

Impact of COVID-19 On Physician-Scientists (COVOPS) & Physicians Survey

Consent

* 1. As labs around the world shut down in the wake of COVID-19 pandemic, science disruption is an unfortunate consequence leading to delayed progress in research and insights into combating disease. Further, clinical training is also altered, from canceled rotations to restrictions in seeing patients. Thus, it is important to anticipate career/training setbacks for the physician-scientist, physician population, the cohort that will work to discover future preventive and therapeutic strategies.

This is a survey on behalf of the American Physician Scientists Association (APSA). This Survey is intended to be distributed to physician, physician-scientist trainees, residents, fellows and junior faculty in the United States.

The goal of the survey is to assess how the COVID-19 pandemic has influenced your research and clinical training thus far, so we may be able to prepare for and mitigate potential problems that may require advocacy/education/outreach for clinical and research directions.

Through the survey, we seek to identify those challenges/problems that physician-scientists and physicians are facing. The results of the survey will be used to advocate for changes to policies/institutional structures that will help retain and advance a diverse academic medical faculty. Any significant results will potentially be published in a peer-reviewed journal.

This survey is completely anonymous and voluntary. No personally identifying information will be linked to your survey responses. There is no harm or risk associated with taking the survey.

To protect the surveytaker, the account in which responses are stored is password-protected and can only be accessed by the researchers.

The survey will take approximately 10 minutes to complete.

If you have any questions, please feel free to contact the following research coordinators of this study: Yale School of Medicine research coordinator of this study: Jennifer M Kwan, MD PhD

_____ or the Weill Cornell Medicine research coordinator, _____
 _____ The Survey has been IRB approved at Weill Cornell Medicine.

*Agreement of Subject I have read the above information and understand the terms of my participation. I agree to participate in this study.

☐ Yes☐ No

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Demographics

* 2. What is your age?

3. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other (please specify)

4. What is your race?

- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Chinese
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Asian Indian
- ☐ Filipino
- ☐ Other Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Multi-racial
- ☐ Prefer Not to Answer
- ☐ Other (please specify)

5. What is your ethnicity?

- ☐ Hispanic or Latino/a
- ☐ Not Hispanic or Latino/a
- ☐ Prefer Not to Answer
- ☐ Other (please specify)

* 6. In which region of the country is your institution based?

- ☐ Alaska, Hawaii
- ☐ South (Oklahoma, Texas)
- ☐ Midwest (Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)
- ☐ Southeast (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia)
- ☐ Northeast (Connecticut, DC, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont)
- ☐ Southwest (Arizona, California, Colorado, Nevada, New Mexico, Utah)
- ☐ Northwest (Idaho, Montana, Oregon, Washington, Wyoming)
- ☐ Other (please specify)

7. Is your institution public or private?

- ☐ Public
- ☐ Private

* 8. Are you in a dual-degree training program, such as a Medical Scientist Training Program (MSTP), a Physician Scientist Training Program (PSTP), or graduate of one?

- ☐ Yes
- ☐ No

* 9. In which year of training are you? (graduate school years are part of PhD or masters programs. If you have graduated from medical school, choose internship, residency, faculty, post graduate or post doctoral research accordingly)

- ☐ Undergraduate Year 1
- ☐ Undergraduate Year 2
- ☐ Undergraduate Year 3
- ☐ Undergraduate Year 4
- ☐ Undergraduate Year 5
- ☐ Medical School-Year 1
- ☐ Medical School-Year 2
- ☐ Medical School-Year 3
- ☐ Medical School-Year 4
- ☐ Graduate School-Year 1
- ☐ Graduate School-Year 2
- ☐ Graduate School-Year 3
- ☐ Graduate School-Year 4
- ☐ Graduate School-Year 5
- ☐ Graduate School-Year 6+
- ☐ Internship
- ☐ Residency
- ☐ Fellowship
- ☐ Post-doctoral research
- ☐ Faculty
- ☐ Post-graduate Non-academic
- ☐ Not applicable
- ☐ Other (please specify)

Impact of COVID-19 On Physician-Scientists (COVOPS) & Physicians Survey

Trainees in Medical Training Stage

* 10. How has your medical training been affected by COVID-19?

