



## 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)

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

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.....   | <input type="checkbox"/> | Yes, but not too badly..... | <input type="checkbox"/> |
| A little but it doesn't worry me ..... | <input type="checkbox"/> | Not at all.....             | <input type="checkbox"/> |
- Q58 I can laugh and see the funny side of things**
- |                                  |                          |                            |                          |
|----------------------------------|--------------------------|----------------------------|--------------------------|
| As much as I always could.....   | <input type="checkbox"/> | Not quite so much now..... | <input type="checkbox"/> |
| Definitely not so much now ..... | <input type="checkbox"/> | Not at all.....            | <input type="checkbox"/> |
- Q59 Worrying thoughts go through my mind**
- |   |                          |                         |                          |
|---|--------------------------|-------------------------|--------------------------|
| A great deal of the time .....            | <input type="checkbox"/> | A lot of the time ..... | <input type="checkbox"/> |
| From time to time but not too often ..... | <input type="checkbox"/> | Only occasionally ..... | <input type="checkbox"/> |
- Q60 I feel cheerful**
- |                 |                          |                        |                          |
|-----------------|--------------------------|------------------------|--------------------------|
| Not at all..... | <input type="checkbox"/> | Not often .....        | <input type="checkbox"/> |
| Sometimes ..... | <input type="checkbox"/> | Most of the time ..... | <input type="checkbox"/> |
- Q61 I can sit at ease and feel relaxed**
- |                  |                          |                 |                          |
|------------------|--------------------------|-----------------|--------------------------|
| Definitely ..... | <input type="checkbox"/> | Usually .....   | <input type="checkbox"/> |
| Not often .....  | <input type="checkbox"/> | Not at all..... | <input type="checkbox"/> |
- Q62 I feel as if I am slowed down**
- |                           |                          |                 |                          |
|---------------------------|--------------------------|-----------------|--------------------------|
| Nearly all the time ..... | <input type="checkbox"/> | Very often..... | <input type="checkbox"/> |
| Sometimes .....           | <input type="checkbox"/> | Not at all..... | <input type="checkbox"/> |
- Q63 I get a sort of frightened feeling like 'butterflies in the stomach'**
- |                   |                          |                   |                          |
|-------------------|--------------------------|-------------------|--------------------------|
| Not at all.....   | <input type="checkbox"/> | Occasionally..... | <input type="checkbox"/> |
| Quite often ..... | <input type="checkbox"/> | Very often.....   | <input type="checkbox"/> |
- Q64 I have lost interest in my appearance**
- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Definitely .....                        | <input type="checkbox"/> | I don't take as much care as I should.. | <input type="checkbox"/> |
| I may not take quite as much care ..... | <input type="checkbox"/> | I take just as much care as ever .....  | <input type="checkbox"/> |
- Q65 I feel restless as if I have to be on the move**
- |                        |                          |                  |                          |
|------------------------|--------------------------|------------------|--------------------------|
| Very much indeed ..... | <input type="checkbox"/> | Quite a lot..... | <input type="checkbox"/> |
| Not very much.....     | <input type="checkbox"/> | Not at all.....  | <input type="checkbox"/> |

**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			
<input style="width: 100%; height: 20px;" type="text"/>			

**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**