

## 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