

Impact of COVID19 on Gynaecological Oncology Trainees

Dear Colleague

ENYGO has been invited to participate in an international survey project trying to ascertain the impact of COVID19 on Gynaecological Oncology trainees/fellows.

This survey is for individuals who are undergoing Gynaecological Oncology training. It relates to the COVID19 pandemic period and aims to establish the impact of COVID19 on clinical practice, medical education and mental well-being. It is vital we gain as much information as possible during this challenging and unique time.

The study will involve fellows networks from around the world, let our European voice be heard too!

Best regards,
ENYGO EEG

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The following questions are to understand the impact of COVID19 on your clinical practice

Q1 Country of Gynaecological Oncology fellowship

Q2 What year of your fellowship are you in?

Q3 How many years is your fellowship?

Q4 How many years of postgraduate experience do you have?

Q5 As a result of COVID19, do you feel you will need additional time to complete your training or fellowship?

Definitely	<input type="checkbox"/>	Probably	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	Probably not.....	<input type="checkbox"/>
Definitely not	<input type="checkbox"/>		

Q6 How much additional time will you need? (months)

Q7 Select which type of healthcare sector you work in. (please select all that apply)

Government-state funded Private

Q8 Have you been shielding as a result of COVID19 (i.e. staying at home at all times and avoiding any face-to-face contact if you or someone in your household are clinically extremely vulnerable)?

Yes No

Q9 Which of the following work related activities have you been able to take part in whilst shielding? (please select all that apply)

- Research
- Audit.....
- Telephone clinics.....
- I have not been undertaking any work related activity/
- Other.....
- Other, please specify

Q10 Has your surgical training been affected?

Yes No

Q11 By what proportion has your exposure to the following surgical modalities been reduced (%)? If your centre does not perform surgery via a certain route (e.g. robotic) or perform a particular procedure, please leave blank.

Robotic (overall)	<input type="text"/>
Laparoscopic (overall)	<input type="text"/>
Open surgical procedures (overall)	<input type="text"/>
Ovarian cancer cytoreductive surgery	<input type="text"/>
Exenteration procedures	<input type="text"/>
Surgery for recurrent disease	<input type="text"/>
Radical vulval surgery	<input type="text"/>
Radical hysterectomy	<input type="text"/>
Pelvic lymphadenectomy	<input type="text"/>
Para-aortic lymphadenectomy	<input type="text"/>
Trachelectomy	<input type="text"/>

Q12

Please state reasons for reduced exposure (select all that apply)

- Postponement of cases
 - Redeployment to another clinical speciality
 - Personal sickness (non-COVID related)
 - Self isolation (staying at home if you or someone in your household has symptoms of coronavirus)
 - Shielding (staying at home at all times and avoiding any face-to-face contact if you or someone in your household are clinically extremely vulnerable)
 - Joint consultant operating for cases
 - Reprioritisation
 - Modified treatment pathways
 - Reduction in referrals
 - Reduced tumour board-multidisciplinary team workload
 - Reduced exposure as lead surgeon in cases being undertaken
 - Other
 - Other, please specify
-

Q13

Is your centre/unit continuing to perform prophylactic surgeries?

- Yes
- No
- Not applicable – we do not perform prophylactic surgeries

Q14

As part of your training, do you administer chemotherapy?

- Yes No

Q15

Has there been an increase in your administration of chemotherapy?

- Yes No

Q16

By how much (%)

Q17

Has there been a reduction in your administration of chemotherapy?

- Yes No

Q18 By how much (%)

Q19 Do you have a national cervical screening programme in your country?
Yes No

Q20 Has cervical screening continued nationally?
Yes No

Q21 Has there been a reduction in your outpatient workload?
Yes No

Q22 By how much (%)

Q23 Please state reasons for your reduced workload (*select all that apply*)

Reduced referrals from primary care

Increased number of patients not turning up to their scheduled appointments in clinic (i.e. non attenders).....

Other.....

Other, please specify

Q24 Has there been a change in tumour board/multidisciplinary team meeting logistics?
Yes No

Not applicable

Q25 Please select changes made (*select all that apply*)

Virtual meetings Shorter meetings.....

Less frequent meetings..... Other

Other, please specify

Q26 Has volume of your recruitment to gynaecological oncology trials/studies changed?
Completely stopped Somewhat reduced

Neither reduced nor increased..... Somewhat increased.....

