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

Dr Faiza Gaba, Dr Dhivya Chandrasekaran, Dr James Dilley, Dr Louise Wan, Dr Allison Saiz, Dr Andrei Pletnev, Dr Zoia Razumova, Dr Kamil Zalewski, Dr Mahalakshmi Gurumurthy, Professor Ranjit Manchanda

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 you need additional time to complete your training or fellowship?

Definitely ...............................................

Probably ..............................................

Don't know ..........................................

Probably not........................................

Definitely not .......................................

Prepared by NHSG Quality Improvement and Assurance Team
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 

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) 
- Laparoscopic (overall) 
- Open surgical procedures (overall) 
- Ovarian cancer cytoreductive surgery 
- Exenteration procedures 
- Surgery for recurrent disease 
- Radical vulval surgery 
- Radical hysterectomy 
- Pelvic lymphadenectomy 
- Para-aortic lymphadenectomy 
- Trachelectomy
<table>
<thead>
<tr>
<th>Q12 Please state reasons for reduced exposure (select all that apply)</th>
</tr>
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<tbody>
<tr>
<td>Postponement of cases .................................................................</td>
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<tr>
<td>Redeployment to another clinical speciality .......................................</td>
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<tr>
<td>Personal sickness (non-COVID related) ................................................</td>
</tr>
<tr>
<td>Self isolation (staying at home if you or someone in your household has symptoms of coronavirus) .........................................</td>
</tr>
<tr>
<td>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) ...........................................</td>
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<tr>
<td>Joint consultant operating for cases ...................................................</td>
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<tr>
<td>Reprioritisation ..................................................................................</td>
</tr>
<tr>
<td>Modified treatment pathways .............................................................</td>
</tr>
<tr>
<td>Reduction in referrals ........................................................................</td>
</tr>
<tr>
<td>Reduced tumour board-multidisciplinary team workload ..............................</td>
</tr>
<tr>
<td>Reduced exposure as lead surgeon in cases being undertaken .......................</td>
</tr>
<tr>
<td>Other................................................................................................</td>
</tr>
</tbody>
</table>
| Other, please specify ........................................................................

<table>
<thead>
<tr>
<th>Q13 Is your centre/unit continuing to perform prophylactic surgeries?</th>
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<tbody>
<tr>
<td>Yes ......................................................................................</td>
</tr>
<tr>
<td>No ......................................................................................</td>
</tr>
<tr>
<td>Not applicable – we do not perform prophylactic surgeries ..........</td>
</tr>
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<table>
<thead>
<tr>
<th>Q14 As part of your training, do you administer chemotherapy?</th>
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<tbody>
<tr>
<td>Yes ..................................................................................</td>
</tr>
<tr>
<td>No ..................................................................................</td>
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<table>
<thead>
<tr>
<th>Q15 Has there been an increase in your administration of chemotherapy?</th>
</tr>
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<tbody>
<tr>
<td>Yes ..................................................................................</td>
</tr>
<tr>
<td>No ..................................................................................</td>
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<table>
<thead>
<tr>
<th>Q16 By how much (%)</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Q17 Has there been a reduction in your administration of chemotherapy?</th>
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<tbody>
<tr>
<td>Yes ..................................................................................</td>
</tr>
<tr>
<td>No ..................................................................................</td>
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</tbody>
</table>
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
- Accident and Emergency
- Medical
- Surgical
- Obstetrics & Gynaecology
- Other

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
- Yes, for some of the time
- No, for most of the time
- Not at all

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

- Yes, all of the time
- Yes, for some of the time
- No, for most of the time
- Not at all

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

- Yes, all of the time
- Yes, for some of the time
- No, for most of the time
- Not at all

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
- No

Q44  Have your rotations been suspended due to COVID19?

- Yes
- No

Q45  Has departmental teaching continued?

- Yes
- No
- Not applicable
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:
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

<table>
<thead>
<tr>
<th>Source</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>7</th>
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<th>10</th>
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<tbody>
<tr>
<td>European Society of Gynaecological Oncology (ESGO)</td>
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<tr>
<td>International Gynecologic Cancer Society (IGCS)</td>
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<tr>
<td>British Gynaecological Cancer Society (BGCS)</td>
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<tr>
<td>Society of Gynecologic Oncology (SGO)</td>
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<td>Other</td>
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</table>

Other, please specify:

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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 ....................................................... ☐

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

Yes ...................................................... ☐  Somewhat ........................................... ☐  Not at all ........................................... ☐
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 COVID-19 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.

