

Evaluating the impact of the COVID-19 pandemic on the health care workforce

Start of Block: Consent

QC Title: Evaluating the impact of the COVID-19 pandemic on the health care workforce

Investigators: Sofia Ahmed

Affiliations: University of Calgary, Cumming School of Medicine (Calgary, Alberta, Canada)

Funding: This study has no current funding.

Background: Researchers at the University of Calgary in Canada are conducting a study. This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask a member of our research team. Take the time to read this carefully and to understand any accompanying information.

Why is this study being done? The current coronavirus (COVID-19) pandemic has impacted health care workers across the globe. In many countries, health care workers are being impacted by the pandemic in terms of their work and personal responsibilities, which may differ depending on a person's identity, roles, and relationships. We wish to explore this impact and hopefully identify areas where we can learn from this experience and better inform pandemic health care workforce planning in the future.

How many people will participate in this study? We do not have a clear sense of how many people will participate in this study at this time but estimate it could range between 50 to over 10,000 people given the number of health care workers involved in the pandemic.

What will happen if I participate in this study? We are inviting health care workers to complete a voluntary, anonymous survey about the impact of the COVID-19 pandemic on their work and personal responsibilities and well-being. If you volunteer to participate in this study, you will be asked to complete an online, anonymous survey. The survey takes approximately 5-15 minutes to complete, depending on certain responses which may have follow-up questions. No personal or identifying information is being collected and all data will be analyzed in aggregate. Participants have the option to choose to undergo an additional telephone interview, in which case you will be asked to provide a telephone contact number.

What are the potential risks or discomforts? Some questions may cause personal or psychological discomfort as we ask about how this time may be influencing your work and personal responsibilities and well-being. Please note you do not have to answer any questions you do not wish to.

What are the potential benefits? There are no direct benefits to study participants. However, the results of this research may be used for future pandemic planning purposes, which may impact you or your colleagues.

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Do I have to participate? Participation in this study is completely voluntary. All participants have the option to not answer questions throughout the survey and still continue. You can stop the survey at any time, but please note that your data may still be recorded and included. If you wish to have your data removed, please email the study team immediately with the time you started or stopped the survey. Please note that since we aren't collecting personal identifiers, there is no guarantee that we can identify which response is yours should you wish to remove it.

Will I receive any compensation or reimbursement? You will not receive reimbursement for participating.

Will my information be kept confidential? All data will be kept confidential and stored securely. We are using a secure online survey platform called Qualtrics. All data are encrypted and stored directly on its secure servers. Researcher access to the survey data is password-protected and the transmission is encrypted. Survey responses cannot be linked to your computer. Only members of the research team will have access to the data, and all data will be analyzed in aggregate.

How long will my information be kept? In accordance with the University of Calgary's Data Retention Policy, we will keep data for five years after the completion of the study.

Resources for Learners: We recognize this is a stressful time for health care workers. If you are feeling distressed, anxious, or in need of support during this time, we suggest you contact your employer to access wellness resources.

Who can I contact if I have questions about this study? Please feel free to contact a member of our research team with any questions or comments about this study. This study has received approval by the University of Calgary Conjoint Health Research Ethics Board (REB20-0584). If you have any questions concerning your rights as a possible participant in this research, please contact a member of the research team (contact information below) or the Conjoint Health Research Ethics Board, University of Calgary at +1 403-220-7990. Thank you for considering participating in this timely research study.

Dr. Sofia Ahmed – Principal Investigator
University of Calgary, Department of Medicine
Sofia.ahmed@albertahealthservices.ca

Consent from Participants Please note, the decision to select this option and participate in the survey will be interpreted as an indication of your agreement to participate. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities.

Should you wish to not participate in this study, please exit the survey now.

- I understand the above information and consent to my voluntary participation in this research study.
- Exit survey

End of Block: Consent

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Start of Block: Participant Demographics

QP1 Are you a physician?

 Yes No

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Q1 What type of health care worker are you?

- Clinical Engineer
- Clinical Psychologist
- Diagnostic Imaging Technologist
- Emergency Medical Services
- Health Care Aide
- Health Care Facility Cleaning
- Health Care Facility Maintenance
- Health Care Facility Food and Nutrition Services
- Hospital Switchboard Operator
- Laboratory Technician
- Licensed Practical Nurse
- Occupational Therapist
- Pharmacist
- Phlebotomist
- Physiotherapist
- Porter
- Registered Dietitian
- Registered Nurse
- Respiratory Therapist
- Recreational Therapist

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- Security
 - Social Worker
 - Speech Language Pathologist
 - Spiritual Care Provider
 - Supply Chain Management
 - Technician
 - Therapy Assistant
 - Unit Clerk
 - Other (please specify) _____
-

Q1a How long have you worked at your current position?