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Delay in or cancellation of lectures | <input type="checkbox"/> Removal from clinical clerkship rotations |
| <input type="checkbox"/> Lectures have been changed to remote access only/virtual platforms | <input type="checkbox"/> Delay in or cancellation of medical tests/shelf exams |
| <input type="checkbox"/> Delay in or cancellation of medical education meetings or advisor meetings | <input type="checkbox"/> Delay in or cancellation of standardized tests |
| <input type="checkbox"/> Medical education or advisor meetings have been made virtual | <input type="checkbox"/> Difficulty in accomplishing on-boarding or administrative tasks in preparation for residency |
| <input type="checkbox"/> Delay in or cancellation of clerkship rotations | <input type="checkbox"/> Given option for early graduation |
| <input type="checkbox"/> Virtual clinical rotations have been implemented | <input type="checkbox"/> Graduation has been delayed |
| <input type="checkbox"/> Other (please specify) | |

* 11. How has the COVID-19 pandemic affected your personal life?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Campus transportation or local transit has shut down. | <input type="checkbox"/> I am living by myself thus am not concerned about quarantining from family members/roommates/partner |
| <input type="checkbox"/> Childcare facilities have shut down. | <input type="checkbox"/> I have to self-quarantine away from my family/roommates/partner due to being exposed to COVID-19 or because of COVID-19-related symptoms (without confirmatory COVID-19 testing). |
| <input type="checkbox"/> I have been personally taking care of my children since daycare facilities have closed/have no alternate source of childcare. | <input type="checkbox"/> I have been exposed to COVID-19 or have symptoms (without confirmatory COVID-19 testing), but have no option to live in a different residence (hotel, institution facility). |
| <input type="checkbox"/> I am homeschooling my children. | <input type="checkbox"/> I have been exposed to COVID-19 or have symptoms (without confirmatory COVID-19 testing), and have been offered an alternative residence (hotel, institution facility). |
| <input type="checkbox"/> Campus libraries have closed. | <input type="checkbox"/> I have to self-quarantine away from my family/roommates/partner due to being exposed to COVID-19 and have tested positive for COVID-19. |
| <input type="checkbox"/> Campus computer centers have closed. | <input type="checkbox"/> I am currently being treated for symptoms/sequelae of being infected with COVID-19. |
| <input type="checkbox"/> I am working from home. | <input type="checkbox"/> I have accrued significant medical debt after being treated for symptoms/sequelae of being infected with COVID-19. |
| <input type="checkbox"/> I have lost my job due to the pandemic. | <input type="checkbox"/> My family/roommates/partner have been affected or infected because of my COVID-19 infection. |
| <input type="checkbox"/> I have been physically isolated from friends/family due to my work. | <input type="checkbox"/> No effect |
| <input type="checkbox"/> I have still been able to keep in touch with friends/family via virtual platforms. | |
| <input type="checkbox"/> Other (please specify) | |

* 12. Indicate the extent to which you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Virtual classrooms recapitulate in-person learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual patient encounters are as good as in-person patient encounters for my medical training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My research productivity/medical training will be negatively impacted in the short-term (<2 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My research productivity/medical training will be negatively impacted in the long-term (>2 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medical training has not been compromised and I will be on track for graduating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have changed my research efforts to focus on COVID-19 related topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have changed my intended career path/specialty intentions as a result of COVID-19 (ie more medicine based, less procedural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about my medical training being compromised and not being prepared for internship/residency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The COVID-19 pandemic has caused me a significant amount of stress, anxiety, hopelessness and/or depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The COVID-19 pandemic has caused sleep problems, decreased energy, changes in appetite, difficulty concentrating and/or restlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty of not being able to finish my research or to graduate is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying about my own health is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying about the health of my family/friends is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am worried about my own health from direct patient contact of confirmed or suspected COVID-19 patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my own health from casual contact in the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation is a source of a great deal of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial consequences of the pandemic cause a great deal of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been implementing stress-relieving practices and I feel that I have a handle on my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				

