

## Supplemental Content

Prasad NR et al. Protective Equipment Preparedness and Accessibility: A Survey Study of Medical Trainees. *HCA Healthcare Journal of Medicine*. Published online February 28, 2022. doi:10.36518/2689-0216.1240

Supplement 1.

This supplementary material has been provided by the authors to give readers additional information about their work.

## Supplement 1: Survey

### Assessing Medical Student and Resident Preparedness for the COVID-19 Pandemic

#### **Purpose:**

You are being asked to participate in a research study. The purpose of this study is to assess the perception of preparedness of medical students and resident physicians in protecting themselves and others from COVID-19.

#### **Study Procedures:**

If you take part in the study, you will be asked to complete a one-time online anonymous survey. You will report your own preparedness in returning to clinical rotations in the era of COVID-19. The survey should take about 5 minutes to complete.

#### **Voluntary Participation:**

You may choose not to take part in this study. By completing the survey, you are agreeing to participate in this study.

#### **Benefits:**

You will not directly benefit from participating in the study. The findings may help improved preparedness of trainees by their institutions.

#### **Confidentiality:**

All information collected from you will be stored securely. There will not be any identifiable personal information collected.

#### **Questions:**

If you have any questions, please contact Jason An (Jason.An@hcahealthcare.com).

If you have questions or concerns, please contact the Institutional Review Board: 615-309-2192.

#### **1. Are you a medical student or resident physician currently enrolled in an accredited training program in the United States?**

- Yes
- No

#### **2. Do you agree to participate in this survey?**

- Yes
- No

#### **3. Please select the state/territory of your medical school or residency program.**

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia

- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Iowa
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**4. Which year of training are you in?**

- MS2
- MS3
- MS4
- PGY1

**5. Please provide your age group.**

- 21-23
- 24-26
- 27-29
- 30+

**6. Please select your gender.**

- Male-identifying
- Female-identifying
- Non-binary
- Other

**7. What is your race/ethnicity?**

- White or Caucasian
- Black or African American
- Asian
- Latino or Hispanic
- Pacific Islander
- Native American
- Other

**8. How long ago did your current educational year begin?**

- Less than 1 month ago
- 1-2 months ago
- 2-3 months ago
- Greater than 3 months ago

**9. Where do you obtain most of your knowledge on the COVID-19 pandemic?**

- Mainstream Media
- Social Media
- My Institution's Resources
- Other Medical Institution's Resources
- Other Internet Source
- I do not have a resource for this topic

## **Preparedness Self-Assessment**

PPE: personal protective equipment (ie, masks, goggles, face shields, gowns, gloves)

**10. I have had training for PPE use in the following ways PRIOR TO 2020: (select all that apply)**

- Online video lecture
- In-person lecture
- Demonstration of PPE use
- Mask fit testing
- I have not had any PPE training

**11. I have had training for PPE use in the following ways IN 2020: (select all that apply)**

- Online video lecture
- In-person lecture
- Demonstration of PPE use
- Mask fit testing
- I have not had any PPE training

**12. I have had to demonstrate my proficiency in using PPE**

- True
- False

**13. Please rate your confidence in your ability to properly don and doff PPE (including respirator masks, gowns, face shields, etc).**

- 1 (least confidence)
- 2
- 3
- 4
- 5 (most confidence)

**14. Please rate your concern for contracting COVID-19.**

- 1 (least confidence)
- 2
- 3
- 4
- 5 (most confidence)

**15. My institution has shown me where and how to get diagnostic testing for COVID-19.**

- True
- False

**16. If I want/need testing, the earliest I can get a diagnostic test is:**

- Within 48 hours
- Within 2-7 days
- In over 1 week

**17. I know where and how to obtain PPE at my institution.**

- True
- False

**18. I have been instructed to supply my own PPE:**

- for one rotation site
- for multiple rotation sites
- I am always supplied PPE by my rotation site(s)

**19. To what extent has your program restricted you from seeing COVID-19+ and/or persons under investigation (PUI)?**

- Full restrictions/no access
- Some restrictions/some access
- No restrictions/full access

**20. I have been prepared by my institution to safely carry out my clinical duties during this pandemic.**

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