- <1 year
 - 1-5
 - 6-10
 - 11-15
 - 16-20
 - >20 years
-

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Q1b Please select the option that best describes your current credentials:

- Independent license to practice
 - Resident
-

Q1c What level of residency are you in?

- PGY-1
 - PGY-2
 - PGY-3
 - PGY-4
 - PGY-5
 - PGY-6
 - PGY-7
 - PGY-8
 - PGY-9
-

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Q1d How many years has it been since you graduated from medical school?

- <5 years
 - 5-10
 - 11-15
 - 16-20
 - 21-25
 - >25
-

Q2 Your main area of health care involves:

- Adults
 - Children
-

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Q3 What is your MAIN area of health care work?

- Admitting
- Ambulatory Care/Day Medicine
- Anaesthesiology
- Critical Care
- Diagnostic Imaging
- Emergency Medicine
- Family Medicine/Primary Care
- Food Services
- Home Care
- Internal Medicine/Subspecialty
- Laboratory Medicine
- Long-term care/Nursing home/Supportive Living/Retirement Home
- Medical Microbiology
- Obstetrics/Gynecology
- Palliative Care
- Pathology
- Psychiatry
- Public Health
- Rehabilitation Medicine
- Seniors Health

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Spiritual Care

Surgery

Other (please specify) _____

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Q3a What is your subspecialty?

- Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - General internal medicine
 - Geriatrics
 - Hematology
 - Hepatology
 - Infectious disease
 - Nephrology
 - Neurology
 - Oncology
 - Pulmonology
 - Rheumatology
 - Transplant medicine
 - Other (please specify) _____
-

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Q3b What is your subspecialty?

- Cardiac surgery
 - General surgery
 - Neurosurgery
 - Ophthalmology
 - Orthopedic surgery
 - Otolaryngology
 - Plastic surgery
 - Thoracic surgery
 - Transplant surgery
 - Trauma surgery
 - Vascular surgery
 - Other (please specify) _____
-

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Q4 What is your MAIN area of health care work?

- Admitting
- Ambulatory Care/Day Medicine
- Anaesthesiology
- Critical Care
- Diagnostic Imaging
- Emergency Medicine
- Family Medicine/Primary Care
- Food Services
- Home Care
- Laboratory Medicine
- Long-term care/Supportive Living
- Palliative Care
- Pathology
- Pediatrics/Subspecialty
- Psychiatry
- Public Health
- Rehabilitation Medicine
- Spiritual Care
- Surgery
- Other _____

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Q4a What is your subspecialty?

- Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - General internal medicine
 - Geriatrics
 - Hematology
 - Hepatology
 - Infectious disease
 - Nephrology
 - Neurology
 - Oncology
 - Pulmonology
 - Rheumatology
 - Transplant medicine
 - Other _____
-

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Q4b What is your subspecialty?

- Cardiac surgery
 - General surgery
 - Neurosurgery
 - Ophthalmology
 - Orthopedic surgery
 - Otolaryngology
 - Plastic surgery
 - Thoracic surgery
 - Transplant surgery
 - Trauma surgery
 - Vascular surgery
 - Other _____
-

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Q5 Type of practice (please check all that apply):

- Academic
 - Administrative
 - Clinical
 - Community
 - Education
 - Hospital-based
 -
 - Out-patient
 - Research
 - Other (please specify)
-

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Q5a What type of community practice do you work in?

- Rural
 - Suburban
 - Urban
 - Rural and Urban
 - Suburban and Urban
-

Q5b Where is the hospital(s) you work in located?

- Rural
 - Suburban
 - Urban
 - Rural and Urban
 - Suburban and Urban
-

Q6 What sex was assigned to you at birth (i.e., what does it say on your birth certificate)?

- Female
 - Male
 - Intersex
 - Other (please specify) _____
 - Prefer not to answer
-

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Q7 What gender do you most identify with on a daily basis?

- Woman
 - Man
 - Transgender woman
 - Transgender man
 - Two-spirit
 - Non-binary
 - Non-gender conforming
 - I self-describe as: _____
 - Prefer not to answer
-

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Q8 What is your age?