* 13. How have you been spending your time or are encouraged to spend your time?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Working on data analysis and design of experiments | <input type="checkbox"/> Secondary data analysis |
| <input type="checkbox"/> Reading scientific literature | <input type="checkbox"/> Working collaboratively to outline an experimental plan for a study |
| <input type="checkbox"/> Attending journal clubs by virtual platform | <input type="checkbox"/> Preparing figures or text for a collaborative manuscript |
| <input type="checkbox"/> Attending lab meetings by virtual platform | <input type="checkbox"/> Enhancing career development through institutional/online resources |
| <input type="checkbox"/> Preparing drafts of manuscripts | <input type="checkbox"/> Taking practice questions, reviewing board material for exams |
| <input type="checkbox"/> Preparing grant/fellowship/faculty applications | <input type="checkbox"/> Writing up clinical cases/manuscripts |
| <input type="checkbox"/> Preparing dissertation chapters | <input type="checkbox"/> Writing up clinical study IRB applications |
| <input type="checkbox"/> Preparing review articles | <input type="checkbox"/> Following up patient care needs online/virtually |
| <input type="checkbox"/> Preparing research seminars and/or posters for meetings/conferences | <input type="checkbox"/> Volunteer work (assist at nursing homes, shelters, non patient care, hospital processes, etc) |
| <input type="checkbox"/> Taking online courses to enhance skills | <input type="checkbox"/> Help out with COVID-19-related research |
| <input type="checkbox"/> Performing computational modeling | <input type="checkbox"/> Help with patient care |
| <input type="checkbox"/> Search/analysis of genomic/proteomic sequence data | |
| <input type="checkbox"/> Other (please specify) | |

Impact of COVID-19 On Physician-Scientists (COVOPS) & Physicians Survey

Trainees in Graduate Training Stage

* 14. In what type of laboratory do you perform your research?

(Select all that apply)

- ☐ Dry lab
- ☐ Wet lab
- ☐ Social Sciences
- ☐ Other (please specify)

* 15. In which field is your research conducted?

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Biological Sciences (Environmental biology, Molecular Cellular Biosciences, Bioengineering) | <input type="checkbox"/> Geosciences (Atmospheric, Geospace Sciences, Earth Sciences, Ocean Sciences) |
| <input type="checkbox"/> Computer and Information Science and Engineering (Computer and Network Systems, Information and Intelligent Systems) | <input type="checkbox"/> Mathematical and Physical Sciences (Chemistry, Statistics, Biostatistics, Epidemiology, Materials Research, Physics, Astronomical Sciences) |
| <input type="checkbox"/> Education and Human Resources (Undergraduate, Graduate Education, Medical Education, Human Resource Development) | <input type="checkbox"/> Social, Behavioral, and Economic Sciences (Behavioral and Cognitive Sciences, Social and Economic Sciences) |
| <input type="checkbox"/> Other (please specify) | |

* 16. How has your graduate training been affected by COVID-19?

