time has decreased
 My research time was cancelled
 Other

Other:

H. Position / Job Search

Do you have a secured position for the next academic year?

- Yes
- No
- Other
- Prefer not to answer

Other:

How concerned are you that the COVID-19 pandemic may negatively affect your deployment in the new position?

- Absolutely not concerned
- Not concerned
- Indifferent
- Concerned
- Extremely concerned

How does the COVID-19 pandemic affect your search for a position?

- No effect on my search
- My search got delayed (e.g., interview was postponed)
- My search was stopped (e.g., interview was cancelled)
- Other
- Prefer not to answer

Other:

How concerned are you about your ability to secure a position for the next academic year?

- Absolutely not concerned
- Not concerned
- Indifferent
- Concerned
- Extremely concerned

I. Comments

Please use this field to enter any additional comments you might have.