- <25 years
 - 25-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - 51-55
 - 56-60
 - 61-65
 - 66-70
 - >70
 - Prefer not to answer
-

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QE How do you identify:

- Black/African/Caribbean
 - East Asian
 - Indigenous
 - Latina/Latino/Latinx
 - Metis
 - Middle Eastern
 - South Asian
 - Southeast Asian
 - White/Caucasian
 - I prefer to self-describe as: _____
 - I prefer not to answer
-

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Q9 Which country do you live in?

- Australia
 - Canada
 - China
 - Germany
 - India
 - Iran
 - Italy
 - Spain
 - Netherlands
 - UK
 - USA
 - Other (please specify) _____
-

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Q9a Which province do you live in?

- Alberta
 - British Columbia
 - Manitoba
 - New Brunswick
 - Newfoundland and Labrador
 - Northwest Territories
 - Nova Scotia
 - Nunavut
 - Ontario
 - Prince Edward Island
 - Quebec
 - Saskatchewan
 - Yukon
-

Q9b Which state do you live in?

▼ Alabama ... Other

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Q10 What is your current employment status?

- Full-time
 - Part-time
 - Casual
 - Not practicing
 - Parental leave
 - Personal illness
 - Caregiver leave
 - Laid off
 - Other (please specify) _____
-

Q10a Have you been asked to return to work as part of the pandemic response?

- Yes
- No

Q10b Were you laid off due to COVID-19 related reasons?

- Yes
- No
- Prefer not to answer

End of Block: Participant Demographics

Start of Block: Work Impact

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Q- Please answer the following questions based on your personal work experience

Q11 Has the pandemic changed the number of hours you spend on CLINICAL workplace activities?

- Severely increased
 - Somewhat increased
 - No effect
 - Somewhat decreased
 - Severely decreased
 - N/A
 - Comment: _____
-

Q12 Has the pandemic changed the number of hours you spend on EDUCATION workplace activities? (i.e., the number of hours spent on teaching learners and not how many hours are spent on learning by the health care worker themselves)

- Severely increased
 - Somewhat increased
 - No effect
 - Somewhat decreased
 - Severely decreased
 - N/A
 - Comment: _____
-

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Q13 Has the pandemic changed the number of hours you spend on RESEARCH workplace activities?

- Severely increased
 - Somewhat increased
 - No effect
 - Somewhat decreased
 - Severely decreased
 - N/A
 - Comment: _____
-

Q14 Have you been part of the pandemic decision-making and planning effort?

- Definitely
 - Somewhat
 - Slightly
 - Not at all
 - Not sure
 - N/A
 - Comment _____
-

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Q15 How would you describe your USUAL work-related leadership role?

- Academic Leadership Role
- Healthcare Leadership Role
- Academic and Healthcare Leadership Roles
- No Leadership Role
- Comment: _____
-

Q16 Have you been asked to take on a new leadership role during the COVID-19 pandemic?

- Yes
- No
- Not sure
- Comment: _____

End of Block: Work Impact

Start of Block: Pandemic Work Experience

Q-- Please answer the following questions based on your personal home experience

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Q17 Has the COVID-19 pandemic changed the number of hours you spend on childcare activities and/or at home education of children? If so, how many hours per day?

- Severely increased (text box: _____)
- Somewhat increased (text box: _____)
- No effect
- Somewhat decreased (text box: _____)
- Severely decreased (text box: _____)
- N/A
- Comment: _____
-

Q18 Has the COVID-19 pandemic changed the number of hours your spend on personal caregiving activities for adult dependents? If so, how many hours per day?

- Severely increased (text box: _____)
- Somewhat increased (text box: _____)
- No effect
- Somewhat decreased (text box: _____)
- Severely decreased (text box: _____)
- N/A
- Comment: _____
-

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Q19 Has the COVID-19 pandemic changed the number of hours you spend on household (cooking, cleaning, grocery shopping, etc.) activities? If so, how many hours per day?

- Severely increased (text box: _____)
- Somewhat increased (text box: _____)
- No effect
- Somewhat decreased (text box: _____)
- Severely decreased (text box: _____)
- N/A
- Comment: _____
-

Q20 Is your workplace adapting your schedule for home responsibilities (i.e., childcare, elder care, etc.) during the COVID-19 pandemic?

- Definitely
- Somewhat
- Slightly
- Not at all
- Not sure
- N/A
- Comment _____

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Q20a The COVID-19 pandemic has **negatively** impacted my confidence in performing my work:

- Strongly agree
- Somewhat agree
- No effect
- Somewhat disagree
- Strongly disagree
- N/A
- Comment _____

End of Block: Pandemic Work Experience

Start of Block: Concerns and Stress

Q21 The following questions are from a short-form version of the **State/Trait Anxiety Inventory for Adults** (Tluczek, 2009). Please select the response that best reflects how you felt on **JANUARY 1, 2020 (pre-pandemic)**.