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> My lab has shut down. | <input type="checkbox"/> My qualifying exam or thesis defense has been converted into a virtual platform (ie Zoom, Gotomeeting) |
| <input type="checkbox"/> Experiments have been delayed or impaired. | <input type="checkbox"/> My transition back to medical school training has been delayed or impaired. |
| <input type="checkbox"/> I am unable to perform any research-related activities. | <input type="checkbox"/> My visa is threatened due to an inability to conduct research. |
| <input type="checkbox"/> My qualifying exam or thesis defense has been postponed. | <input type="checkbox"/> Campus libraries and/or computer centers have been closed. |
| <input type="checkbox"/> Other (please specify) | |

* 17. How has the COVID-19 pandemic affected your personal life?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Campus transportation or local transit has shut down. | <input type="checkbox"/> I am living by myself thus am not concerned about quarantining from family members/roommates/partner |
| <input type="checkbox"/> Childcare facilities have shut down. | <input type="checkbox"/> I have to self-quarantine away from my family/roommates/partner due to being exposed to COVID-19 or because of COVID-19-related symptoms (without confirmatory COVID-19 testing). |
| <input type="checkbox"/> I have been personally taking care of my children since daycare facilities have closed/have no alternate source of childcare. | <input type="checkbox"/> I have been exposed to COVID-19 or have symptoms (without confirmatory COVID-19 testing), but have no option to live in a different residence (hotel, institution facility). |
| <input type="checkbox"/> I am homeschooling my children. | <input type="checkbox"/> I have been exposed to COVID-19 or have symptoms (without confirmatory COVID-19 testing), and have been offered an alternative residence (hotel, institution facility). |
| <input type="checkbox"/> Campus libraries have closed. | <input type="checkbox"/> I have to self-quarantine away from my family/roommates/partner due to being exposed to COVID-19 and have tested positive for COVID-19. |
| <input type="checkbox"/> Campus computer centers have closed. | <input type="checkbox"/> I am currently being treated for symptoms/sequelae of being infected with COVID-19. |
| <input type="checkbox"/> I am working from home. | <input type="checkbox"/> I have accrued significant medical debt after being treated for symptoms/sequelae of being infected with COVID-19. |
| <input type="checkbox"/> I have lost my job due to the pandemic. | <input type="checkbox"/> My family/roommates/partner have been affected or infected because of my COVID-19 infection. |
| <input type="checkbox"/> I have been physically isolated from friends/family due to my work. | <input type="checkbox"/> No effect |
| <input type="checkbox"/> I have still been able to keep in touch with friends/family via virtual platforms. | |

☐ Other (please specify)

18. What general assistance has your institution/PI offered, and/or how have they helped you transitioned from lab to home?

(Select all that apply)

- ☐ Provided a computer and/or tablet
- ☐ Provided more server space
- ☐ Provided alternative training or learning opportunities (ie. online classes, webinar access, virtual conferences)
- ☐ Other (please specify)

* 19. How have you been spending your time or are encouraged to spend your time?

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Working on data analysis and design of experiments | <input type="checkbox"/> Performing computational modeling |
| <input type="checkbox"/> Reading scientific literature | <input type="checkbox"/> Search/analysis of genomic/proteomic sequence data |
| <input type="checkbox"/> Attending journal clubs by virtual platform | <input type="checkbox"/> Secondary data analysis |
| <input type="checkbox"/> Attending lab meetings by virtual platform | <input type="checkbox"/> Working collaboratively to outline an experimental plan for a study |
| <input type="checkbox"/> Preparing drafts of manuscripts | <input type="checkbox"/> Preparing figures or text for a collaborative manuscript |
| <input type="checkbox"/> Preparing grant/fellowship/faculty applications | <input type="checkbox"/> Enhancing career development through institutional/online resources |
| <input type="checkbox"/> Preparing dissertation chapters | <input type="checkbox"/> Taking practice questions, reviewing board material for exams |
| <input type="checkbox"/> Preparing review articles | <input type="checkbox"/> Volunteer work (assist at nursing homes, helping at shelters, non patient care, hospital processes, etc) |
| <input type="checkbox"/> Preparing research seminars and/or posters for meetings/conferences | <input type="checkbox"/> Help with COVID-19 related research |
| <input type="checkbox"/> Taking online courses to enhance skills | <input type="checkbox"/> Help with patient care |
| <input type="checkbox"/> Other (please specify) | |

