

# Risk factors associated with physician trainee concern over missed educational opportunities during the COVID-19 pandemic

Sunny S. Lou, MD, PhD<sup>1</sup>, Charles W. Goss, PhD<sup>2</sup>, Bradley A. Evanoff, MD, MPH<sup>3</sup>, Jennifer G. Duncan, MD<sup>4</sup>, Thomas Kannampallil, PhD<sup>1,5</sup>

<sup>1</sup>Department of Anesthesiology, <sup>2</sup>Division of Biostatistics, <sup>3</sup>Department of Medicine.

<sup>4</sup>Department of Pediatrics, <sup>5</sup>Institute for Informatics and Department of Anesthesiology

Washington University School of Medicine, St Louis, Missouri.

Corresponding Author:

Thomas Kannampallil, PhD

660 S. Euclid Avenue, Campus Box 8054

Washington University School of Medicine

St Louis, Missouri 63110

(314) 273-7801

[thomas.k@wustl.edu](mailto:thomas.k@wustl.edu)

## Assessing Physician Trainee Wellness during a Pandemic

The purpose of this survey to understand the impact of the COVID-19 pandemic on the well-being of physician trainees.

(Survey instance 2 of 3)

Please create **your keyword** using the following guidelines:

1. First **three letters** of your mothers maiden name
2. First **three letters** of your city of birth
3. Your **2 digit** birth DAY

**Keyword**

**Example:**

"**Smith**"; "**New Orleans**"; "**05/05/1980**"  
= "**sminew05**"

\* must provide value

**Are you a**

- Resident  
 Fellow

[reset](#)

**Please select your Residency program**

- Anesthesiology
- Pathology
- Dermatology
- Emergency Medicine
- General Surgery
- Internal Medicine
- Medical Genetics
- Neurological Surgery
- Neurology
- Child Neurology
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pediatrics
- Physical Medicine & Rehab
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Radiology
- Urology

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<b>Year in program:</b> <input type="text" value=""/>
<b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender diverse <input type="radio"/> Prefer not to say <a href="#">reset</a>
<b>Race:</b> <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native American or Alaskan <input type="radio"/> Hispanic or Latino <input type="radio"/> Other <input type="radio"/> Prefer not to say <a href="#">reset</a>
<b>Marital Status:</b> <input type="radio"/> Married <input type="radio"/> Domestic partner <input type="radio"/> Single <input type="radio"/> Other <a href="#">reset</a>
<b>Do you have children living at home with you?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>
<b>How many Children?</b> <input type="text" value="2"/>
<b>Child 1 Age</b> <input type="text" value="Infant (0-3)"/>
<b>Child 1 Age</b> <input type="text" value="Elementary school (6-10)"/>
<b>Do you have elderly parents or relatives that you are caring for?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>
<b>Are they local?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <a href="#">reset</a>
<b>Currently, how stressed are you about</b>

	Not at all	A little	Somewhat	Quite a bit	Extremely
<b>Childcare?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Home schooling?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Care for your relatives?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Your personal finances?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Missed educational opportunities?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Your clinical competency in your specialty?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Your competency/knowledge about caring for COVID patients?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>
<b>Job opportunities?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<a href="#">reset</a>

**The following questions are related to your work/life activities. Answer the following questions with respect to your work-life situations in the [past 2 weeks](#):**

**How often do the demands of your job interfere with your family life?**

Often  
 Sometimes  
 Rarely  
 Never

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**How often do the demands of your family interfere with your work on the job?**

Often  
 Sometimes  
 Rarely  
 Never

[reset](#)

**How hard is it to take time off during your work to take care of personal or family matters?**

Not at all hard  
 Not too hard  
 Somewhat hard  
 Very hard

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**After an average workday, about how many hours do you have to relax or pursue activities that you enjoy?**

Number of hours (round to nearest hour)

**In the **past 2 weeks**, what best describes the duties where you spent the majority of your time? (check one)**

- Education (at home)
- Clinical (inpatient)
- Clinical (outpatient)
- Clinical (ICU)
- Clinical (ER)
- Clinical (work from home)
- Clinical (hospital services with patient contact) (e.g., anesthesiology, surgery)
- Clinical (hospital services with no patient contact) (e.g., pathology, radiology)
- Research (on campus)
- Research (from home)
- Quarantined

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**In your **current clinical role**, are you seeing or caring for patients that are being tested for Covid-19?**

- Yes
- No

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**In your **current clinical role**, are you seeing or caring for patients that are that are positive for Covid-19?**

- Yes
- No

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**How true do you feel the following statements are about you at work **during the past 2 weeks****

	Not true at all	Somewhat true	Moderately true	Very true	Completely true
I feel happy at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worthwhile at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work is satisfying to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel in control when dealing with difficult problems at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work is meaningful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am contributing professionally (e.g., patient care, research, and leadership in ways I value the most)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**To what degree have you experienced the following: **during the past 2 weeks**, my job has contributed to me feeling:**

	Not at all	Very little	Moderately	A lot	Extremely
Less empathetic with my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less empathetic with my colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less sensitive to others' feelings/emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Less interested in talking with my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Less connected with my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Less connected with my colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>To what degree have you experienced the following: <a href="#">during the past 2 weeks</a>, I have felt:</b>						
	<b>Not at all</b>	<b>Very little</b>	<b>Moderately</b>	<b>A lot</b>	<b>Extremely</b>	
A sense of dread when I think about work I have to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Physically exhausted at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Lacking in enthusiasm at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Emotionally exhausted at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>To what degree have you experienced the following: <a href="#">during the past 2 weeks</a>:</b>						
	<b>Did not apply to me at all</b>	<b>Applied to me to some degree, or some of the time</b>	<b>Applied to me to a considerable degree or a good part of time</b>	<b>Applied to me very much or most of the time</b>		
I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I found it difficult to work up initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I experienced trembling (e.g., in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I felt I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	
I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	

I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I felt I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I was aware of the action of my heart in the absence of physical exertion (e.g., a sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>

Please answer the following questions regarding your program:

	Strongly disagree	Disagree	Agree	Strongly Agree	
My program director is concerned about the welfare of people around him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
My program director pays attention to what I am saying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
My program director is helpful in getting the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
My program director is successful in getting people to work together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past seven days with respect to the current COVID-19 pandemic. How much have you been distressed by the current current COVID-19 pandemic?

	Not at all	A little bit	Moderately	Quite a bit	Extremely	
Any reminder brought back feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I had trouble staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Other things kept making me think about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I felt irritable and angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I avoided letting myself get upset when I thought about it or was reminded of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I thought about it when I didn't mean to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I felt as if it hadn't happened or wasn't real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
I stayed away from reminders of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Pictures about it popped into my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>

I was jumpy and easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I tried not to think about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I was aware that I still had a lot of feelings about it, but I didn't deal with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
My feelings about it were kind of numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I found myself acting or feeling like I was back at that time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I had trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I had waves of strong feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I tried to remove it from my memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I had trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I had dreams about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I felt watchful and on-guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I tried not to talk about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
<b>Are you aware of or have you used one of the following services in the <a href="#">past 6 months?</a></b>						
	<b>Used</b>	<b>Didn't Use</b>	<b>Didn't Use / Not Aware</b>			
GME Wellness website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
GME Wellness Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
Covid-19 Wellness Zoom support sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
WashU Wellness Connection programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
BJC Total Rewards wellness options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
Covid-19 emergency housing on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
Emergency childcare services for COVID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Submit</div>						