Increased

Q27 **Has your overall clinical workload increased?**
 Yes No

Q28 **By how much (%)**

Q29 **Has your workload overall reduced?**
 Yes No

Q30 **By how much (%)**

Q31 **Do you have access to adequate personal protective equipment (PPE) as recommended by the World Health Organisation (WHO) when treating suspected/confirmed COVID19 patients (direct care inpatient or outpatient setting – mask/gown/gloves/eye protection; aerosol generating procedures – respirator/gown/gloves/eye protection/apron)**
 Yes, all of the time Yes, for some of the time.....
 No, for most of the time Not at all

Q32 **Have you ever had to reuse PPE?**
 Yes No

Q33 **Have you ever had to buy your own PPE?**
 Yes No

Q34 **Have you had access to adequate rest facilities whilst on shift?**
 Yes, all of the time Yes, for some of the time.....
 No, for most of the time Not at all

Q35 **Have you been off due to COVID19 (suspected/confirmed)?**
 Yes No

Q36 **Did you have access to COVID19 testing?**
 Yes No

Q37 **Have you been redeployed to another clinical speciality?**
 Yes No

Q38 Please select speciality (select all that apply)

Intensive care.....	<input type="checkbox"/>	Accident and Emergency	<input type="checkbox"/>
Medical.....	<input type="checkbox"/>	Surgical	<input type="checkbox"/>
Obstetrics & Gynaecology.....	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other, please specify

Q39 What has been/is anticipated to be the period of your redeployment in days

Q40 Did you have access to adequate supervision during redeployment?

Yes, all of the time	<input type="checkbox"/>	Yes, for some of the time.....	<input type="checkbox"/>
No, for most of the time.....	<input type="checkbox"/>	Not at all.....	<input type="checkbox"/>

Q41 During redeployment, have you ever felt/been asked to work outside your level of clinical competency

Yes, all of the time	<input type="checkbox"/>	Yes, for some of the time.....	<input type="checkbox"/>
No, for most of the time.....	<input type="checkbox"/>	Not at all.....	<input type="checkbox"/>

Q42 Overall, do you feel you have had adequate pastoral support?

Yes, all of the time	<input type="checkbox"/>	Yes, for some of the time.....	<input type="checkbox"/>
No, for most of the time.....	<input type="checkbox"/>	Not at all.....	<input type="checkbox"/>

The following questions are to understand the impact of COVID19 on your medical education

Q43 As part of your training, do you rotate to different hospitals?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Q44 Have your rotations been suspended due to COVID19?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Q45 Has departmental teaching continued?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>		

Q46 **Have there been any changes in the way teaching has been delivered (*select all that apply*)**

- Reduced frequency Increased frequency.....
Virtual teaching No practical-hands-on teaching.....
Other
Other, please specify

Q47 **How satisfied are you with your departmental teaching during COVID19?**

- Very satisfied..... Satisfied
Neither satisfied nor dissatisfied..... Dissatisfied.....
Very dissatisfied

Q48 **How satisfied were you with your departmental teaching pre-COVID 19?**

- Not applicable-we had no teaching Very satisfied.....
Satisfied Neither satisfied nor dissatisfied.....
Dissatisfied..... Very dissatisfied

Q49 **Have you been accessing e-learning resources?**

- Yes No

Q50 **Please select resources used (*select all that apply*)**

- European Society of Gynaecological Oncology (ESGO)
International Gynecologic Cancer Society (IGCS)
British Gynaecological Cancer Society (BGCS).....
Society of Gynecologic Oncology (SGO)
Other
Other, please specify

Q51 On a scale of 1-10 (1, not at all satisfied, 10 very satisfied), how satisfied are you with the quality of available e-learning resources you have accessed? Please rate all sources of e-learning accessed

	N/A	1	2	3	4	5	6	7	8	9	10
European Society of Gynaecological Oncology (ESGO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Gynecologic Cancer Society (IGCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
British Gynaecological Cancer Society (BGCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society of Gynecologic Oncology (SGO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="text"/>										

Q52 Does your training registration body accept completion of online courses as evidence for attendance at mandatory courses (i.e. flexible interpretation of curriculum training) in light of COVID19?

Yes No

Q53 Have you felt adequately informed of the existence of guidelines relating to care of gynaecological oncology patients during COVID19?

Yes Somewhat
 Not at all

Q54

Below is a list of comments made by people after stressful life events. In this case we would like you to think about your time at work during the COVID19 pandemic. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time, please mark the "not at all" column.