* 20. Indicate the extent to which you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
Virtual classrooms recapitulate in-person learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual patient encounters are as good as in-person patient encounters for my medical training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My research productivity/medical training will be negatively impacted in the short-term (<2 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My research productivity/medical training will be negatively impacted in the long-term (>2 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have changed my research efforts to focus on COVID-19 related topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
I have changed my intended career path/specialty intentions as a result of COVID-19 (ie more medicine based, less procedural).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The COVID-19 pandemic has caused me a significant amount of stress, anxiety, hopelessness and/or depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The COVID-19 pandemic has caused sleep problems, decreased energy, changes in appetite, difficulty concentrating and/or restlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty of not being able to finish my research or to graduate is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying about my own health is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying about the health of my family/friends is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my own health from direct patient contact of confirmed or suspected COVID-19 patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my own health from casual contact in the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation is a source of a great deal of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial consequences of the pandemic is a source of a great deal of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
I have been implementing stress-relieving practices, and I feel that I have a handle on my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

21. Select all that apply in terms of financial support.

- ☐ My PI/institution is supporting my salary/stipend even though I am not able to do research-related work.
- ☐ My PI/institution is NO longer supporting my salary/stipend because I am not able to do research-related work.
- ☐ I am supporting myself via alternate work not associated with my institution.
- ☐ Other (please specify)

Impact of COVID-19 On Physician-Scientists (COVOPS) & Physicians Survey

Residents/Fellows/Junior Faculty

* 22. What is your specialty?

* 23. Are you IN a tenure-track position?

☐ Yes

☐ No

☐ NA

☐ Other (please specify)

24. If you are in a tenure-track position, are you worried about your tenure clock due to this pandemic?

☐ Yes

☐ No

☐ My institution has reset the tenure clock due to the pandemic

☐ Other (please specify)

* 25. How have your research or clinical duties been affected by COVID-19?

(Select all that apply)

☐ I am no longer seeing patients in person.

☐ Elective procedures/surgeries have been canceled.

☐ I am seeing inpatients in a virtual manner.

☐ A COVID-19 hotline has been established, so I answer fewer calls from my patients.

☐ I am seeing outpatients in a virtual manner.

☐ My research lab has shut down.

☐ I have been redeployed to care for inpatients

☐ My lab personnel are no longer able to perform research.

☐ I am providing care to my patients in a different clinical discipline than my own or have been pulled to care for COVID-19 patients.

☐ Other (please specify)

26. What general assistance has your institution/PI offered, and/or how have they helped you transition from lab to home?

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Provided a computer and/or tablet | <input type="checkbox"/> My institution has provided me hazard pay, augmenting my salary for my COVID19 frontline efforts |
| <input type="checkbox"/> Provided more server space | <input type="checkbox"/> My tenure clock has been pushed back |
| <input type="checkbox"/> Provided alternative training or learning opportunities (ie. online classes, webinar access, virtual conferences) | <input type="checkbox"/> My deadlines have been pushed back |
| <input type="checkbox"/> Mentor/Advisor meetings are continuing in person or through virtual approaches | |
| <input type="checkbox"/> Other (please specify) | |

* 27. How has the COVID-19 pandemic affected your personal life?

