Impact of COVID-19 on Medical Students Considering Orthopedic Surgery

1. **Are you a rising fourth year medical student?**

* Yes
* No (If No, exit survey)

1. **Are you planning to apply to an Orthopedic Surgery Residency? (if Yes, skip 3)**

* Yes
* No

1. **What residency are you planning on applying to? (drop-down)**

* Anesthesiology
* Child Neurology
* Dermatology
* Emergency Medicine
* Emergency Med – Anesthesiology
* Emergency Med – Family Medicine
* Family Medicine
* Family Medicine – ONMM
* Family Medicine – Preventative Medicine
* Internal Medicine (Categorical)
* Medicine – Anesthesiology
* Medicine – Dermatology
* Medicine – Emergency Medicine
* Medicine – Medical Genetics
* Medicine – Pediatrics
* Medicine – Preliminary (PGY-1 Only)
* Medicine – Preventative Medicine
* Medicine – Primary
* Medicine – Psychiatry
* Interventional Radiology (Integrated)
* Neurodevelopmental Disabilities
* Neurological Surgery
* Neurology
* Obstetrics-Gynecology
* OB/GYN – Preliminary (PGY-1 Only)
* Osteo Neuromusculoskeletal Medicine
* Otolaryngology
* Pathology
* Pediatrics (Categorical)
* Pediatrics – Anesthesiology
* Pediatrics – Emergency Medicine
* Pediatrics – Medical Genetics
* Pediatrics – PM&R
* Pediatrics – Preliminary
* Pediatrics – Primary
* Peds/Psych/Child Psych
* Physical Medicine & Rehab
* Plastic Surgery (Integrated)
* Preventative Medicine
* Psychiatry
* Psychiatry – Family Medicine
* Psychiatry – Neurology
* Radiation Oncology
* Radiology – Diagnostic
* Surgery (Categorical)
* Surgery – Preliminary (PGY-1 Only)
* Thoracic Surgery
* Transitional (PGY-1 Only)
* Vascular Surgery
* Other

1. **Where is your medical school located?** 
   * West
   * Midwest
   * South
   * Northeast
   * Outside of the United States

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1. **What race or ethnicity do you identify with?**

* Non-Hispanic white
* Black/African American
* Hispanic/Latino
* Asian
* Other
* I prefer not to respond

1. **What gender do you identify with?**

* Man
* Woman
* Other

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* I prefer not to respond

1. **How confident are you that you will apply for a residency in orthopedic surgery?**

* I am definitely applying
* I am most likely applying
* I am undecided
* I am most likely not applying
* N/A: I have already matched to a residency in orthopedic surgery

1. **Has the COVID-19 Pandemic impacted your decision to apply for a residency in orthopedic surgery?**

* I am much more likely to apply to orthopedic surgery
* I am more likely to apply to orthopedic surgery
* No change
* I am less likely to apply to orthopedic surgery
* I am much less likely to apply to orthopedic surgery
* I am planning to apply to orthopedic surgery, but will defer to a later cycle

1. **How has the COVID-19 pandemic impacted your ability to get adequate exposure to orthopedic surgery in order to make a specialty choice?** 
   * I have many fewer opportunities for exposure to orthopedic surgery
   * I have fewer opportunities for exposure to orthopedic surgery
   * No change
   * I have somewhat more opportunities for exposure to orthopedic surgery
   * I have many more opportunities for exposure to orthopedic surgery
2. **Have you had rotations or exams canceled, altered, or postponed due to the COVID-19 pandemic?**

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1. **As a result of the COVID-19 pandemic, have you considered taking the year off?**

* Yes
* No

1. **With your year off, what would you plan to do?**

* Research
* Travel
* Volunteer
* Repeat missed clinical rotations
* Other

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1. **How would you describe your level of concern regarding some of the possible alterations to traditional orthopedics rotations at your home institution as a result of COVID-19?**

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1. **It is possible that COVID-19 will lead to logistical alterations to the 2020-2021 away rotations, interview process, and match. Has your home program discussed this potential with you?**

* Yes
* No
* I don’t have a home program

1. **It is possible that away rotations and interview day experiences for all specialties may be required to be virtual for the 2020-2021 cycle. As programs plan for this possibility, what type of opportunities and interactions would be most important to include?**

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1. **If there are other opportunities and experiences that would be important to you, please describe (not required).**

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1. **Is your home program in a COVID-19 hotspot?**

* Yes
* No

1. **If you are coming from a COVID-19 hotspot, are you concerned that there might be bias against your application?**

* Yes
* No

1. **Do you plan to avoid applying to a program in a COVID-19 hotspot?**

* I am definitely planning to avoid applying to a program in a COVID-19 hotspot
* I am probably planning to avoid applying to a program in a COVID-19 hotspot
* I am unsure if I will avoid applying to a program in a COVID-19 hotspot
* I will probably still apply to a program in a COVID-19 hotspot
* I will definitely still apply to a program in a COVID-19 hotspot

1. **What are your concerns about the orthopedics match process in the context of COVID-19 effects?**

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1. **If you have concerns that are not listed in the table above, please describe (not required).**

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1. **If you have concerns that are not mentioned in this survey, please describe (not required).**

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