	Not at all	Somewhat	Moderately	Very much
I am comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am anguished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel concerned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right now I feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q22 Please select the response that best reflects how you feel **RIGHT NOW** (during the pandemic).

	Not at all	Somewhat	Moderately	Very much
I am comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am anguished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel concerned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Right now I feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 The COVID-19 pandemic has negatively influenced the following aspects of my **well-being**:

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Negatively influenced physical wellness (e.g., physical activity, nutrition, your own disease management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negatively influenced mental wellness (e.g., mood, anxiety, stress management, emotional well-being)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negatively influenced social wellness (e.g., sense of inclusion, equity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negatively influenced intellectual wellness (e.g., ability to learn or fulfill educational goals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negatively influenced occupational wellness (e.g., safety in learning and working environments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q24 Compared to January 1, 2020, how would you characterize the support you are receiving during the COVID-19 pandemic from the following groups of people:

	Significantly increased	Increased	No change	Decreased	Significantly decreased
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q26 Which of the following are **concerns or stressors** for you at this time? (please rank in order from your greatest stressor/concern (=1) to your smallest stressor/concern (=6). Please note that each category must have a different number value). If you prefer not to answer, please skip this question.

- _____ My personal health and well-being
- _____ The health and well-being of my family members
- _____ The health and well-being of the public
- _____ My personal financial situation
- _____ The financial situation of others
- _____ The impact of this pandemic on my learning
- _____ Other (please specify)

End of Block: Concerns and Stress

Start of Block: Children Dependents

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Q26 Do you have dependent children who live at home?

- Yes
- No
- I share custody
- Other (please specify) _____
-

Q26a How many children live with you (either full or part-time)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- >8
-

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Q26b What are your children's ages? Please check all that apply:

0-2

3-6

7-10

11-14

15-18

>18

End of Block: Children Dependents

Start of Block: Adult Dependents

Q27 Do you have adult dependents (elderly family, adult children with disabilities, partners with terminal illnesses/disabilities) who live at home?

Yes

No

Other (please specify) _____

End of Block: Adult Dependents

Start of Block: Partner Demographics

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Q28 What is your marital/cohabitation status?

- Live alone
- Married or common law
- Roommates
- Prefer not to answer
- Other (please specify) _____

Q28a Are you living apart from your family unit/regular residence?

- Yes
- No
- Other (please specify) _____

Q28b Why are you living apart from your regular residence?

- Voluntary preventative measures
 - Exposure to virus
 - Prefer not to answer
 - Other (please specify)
-

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Q28c What gender does your PARTNER most identify with on a daily basis?

- Woman
 - Man
 - Transgender woman
 - Transgender man
 - Two-spirit
 - Non-binary
 - Non-gender conforming
 - They self-describe as: _____
 - Prefer not to answer
-

Q29 What is your PARTNER'S work status?

- Essential worker
 - Non-essential paid worker
 - Retired
 - My partner is not paid
 - Other (please specify) _____
-

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Q29a Is your PARTNER an essential **health care** worker?

- Yes
- No
-

Q29b Please select the option that best describes your partner's current work situation:

- Stay at home partner
- Unemployed and actively looking for work
- Full-time or part-time student
- Laid off
- Unable to work
- Other (please specify) _____

Q32 Was your PARTNER laid off due to COVID-19 related reasons?

- Yes
- No
- Prefer not to answer
-

QP2 Is your PARTNER a physician?

- Yes
- No
-

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Q30 If you PARTNER is an essential health care worker, what type of health care worker are they?

- Clinical Engineer
- Clinical Psychologist
- Diagnostic Imaging Technologist
- Emergency Medical Services
- Health Care Aid
- Health Care Facility Cleaning
- Health Care Facility Maintenance
- Health Care Facility Food and Nutrition Services
- Hospital Switchboard Operator
- Laboratory Technician
- Licensed Practical Nurse
- Occupational Therapist
- Pharmacist
- Phlebotomist
- Physiotherapist
- Porter
- Registered Dietitian
- Registered Nurse
- Respiratory Therapist
- Recreational Therapist

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- Security
 - Social Worker
 - Speech Language Pathologist
 - Spiritual Care Provider
 - Supply Chain Management
 - Technician
 - Therapy Assistant
 - Unit Clerk
 - Other (please specify) _____
-

Q30a How long has your PARTNER worked at their current position?