	Not at all	Rarely	Sometimes	Often
I thought about it when I didn't mean to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoided myself getting upset when I thought about it or was reminded of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to remove it from memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had waves of strong feelings about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had dreams about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I stayed away from reminders of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt as if it hadn't happened or it wasn't real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried not to talk about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pictures about it popped into my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other things kept making me think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was aware that I still had a lot of feelings about it, but I didn't deal with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried not to think about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any reminder brought back feelings about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My feelings about it were kind of numb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the most appropriate answer to each statement depending on how you currently feel.

Q55

I feel tense or wound up

Most of the time	<input type="checkbox"/>	A lot of the time	<input type="checkbox"/>
Occasionally.....	<input type="checkbox"/>	Not at all.....	<input type="checkbox"/>

Q56

I still enjoy the things I used to enjoy

Definitely as much.....	<input type="checkbox"/>	Not quite so much	<input type="checkbox"/>
Only a little	<input type="checkbox"/>	Not at all.....	<input type="checkbox"/>

Q57 I get a sort of frightened feeling like something awful is about to happen

Very definitely and quite badly..... Yes, but not too badly.....
 A little but it doesn't worry me Not at all.....

Q58 I can laugh and see the funny side of things

As much as I always could..... Not quite so much now.....
 Definitely not so much now Not at all.....

Q59 Worrying thoughts go through my mind

A great deal of the time A lot of the time
 From time to time but not too often Only occasionally

Q60 I feel cheerful

Not at all Not often
 Sometimes Most of the time

Q61 I can sit at ease and feel relaxed

Definitely Usually
 Not often Not at all.....

Q62 I feel as if I am slowed down

Nearly all the time Very often.....
 Sometimes Not at all.....

Q63 I get a sort of frightened feeling like 'butterflies in the stomach'

Not at all..... Occasionally.....
 Quite often Very often.....

Q64 I have lost interest in my appearance

Definitely I don't take as much care as I should..
 I may not take quite as much care I take just as much care as ever

Q65 I feel restless as if I have to be on the move

Very much indeed Quite a lot.....
 Not very much..... Not at all.....

Q66 **I look forward with enjoyment to things**

As much as I ever did.....	<input type="checkbox"/>	Rather less than I used to	<input type="checkbox"/>
Definitely less than I used to	<input type="checkbox"/>	Hardly at all	<input type="checkbox"/>

Q67 **I get sudden feelings of panic**

Very often indeed	<input type="checkbox"/>	Quite often	<input type="checkbox"/>
Not very often.....	<input type="checkbox"/>	Not at all.....	<input type="checkbox"/>

Q68 **I can enjoy a good book or radio or TV programme**

Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>
Not often	<input type="checkbox"/>	Very seldom	<input type="checkbox"/>

Q69 **Please rate your mental wellbeing on a scale of 1-10 (1-extremely poor mental wellbeing, 10-excellent mental wellbeing) PRIOR to the COVID19 pandemic**

1	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	10	<input type="checkbox"/>

Q70 **Please rate your mental wellbeing on a scale of 1-10 (1-extremely poor mental wellbeing, 10-excellent mental wellbeing) SINCE the onset of the COVID19 pandemic**

1	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	10	<input type="checkbox"/>

Please complete the following questions about yourself

Q71 **Gender**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Transgender Male	<input type="checkbox"/>	Transgender female	<input type="checkbox"/>
Gender Variant-non conforming	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other, please specify

Q72 **Age (years)**

Q73 Ethnicity

White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Other, please specify

Q74 Religion

None	<input type="checkbox"/>	Muslim.....	<input type="checkbox"/>
Christian.....	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Hindu.....	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Buddist	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other, please specify

Q75 Marital Status

Single	<input type="checkbox"/>	Married.....	<input type="checkbox"/>
Cohabiting-living with partner	<input type="checkbox"/>	Divorced-Separated	<input type="checkbox"/>
Widowed	<input type="checkbox"/>		

Q76 Prior to COVID19, were you living alone?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Q77 Please state whether you were living with family or friends? (Select all that apply)

Family	<input type="checkbox"/>	Friends	<input type="checkbox"/>
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Q78 Since COVID19, have you chosen to self isolate from other members of your household?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Q79 Total household income in the last 12 months (currency US dollars)

<\$50,000	<input type="checkbox"/>	\$50,000-\$100,000	<input type="checkbox"/>
\$100,000-\$150,000	<input type="checkbox"/>	>\$150,000	<input type="checkbox"/>

Q80 Has your household income been negatively impacted as a result of the pandemic?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Q81

Any other comments?

Thank you for taking the time to complete this questionnaire