

COVID-19 Pandemic and Its Impact on Training Programs of Medical Residency

*Mandatory

1. Gender: *
 - ☐ Masculin
 - ☐ Feminin
2. How old are you? *
 - ☐ 25-27 years
 - ☐ 27-30 years
 - ☐ >30 years
3. Current residency year: *
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
4. The profile of your hospital*
 - ☐ Emergency hospital COVID-19
 - ☐ Emergency hospital Non-COVID-19
 - ☐ Chronic diseases hospital COVID-19
 - ☐ Chronic diseases hospital Non-COVID-19
5. During pandemic, was it necessary to interrupt your residency? *
 - ☐ Yes
 - ☐ No
6. How much did the pandemic influence your professional progress? *
 - ☐ I feel better prepared
 - ☐ I feel just as well prepared
 - ☐ I feel less prepared
7. What is the average number of patients admitted daily to the gastroenterology department before the pandemic? *
 - ☐ <5
 - ☐ 5-10
 - ☐ 10-15
 - ☐ >15
8. What is the average number of patients admitted daily to the gastroenterology department during the pandemic? *
 - ☐ <5
 - ☐ 5-10
 - ☐ 10-15
 - ☐ >15
9. What is the average number of endoscopic procedures you performed daily under supervision before the pandemic? *
 - ☐ 1-2
 - ☐ 3-4
 - ☐ >5
10. What is the average number of endoscopic procedures you performed daily under supervision before the pandemic? *
 - ☐ 1-2
 - ☐ 3-4
 - ☐ >5
11. Did patients who underwent endoscopic procedures get tested by PCR-SARS-COV2 prior to exploration? *
 - ☐ Yes
 - ☐ No
12. If yes, please mention the type of endoscopic procedure that required previous testing by PCR-SARS-COV2 (Esophagogastroduodenoscopy - EGD, endoscopic ultrasound - EUS, colonoscopy, ERCP)

13. Are patients diagnosed with COVID-19 hospitalized in the hospital unit where you work? *

- ☐ Yes
- ☐ No

14. Have you contributed to the diagnostic / therapeutic management of patients diagnosed with COVID-19? *

- ☐ Yes
- ☐ No

15. Do you wear protective equipment in accordance with ESGE / SRED guidelines during your daily practice? *

- ☐ Yes
- ☐ No

16. Do you wear protective equipment in accordance with ESGE / SRED guidelines when interacting with a patient diagnosed with COVID-19? *

- ☐ Yes
- ☐ No

17. What is the number of PCR-SARS-COV2 tests performed on you during the pandemic? *

- ☐ 0
- ☐ 1
- ☐ 2-3
- ☐ >3
- ☐ Others:

18. Have you participated in the collection of nasopharyngeal exudates used to perform SARS-COV2 PCR tests? *

- ☐ Yes
- ☐ No

19. What is the percentage of residents in your gastroenterology department who

tested positive for SARS-COV2 during the pandemic? *

- ☐ 25%
- ☐ 50%
- ☐ 75%
- ☐ >75%

20. Were you diagnosed with COVID-19 during the pandemic? *

- ☐ Yes
- ☐ No

21. If you have been confirmed to have SARS-COV2 infection, what form of the disease did you present?

- ☐ asymptomatic or pauci-symptomatic
- ☐ moderate
- ☐ severe (required hospitalization)

22. If the presence of SARS-COV2 infection has been confirmed, do you consider that this infection has been correlated with in-hospital activity?

- ☐ Yes
- ☐ No

23. If you have been confirmed to be infected with SARS-COV2, do you consider that you have been a vector of transmission to family/friends?

- ☐ Yes
- ☐ No

24. If you have been diagnosed with COVID-19, please mention the period for which you were absent from work:

- ☐ 10-14 days
- ☐ 14-21 days
- ☐ 21-28 days
- ☐ >28 days

25. Do you consider that the absence from work, imposed by the SARS-COV2 infection, has affected your professional training?

- ☐ Yes
- ☐ No

26. Do you agree with the SARS-COV2 vaccine? *

- ☐ Yes
- ☐ No

27. If you do not agree with the SARS-COV2 vaccine, please mention the reason:

28. Do you consider that the online presentation of congresses is sufficient for your professional training? *

- ☐ Yes
- ☐ No

29. Do you think that the SARS-COV2 pandemic has led to an increase in your stress, anxiety or depression? *

- ☐ Yes
- ☐ No