

## Supplemental Digital Appendix 1

### CREOG In-Training Examination Resident Survey\*

#### Informed Consent

Please complete the following survey about your experiences entering residency, during residency, and completing residency. The information will be used to inform future work to improve the transition into and out of residency and the clinical learning environment surrounding residency. We understand that residency is stressful as are the transitions into and out of residency. The results of this survey will help future residents through this process with more support and coaching opportunities. It is estimated that this will take approximately 5 to 8 minutes to complete the questions. Your participation is voluntary. Some of the questions are personal but help us to better understand your stressors. You do not have to answer questions you don't feel comfortable answering and may withdraw from the survey as well. **The survey responses are never associated with your personal identity, your program or your performance on this exam. All data are de-identified and aggregated for analyses and reporting by CREOG leadership to better advocate for you. Your program will not have access to your responses.**

If you have any questions, comments, or concerns after participating in this survey please be in touch with me.  
Karen George, MD, MPH, CREOG Chair  
[REDACTED]

If you wish to be provided a copy of this consent, please contact:  
[REDACTED]

I consent to participating in the CREOG survey

Yes

No

**Please indicate your current year of training**

- a) PGY-1
- b) PGY-2
- c) PGY-3
- d) PGY-4
- e) Not a resident

**Which of the following best describes you? (most applicable)**

- a) Married
- b) Not married but in a relationship
- c) Not married and not in a relationship (single)
- d) Divorced/Separated
- e) Widowed
- f) Prefer not to answer

**How would you describe yourself? (choose all that apply):**

- a) American Indian or Alaska Native
- b) Asian
- c) Black or African American
- d) Native Hawaiian or Other Pacific Islander
- e) White
- f) Hispanic, Latinx, or Spanish origin
- g) An identity not listed
- h) Prefer not to answer

**To which gender identity do you identify most?**

- a) Female
- b) Male
- c) Nonbinary/gender non-conforming
- d) An identity not listed
- e) Prefer not to answer

**Did you participate in a residency preparation/transition to residency curriculum or course (select all that apply)**

- a. No
- b. Yes
- c. If yes, select all that apply:
  - i. at my medical school directed at general residency preparation
  - ii. at my medical school directed at specific preparation for OBGYN residency
  - iii. during residency in orientation or bootcamp

**Please respond to this statement: I feel that I was well prepared for my first year of residency**

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree

**What is your perception of the importance placed on resident wellness (defined as the active pursuit of good health of all team members) in relation to other required aspects of your residency program?**

- a) A priority in my program
- b) Somewhat a priority
- c) Not a priority
- d) I don't know
- e) Prefer not to answer
- f)

<b>Instructions:</b> For each question, choose the response that most accurately applies to you.	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I prioritize my goals.	1	2	3	4	5
I take every opportunity to learn new things.	1	2	3	4	5
I assess whether or not my goals are accomplished.	1	2	3	4	5
I evaluate my mistakes during the learning process and learn from them.	1	2	3	4	5

<b>Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, select number "0" (zero). If you have had this feeling, indicate how often you feel it by selecting the number (from 1 to 6) that best describes how frequently you feel that way.</b>							
	<b>Never</b>	<b>A few times a year</b>	<b>Once a month</b>	<b>A few times a month</b>	<b>Once a week</b>	<b>A few times a week</b>	<b>Every day</b>
I feel burned out from my work	0	1	2	3	4	5	6
I have become more callous toward people since I took this job	0	1	2	3	4	5	6

<b>For each item, please select the number that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.</b>					
	<b>Not true at all</b>	<b>Rarely true</b>	<b>Sometimes true</b>	<b>Often true</b>	<b>True early all the time</b>
I am able to adapt when changes occur	0	1	2	3	4
I tend to bounce back after illness, injury or other hardships	0	1	2	3	4

**When I finish my residency, I feel that I will be well prepared to start fellowship or practice**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**Do you plan to complete subspecialty training after residency?**

- a. Yes
- b. No
- c. Not sure

\*Note: items unrelated to this study were removed.