

Appendix – survey items with responses

Effects on Urology residents and residency training

1. Do you consent to partaking in the Survey?

100% - Yes
0% - No

2. Have residents been redeployed to other services (ICU, Emergency, Medicine)

70% - No
30% - Partly
0% - Half-time
0% - Majority
0% - Full-time

3. Have residents been put on a rotating schedule of when to be in hospital?

90% - No
10% - Yes

4. Have there been changes (planned or realize) to the resident rotation schedule?

30% - No changes
30% - Yes - recalled to urology rotations at our request
0% - Yes - changed because ER/ICU or other rotations have been limited/postponed
30% - Yes - other: (please explain) *4 unique responses below:*
10% - minimal changes at most sites. one site changed due to either residents being quarantined or being redeployed
10% - residents who were to be away on elective were brought back on to urology
10% - so far waiting on 2020-2021 schedule to see if there are cancellations; radiology rotation cancelled
10% - Only changed within urology as out of provinces electives cancelled

5. Have changes in resident allotment/exposure to OR been instituted?

0% - No change
20% - Yes - senior residents prioritized because of effectively shortened experience

60% - Yes - limited number of house staff in room to limit PPE use and exposure risk

0% - Yes - by on-call resident only

20% - Yes - other: (please explain) *2 unique responses below:*

10% - No changes, just fewer cases

10% - Yes as a function of changed rotation schedule

(2 weeks on/2 weeks off)

6. Have changes to the resident call schedule been made in response to COVID-19?

10% - No

80% - Yes - due to self-isolation or quarantine

10% - Yes – optimized to provide breaks or mitigate against exposure of the entire team

0% - Yes – other: (please explain)

7. Are residents currently involved in Urology AND off-service on-call?

70% - No

30% - Yes

8. Have any other changes to scheduling been made within your program (for example dedicated weeks away from the hospital) to minimize exposure to the entire resident cohort, or conversely to ensure unexposed residents in case of illness among others?

Please describe: (9 unique response below)

1. At some sites, group split into teams that alternate weeks so they don't all get "contaminated"
2. Home immediately post-call, 2. Staff triage all consults first, 3. Self-study at home for some residents (changes on a day-to-day basis)
3. We kept a healthy cohort in weekly bases
4. One week on, one week off to reduce resident exposure. All academic teaching is via Zoom.
5. For one month, all residents were on a team schedule alternating weeks on and off. Now, only doing that at the hospital where the COVID patients are admitted.
6. We have created two teams that do not cross over to cover our two corporations.
7. yes 2on/2off
8. One week on and 2 off for March and one week on and 1 off for April
9. no specific changes to keep resident groups apart

9. What changes have been implemented to the residency teaching program (choose all that apply)?

- 0% - None
30% - Using the same topics and teaching schedule, moved to online video
30% - Using the same topics, but altered schedule for convenience, moved to online video
0% - Switched focus to resident self-directed learning
40% - Implemented new teaching modalities/events
10% - Switched focus to resident self-directed learning
10% - Both Zoom lectures and chief-resident led peer teaching
10% - Significant use of USF webinars, also chief-resident led peer teaching
10% - Changed days for convenience; added new teaching types (online lecture log, online lecture review)

10. What (if any) online services or resources are being used in your teaching program?

Please describe:

1. UCSF webinars
2. Zoom
3. Zoom, UCSF lecture series
4. Zoom
5. Zoom
6. Zoom>MS Teams
7. Zoom for our own lecture series, referred to other online zoom lecture series (eg UCSF, EMPIRE, etc)
8. Zoom, PollEverywhere
9. Zoom, AUA net, online journal club, online GR

11. Have journal clubs been cancelled or moved to a virtual format

- 30% - Cancelled
70% - Moved (or planning to move) to virtual

12. Are surgeries being tele-monitored for residents to see off-site?

- 100% - No
0% - Yes

13. What changes have occurred to outpatient clinic participation by residents?

- 0% - no change
30% - residents no longer participating in OP clinics

- 50% - residents conducting selected tele- or e-visits on behalf of attendings
20% - Other (please describe): 2 unique responses below:
10% - some cysto clinics open and covered, other office clinics dependent on site
10% - residents are still seeing patients but there are very few numbers

14. What changes have occurred regarding ward and emergency consults to urology?

- 40% - No change
60% - Team/attending/senior resident discussions case-by-case regarding the need for in-person consult
0% - New urgent access (in clinic or via telehealth) plans for early follow up
0% - Other (please describe):

15. Has your residency program committee met specifically to discuss COVID-19 crisis activities?

- 80% - yes
20% - no

16. Has your CBD competence committee met specifically to discuss COVID-19 crisis activities?

- 70% - yes
30% - no

17. What anticipated adjustments have been made to account for CBD residents' access to evaluable tasks for EPA (entrustable professional activity) acquisition?

- 70% - No change. Duration of crisis is not expected to impact the ability to gain entrustment in the longer term)
20% - Specific focus on non-clinical EPAs while extra time is available
0% - Favouring access for CBD residents to clinical activities to ensure minimal disruption
10% - Other (please describe): 1 unique response below:
10% - Impossible for most residents to meet EPA needs, future rotations/simulations/OSCEs will need to be implemented

18. Have your residents had specific PPE training, including mask-fit testing and donning/doffing procedures?

0% - No
80% - Yes
20% - Yes but prior to the COVID-19 crisis

19. Is there a peer-led resident support group for COVID-19 in your hospital?

20% - No
10% - Yes
70% - Not sure

20. Have elective surgical procedures been cancelled?

0% - No
100% - Yes

21. Is telemedicine being used for out-patient clinics

0% - No
0% - Partly
0% - Half-time
90% - Majority
10% - Full-time

22. Is virtual care being used for out-patient clinics

0% - No
40% - Partly
10% - Half-time
50% - Majority
0% - Full-time

23. Is the department following the CUAJ Canadian COVID-19 recommendations for genitourinary malignancies?

0% - No
70% - Yes
10% - Somewhat
20% - Other guideline (state which) *2 unique responses below:*
10% - I'm unaware of these recommendations
10% - In general yes. Each jurisdiction has its own amount of resources and priority levels so we are trying to get through the most urgent cases first and if more resources open up we move down the list.

24. What changes have you and your department had re: OR access?

0% - no change, business as usual
90% - access decreased - only high-priority cases emergencies only
10% - Other (please describe) *1 unique response below:*
10% - Emergency and high priority oncology only

25. Have staff physicians been redeployed in your department been redeployed to other departments (ICU, Emergency, Medicine)

80% - No
20% - Partly
0% - Half-time
0% - Majority
0% - Full-time

26. Has your province released COVID-19 on-line consulting code fees for Urology?

100% - Yes
0% - No