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

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 ..................................
- A lot of the time ...................................
- Occasionally........................................
- Not at all...........................................

**Q56** I still enjoy the things I used to enjoy

- Definitely as much.................................
- Not quite so much...............................  
- Only a little ....................................
- Not at all...........................................
<table>
<thead>
<tr>
<th>Q57</th>
<th>I get a sort of frightened feeling like something awful is about to happen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very definitely and quite badly..................................................</td>
</tr>
<tr>
<td></td>
<td>Yes, but not too badly........................................................................</td>
</tr>
<tr>
<td></td>
<td>A little but it doesn’t worry me....................................................</td>
</tr>
<tr>
<td></td>
<td>Not at all...........................................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q58</th>
<th>I can laugh and see the funny side of things</th>
</tr>
</thead>
</table>
|     | As much as I always could..........................
|     | Not quite so much now................................|
|     | Definitely not so much now........................
|     | Not at all..............................................|

<table>
<thead>
<tr>
<th>Q59</th>
<th>Worrying thoughts go through my mind</th>
</tr>
</thead>
</table>
|     | A great deal of the time.....................
|     | A lot of the time..............................
|     | From time to time but not too often.......... |
|     | Only occasionally....................................|

<table>
<thead>
<tr>
<th>Q60</th>
<th>I feel cheerful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all..........................</td>
</tr>
<tr>
<td></td>
<td>Not often.................</td>
</tr>
<tr>
<td></td>
<td>Sometimes.................</td>
</tr>
<tr>
<td></td>
<td>Most of the time.........</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q61</th>
<th>I can sit at ease and feel relaxed</th>
</tr>
</thead>
</table>
|     | Definitely........................
|     | Usually...........................
|     | Not often........................ |
|     | Not at all........................|

<table>
<thead>
<tr>
<th>Q62</th>
<th>I feel as if I am slowed down</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nearly all the time...............</td>
</tr>
</tbody>
</table>
|     | Very often........................
|     | Sometimes........................
|     | Not at all........................|

<table>
<thead>
<tr>
<th>Q63</th>
<th>I get a sort of frightened feeling like ‘butterflies in the stomach’</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all.........................</td>
</tr>
<tr>
<td></td>
<td>Occasionally......................</td>
</tr>
</tbody>
</table>
|     | Quite often........................
|     | Very often.........................|

<table>
<thead>
<tr>
<th>Q64</th>
<th>I have lost interest in my appearance</th>
</tr>
</thead>
</table>
|     | 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 ......|

<table>
<thead>
<tr>
<th>Q65</th>
<th>I feel restless as if I have to be on the move</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very much indeed....................................</td>
</tr>
<tr>
<td></td>
<td>Quite a lot.........................................</td>
</tr>
<tr>
<td></td>
<td>Not very much......................................</td>
</tr>
<tr>
<td></td>
<td>Not at all..........................................</td>
</tr>
</tbody>
</table>
Q66 I look forward with enjoyment to things
- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

Q67 I get sudden feelings of panic
- Very often indeed
- Not very often
- Quite often
- Not at all

Q68 I can enjoy a good book or radio or TV programme
- Often
- Not often
- Sometimes
- Very seldom

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
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Please complete the following questions about yourself

Q71 Gender
- Male
- Female
- Transgender Male
- Transgender female
- Gender Variant-non conforming
- Other

Q72 Age (years)
### Q73 Ethnicity
- White
- Asian
- Black
- Mixed
- Other
  - Other, please specify

### Q74 Religion
- None
- Muslim
- Christian
- Jewish
- Hindu
- Sikh
- Buddhist
- Other
  - Other, please specify

### Q75 Marital Status
- Single
- Married
- Cohabiting-living with partner
- Divorced-Separated
- Widowed

### Q76 Prior to COVID19, were you living alone?
- Yes
- No

### Q77 Please state whether you were living with family or friends? *(Select all that apply)*
- Family
- Friends

### Q78 Since COVID19, have you chosen to self isolate from other members of your household?
- Yes
- No

### Q79 Total household income in the last 12 months *(currency US dollars)*
- <$50,000
- $50,000-$100,000
- $100,000-$150,000
- >$150,000

### Q80 Has your household income been negatively impacted as a result of the pandemic?
- Yes
- No
Q81

Any other comments?

Thank you for taking the time to complete this questionnaire