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Campus transportation or local transit has shut down. | <input type="checkbox"/> I have still been able to keep in touch with friends/family via virtual platforms. |
| <input type="checkbox"/> Childcare facilities have shut down. | <input type="checkbox"/> I am living by myself thus am not concerned about quarantining from family members/roommates/partner |
| <input type="checkbox"/> I have been personally taking care of my children since daycare facilities have closed/have no alternate source of childcare. | <input type="checkbox"/> I have to self-quarantine away from my family/roommates/partner due to being exposed to COVID-19 or because of COVID-19-related symptoms (without confirmatory COVID-19 testing). |
| <input type="checkbox"/> I am homeschooling my children. | <input type="checkbox"/> I have been exposed to COVID-19 or have symptoms (without confirmatory COVID-19 testing), but have no option to live in a different residence (hotel, institution facility). |
| <input type="checkbox"/> Campus libraries have closed. | <input type="checkbox"/> I have been exposed to COVID-19 or have symptoms (without confirmatory COVID-19 testing), and have been offered an alternative residence (hotel, institution facility). |
| <input type="checkbox"/> Campus computer centers have closed. | <input type="checkbox"/> I have to self-quarantine away from my family/roommates/partner due to being exposed to COVID-19 and have tested positive for COVID-19. |
| <input type="checkbox"/> I am working from home. | <input type="checkbox"/> I am currently being treated for symptoms/sequelae of being infected with COVID-19. |
| <input type="checkbox"/> I have lost my job due to the pandemic. | <input type="checkbox"/> I have accrued significant medical debt after being treated for symptoms/sequelae of being infected with COVID-19. |
| <input type="checkbox"/> I have gotten a pay/salary cut | <input type="checkbox"/> My family/roommates/partner have been affected or infected because of my COVID-19 infection. |
| <input type="checkbox"/> My pay/salary has maintained the same during this pandemic | <input type="checkbox"/> No effect |
| <input type="checkbox"/> I have been physically isolated from friends/family due to my work. | |
| <input type="checkbox"/> Other (please specify) | |

* 28. Indicate the extent to which you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
Virtual classrooms recapitulate in-person learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual patient encounters are as good as in-person patient encounters for my medical training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual patient encounters are as good as in-person patient encounters for patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My research productivity/medical training will be negatively impacted in the short-term (<2 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My research productivity/medical training will be negatively impacted in the long-term (>2 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have changed my research efforts to focus on COVID-19 related topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like my patients will suffer due to delayed presentation and/or disrupted in-person follow up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about not being able to find a full-time job due to university/health system hiring freezes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The COVID-19 pandemic has caused me a significant amount of stress, anxiety, hopelessness and/or depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
The COVID-19 pandemic has caused sleep problems, decreased energy, changes in appetite, difficulty concentrating and/or restlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty of not being able to finish my research or to graduate is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying about my own health is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying about the health of my family/friends is a great source of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my own health from direct patient contact of confirmed or suspected COVID-19 patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my own health from casual contact in the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation is a source of a great deal of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial consequences of the pandemic is a source of a great deal of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been implementing stress-relieving practices and I feel that I have a handle on my stress levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>					

* 29. How has your institution responded to the COVID-19 pandemic?

(Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> My institution will reimburse for childcare expenses. | <input type="checkbox"/> My institution has established a voluntary medical student babysitting pool to provide childcare for physicians. |
| <input type="checkbox"/> My institution has made alternative housing available if I become exposed or need to go into quarantine. | <input type="checkbox"/> My institution/insurance will reimburse for the costs associated with being infected with COVID-19. |
| <input type="checkbox"/> My institution will reimburse for transportation expenses. | <input type="checkbox"/> My institution has pulled clinicians from other specialties to help care for COVID-19 patients. |
| <input type="checkbox"/> My institution has created a back-up system if my colleagues become ill and can no longer perform clinical duties. | |
| <input type="checkbox"/> Other (please specify) | |

* 30. How have you been spending your time or are encouraged to spend your time?