- <1 year
 - 1-5
 - 6-10
 - 11-15
 - 16-20
 - >20 years
-

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Q30b Please select the option that best describes your PARTNER'S current credentials:

- Independent license to practice
 - Resident
-

Q30c How many years has it been since your PARTNER graduated from medical school?

- <5 years
 - 5-10
 - 11-15
 - 16-20
 - 21-25
 - >25
-

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Q30d What level of residency is your PARTNER in?

- PGY-1
 - PGY-2
 - PGY-3
 - PGY-4
 - PGY-5
 - PGY-6
 - PGY-7
 - PGY-8
 - PGY-9
-

Q30e Your PARTNER works primarily with:

- Adults
 - Children
-

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Q31 What is your PARTNER'S MAIN area of health care work?

- Admitting
- Ambulatory Care/Day Medicine
- Anaesthesiology
- Critical Care
- Diagnostic Imaging
- Emergency Medicine
- Family Medicine/Primary Care
- Food Services
- Home Care
- Internal/Subspecialty
- Internal Medicine
- Laboratory Medicine
- Long-term care/Supportive Living
- Palliative Care
- Pathology
- Psychiatry
- Public Health
- Rehabilitation Medicine
- Spiritual Care
- Surgery

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Other (please specify) _____

Q31a What is your PARTNER'S subspecialty?

- Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - General internal medicine
 - Geriatrics
 - Hematology
 - Hepatology
 - Infectious disease
 - Nephrology
 - Neurology
 - Oncology
 - Pulmonology
 - Rheumatology
 - Transplant medicine
 - Other (please specify) _____
-

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Q31b What is your PARTNER'S subspecialty?

- Cardiac surgery
 - General surgery
 - Neurosurgery
 - Ophthalmology
 - Orthopedic surgery
 - Otolaryngology
 - Plastic surgery
 - Thoracic surgery
 - Transplant surgery
 - Trauma surgery
 - Vascular surgery
 - Other (please specify) _____
-

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Q32 What is your PARTNER'S MAIN area of health care work?

- Admitting
- Ambulatory Care/Day Medicine
- Anaesthesiology
- Critical Care
- Diagnostic Imaging
- Emergency Medicine
- Family Medicine/Primary Care
- Food Services
- Home Care
- Laboratory Medicine
- Long-term care/Supportive Living
- Palliative Care
- Pathology
- Pediatrics/Subspecialty
- Psychiatry
- Public Health
- Rehabilitation Medicine
- Spiritual Care
- Surgery
- Other _____

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Q32a What is your PARTNER'S subspecialty?

- Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - General internal medicine
 - Hematology
 - Hepatology
 - Infectious disease
 - Nephrology
 - Neurology
 - Oncology
 - Pulmonology
 - Rheumatology
 - Transplant medicine
 - Other (please specify) _____
-

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Q32b What is your PARTNER'S subspecialty?

- Cardiac surgery
 - General surgery
 - Neurosurgery
 - Ophthalmology
 - Orthopedic surgery
 - Otolaryngology
 - Plastic surgery
 - Thoracic surgery
 - Trauma surgery
 - Vascular surgery
 - Other (please specify) _____
-

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Q33 What type of practice does your PARTNER work in? (Please check all that apply)

- Academic
 - Administrative
 - Community
 - Clinical
 - Education
 - Hospital-based
 - Research
 - Other (please specify)
-

Q33a What type of community practice does your PARTNER work in?

- Rural
 - Suburban
 - Urban
 - Rural and Urban
 - Suburban and Urban
-

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Q33b Where is the hospital(s) your PARTNER works in located?

- Rural
 - Suburban
 - Urban
 - Rural and Urban
 - Suburban and Urban
-

Q34 What is your PARTNER'S current employment status?

- Full-time
- Part-time
- Not practicing
- Parental leave
- Illness leave
- Caregiver leave
- Other (please specify) _____

End of Block: Partner Demographics

Start of Block: Questions

Q35 Any further comments you would like us to know:

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Q36 Do you want to be contacted for a telephone interview? (Please note: all telephone interviews will be audio recorded)

Yes

No

Q36a Thank you for requesting a follow-up conversation for this project on how the COVID-19 pandemic has affected the health care workforce. This conversation will be audio-recorded and all comments will be transcribed and used in combination with your survey responses. Do you agree to proceed with the conversation? If yes, please provide your telephone number.

Yes _____

No

Q37 Thank you for completing this survey!

Please consider completing the following survey: Exploring the impact of the COVID-19 pandemic on medical learners

https://survey.ucalgary.ca/jfe/form/SV_b1pgkMgAJqacud7

End of Block: Questions

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