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Working on data analysis and design of experiments | <input type="checkbox"/> Secondary data analysis |
| <input type="checkbox"/> Reading scientific literature | <input type="checkbox"/> Working collaboratively to outline an experimental plan for a study |
| <input type="checkbox"/> Attending journal clubs by virtual platform | <input type="checkbox"/> Preparing figures or text for a collaborative manuscript |
| <input type="checkbox"/> Attending lab meetings by virtual platform | <input type="checkbox"/> Enhancing career development through institutional/online resources |
| <input type="checkbox"/> Preparing drafts of manuscripts | <input type="checkbox"/> Taking practice questions, reviewing board material for my specialty exam(s) |
| <input type="checkbox"/> Preparing grant/fellowship/faculty applications | <input type="checkbox"/> Writing up clinical cases/manuscripts |
| <input type="checkbox"/> Preparing dissertation chapters | <input type="checkbox"/> Writing up clinical study IRB applications |
| <input type="checkbox"/> Preparing review articles | <input type="checkbox"/> Following up patient care needs online/virtually |
| <input type="checkbox"/> Preparing research seminars and/or posters for meetings/conferences | <input type="checkbox"/> Volunteer work (assist at nursing homes, helping at shelters, non patient care, hospital processes, etc) |
| <input type="checkbox"/> Taking online courses to enhance skills | <input type="checkbox"/> Help with COVID-19-related research |
| <input type="checkbox"/> Perform computational modeling | <input type="checkbox"/> Help with patient care |
| <input type="checkbox"/> Search/analysis of genomic/proteomic sequence data | |
| <input type="checkbox"/> Other (please specify) | |

Impact of COVID-19 On Physician-Scientists (COVOPS) & Physicians Survey

Institution

31. Select the name of your institution. (This question is optional, and your answer choice will be disconnected from your survey responses).

- | | |
|--|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Nevada Reno |
| <input type="checkbox"/> Albany | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Albert Einstein College of Medicine | <input type="checkbox"/> New York Medical College |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> New York University |
| <input type="checkbox"/> Arizona Phoenix | <input type="checkbox"/> U of North Carolina |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> Baylor | <input type="checkbox"/> Northeast Ohio |
| <input type="checkbox"/> Boston University | <input type="checkbox"/> Northwestern-Feinberg |
| <input type="checkbox"/> Brown-Alpert | <input type="checkbox"/> Oakland Beaumont |
| <input type="checkbox"/> Buffalo-Jacobs | <input type="checkbox"/> Ohio State |
| <input type="checkbox"/> California Northstate | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Caribe | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Case Western Reserve | <input type="checkbox"/> Penn State |
| <input type="checkbox"/> Central Michigan | <input type="checkbox"/> Pennsylvania-Perelman |
| <input type="checkbox"/> Chicago Med Franklin | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> UChicago-Pritzker | <input type="checkbox"/> Ponce |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> U of Colorado | <input type="checkbox"/> Quinnipiac-Netter |
| <input type="checkbox"/> Columbia-Vagelos | <input type="checkbox"/> Renaissance Stony Brook |
| <input type="checkbox"/> UConnecticut | <input type="checkbox"/> Rochester |
| <input type="checkbox"/> Cooper Rowan | <input type="checkbox"/> Rush |
| <input type="checkbox"/> Cornell-Weill | <input type="checkbox"/> Rutgers New Jersey |
| <input type="checkbox"/> Creighton | <input type="checkbox"/> Rutgers-RW Johnson |
| <input type="checkbox"/> Dartmouth-Geisel | <input type="checkbox"/> Saint Louis |
| <input type="checkbox"/> Drexel | <input type="checkbox"/> San Juan Bautista |
| <input type="checkbox"/> Duke | <input type="checkbox"/> South Alabama |
| <input type="checkbox"/> East Carolina-Brody | <input type="checkbox"/> South Carolina |

- | | |
|---|--|
| <input type="checkbox"/> East Tennessee-Quillen | <input type="checkbox"/> South Carolina Greenville |
| <input type="checkbox"/> Eastern Virginia | <input type="checkbox"/> South Dakota-Sanford |
| <input type="checkbox"/> Emory | <input type="checkbox"/> Southern Cal-Keck |
| <input type="checkbox"/> FIU-Wertheim | <input type="checkbox"/> Southern Illinois |
| <input type="checkbox"/> UFlorida | <input type="checkbox"/> Stanford |
| <input type="checkbox"/> Florida Atlantic-Schmidt | <input type="checkbox"/> SUNY Downstate |
| <input type="checkbox"/> Florida State | <input type="checkbox"/> SUNY Upstate |
| <input type="checkbox"/> Geisinger Commonwealth | <input type="checkbox"/> Temple-Katz |
| <input type="checkbox"/> George Washington | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Georgetown | <input type="checkbox"/> Texas A & M |
| <input type="checkbox"/> Harvard | <input type="checkbox"/> Texas Tech |
| <input type="checkbox"/> Hawaii-Burns | <input type="checkbox"/> Texas Tech-Foster |
| <input type="checkbox"/> Howard | <input type="checkbox"/> Toledo |
| <input type="checkbox"/> U of Illinois (Chicago, Urbana-Champaign, Peoria, etc) | <input type="checkbox"/> Tufts |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Tulane |
| <input type="checkbox"/> Iowa-Carver | <input type="checkbox"/> U Washington |
| <input type="checkbox"/> Jefferson-Kimmel | <input type="checkbox"/> UC Davis |
| <input type="checkbox"/> Johns Hopkins | <input type="checkbox"/> UC Irvine |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> UC Riverside |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> UC San Diego |
| <input type="checkbox"/> Loma Linda | <input type="checkbox"/> UC San Francisco |
| <input type="checkbox"/> Louisville | <input type="checkbox"/> UCF |
| <input type="checkbox"/> Loyola-Stritch | <input type="checkbox"/> UCLA-Geffen |
| <input type="checkbox"/> LSU New Orleans | <input type="checkbox"/> Uniformed Services-Hebert |
| <input type="checkbox"/> LSU Shreveport | <input type="checkbox"/> USF-Morsani |
| <input type="checkbox"/> Marshall-Edwards | <input type="checkbox"/> UT Houston-McGovern |
| <input type="checkbox"/> U of Maryland | <input type="checkbox"/> UT Medical Branch |
| <input type="checkbox"/> U of Massachusetts | <input type="checkbox"/> UT San Antonio-Long |
| <input type="checkbox"/> Massachusetts General Hospital | <input type="checkbox"/> UT Southwestern |
| <input type="checkbox"/> Mayo-Alix | <input type="checkbox"/> Utah |
| <input type="checkbox"/> MC Georgia Augusta | <input type="checkbox"/> Vanderbilt |
| <input type="checkbox"/> MC Wisconsin | <input type="checkbox"/> Vermont-Larner |

- | | |
|---|---|
| <input type="checkbox"/> Meharry | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Mercer | <input type="checkbox"/> Virginia Commonwealth |
| <input type="checkbox"/> Miami-Miller | <input type="checkbox"/> Virginia Tech Carilion |
| <input type="checkbox"/> U of Michigan | <input type="checkbox"/> Wake Forest |
| <input type="checkbox"/> Michigan State | <input type="checkbox"/> Washington U St Louis |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> Wayne State |
| <input type="checkbox"/> Mississippi | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Missouri Columbia | <input type="checkbox"/> Western Michigan-Stryker |
| <input type="checkbox"/> Missouri Kansas City | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Morehouse | <input type="checkbox"/> Wright State-Boonshoft |
| <input type="checkbox"/> Mount Sinai-Icahn | <input type="checkbox"/> Yale |
| <input type="checkbox"/> MU South Carolina | <input type="checkbox"/> Zucker Hofstra Northwell |
| <input type="checkbox"/> Nebraska | |
| <input type="checkbox"/> Other (please specify) | |

32. Thank you for taking the survey to help gauge challenges facing our physicians, physician-scientists. Please let us know if there is anything else you would like to add regarding the impact of COVID-19 on your career.

33. Optional. Your name will be disconnected from your responses. Please tell us your name and valid university email address to be considered for a \$50 Amazon gift certificate.

First and Last Name

Valid Institutional Email Address

Phone Number