***Survey to evaluate the satisfaction of residents of the Department of Internal Medicine of the Hospital Universitario San Ignacio of the Pontificia Universidad Javeriana in Bogotá Colombia with regard to the learning environment during the SARS-CoV-2/COVID-19 pandemic.***

***The questionnaire is anonymous.***

***Please mark the answer you consider correct.***

1. ***Age in years:***
2. ***Sex:***

|  |  |
| --- | --- |
| ***Male*** | ***Female*** |

1. ***Which residency program or fellow is currently doing:***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Internal Medicine*** | ***Geriatrics*** | ***Dermatology*** | ***Gastroenterology*** | ***Cardiology*** | ***Pneumology*** | ***Endocrinology*** | ***Nephrology*** | ***Critical Care*** |

1. ***Which year you are studying:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Residence 1st year*** | ***2nd year residence*** | ***3rd year residence*** | ***Residence 4th year*** | ***Fellow 1st year*** | ***Fellow 2nd year*** |

1. ***Duringthe months of April and May 2020 did you attend conferences, seminars, research meetings and/or*** VIRTUAL ***case*** ***discussions??***

|  |  |
| --- | --- |
| Yes | No |

If yes, please answer the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Regarding the medical education received in CONFERENCES (Classes), SEMINARS, DISCUSSIONS OF REMOTE CASES (General Service Magazine) OR RESEARCH MEETINGS in the period of pandemic, you feel satisfied with:* | **Strongly**  **disagree** | **Partially**  **disagree** | **Partly agree** | **Totally agree** |
| 6 | ***Their Set Up*** |  |  |  |  |
| 7 | ***Their Content*** |  |  |  |  |
| 8 | ***The interdisciplinary approach, opportunity and time to discuss in these spaces*** |  |  |  |  |
| 9 | ***The supervision of teachers and accessibility to them during these activities*** |  |  |  |  |
| 10 | ***The preparation it gives you for clinical practice and professional life*** |  |  |  |  |

***11. Duringthe months of April and May 2020 did you attend virtual medical rounds?***

|  |  |
| --- | --- |
| ***Yes*** | ***No*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *With regard to medical education received in* ***THE VIRTUAL MEDICAL ROUND*** in the *pandemic period you feel*  ***SATISFIED***  *with* | **Strongly**  **disagree** | **Partially**  **disagree** | **Partly agree** | **Totally**   **agree** |
| 12 | ***Their Set Up*** |  |  |  |  |
| 13 | ***The interdisciplinary approach, opportunity and time to discuss in these spaces*** |  |  |  |  |
| 14 | ***The supervision of teachers and accessibility to them during these activities*** |  |  |  |  |
| 15 | ***The preparation it gives you for clinical practice and professional life*** |  |  |  |  |

If yes, please answer the following statements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***Comparing the period of the months of February and March 2020 prior to the physical distancing due to the COVID-19 pandemic, with those of April and May 2020 in which remote measures for medical education were already established, you consider that the following:*** | **Significantly**  **Worsened** | **Partially Worsened** | **Didn´t Change** | **Partially**  **Improved** | **Significantly**  **Improved** |
| 16 | ***Conferences*** |  |  |  |  |  |
| 17 | ***Case Discussions*** |  |  |  |  |  |
| 18 | ***Seminars*** |  |  |  |  |  |
| 19 | ***Research meetings*** |  |  |  |  |  |
| 20 | ***Medical rounds*** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *With regard to the TECHNOLOGICAL TOOLS used for medical education in the first months of physical distancing because of the COVID-19 pandemic, you feel SATISFIED with:* | **Strongly**  **disagree** | **Partially**  **disagree** | **Partly agree** | **Totally** agree |
| 21 | ***The training for the use of virtual platforms for the development of educational or work activities*** |  |  |  |  |
| 22 | ***The ease of use of virtual platforms for the development of educational or work activities*** |  |  |  |  |
| 23 | ***The quality and fluidity of the communication provided by the platforms and connectivity services available to attendees.*** |  |  |  |  |
| 24 | ***The availability and effectiveness of technical support groups for the development of educational or assistance sessions.*** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Regarding INTERACTION WITH OTHER HEALTH PROFESSIONALS while developing the medical educational activities during the pandemic period, you consider that:* | **Strongly**  **disagree** | **Partially**  **disagree** | **Partly agree** | **Totally agree** |
| 25 | ***The relationship with the work team is optimal*** |  |  |  |  |
| 26 | ***You feel part of the work team and you make sense of your role in it*** |  |  |  |  |
| 27 | ***An attitude of professionalism and respect is maintained and promoted by all members of the work team, including teachers and other residents.*** |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***Comparing the period of the months of February and March 2020 prior to the physical distancing due to the COVID-19 pandemic, with those of April and May 2020 in which remote measures for medical education were already in place, you consider that:*** | **Significantly**  **Worsened** | **Partially Worsened** | **Didn´t Change** | **Partially**  **Improved** | **Significantly**  **Improved** |
| 28 | ***The quality of your medical education*** |  |  |  |  |  |
| 29 | ***The workload associated*** ***with academic activities*** |  |  |  |  |  |
| 30 | ***The workload associated with*** ***healthcare activities*** |  |  |  |  |  |
| 31 | ***The opportunity to develop and practice skills*** |  |  |  |  |  |
| 32 | ***Theavailability of time for self-study activities*** |  |  |  |  |  |
| 33 | ***The availability of time for*** extracurricular ***activities*** |  |  |  |  |  |
| 34 | ***The overall level of stress perceived by you*** |  |  |  |  |  |
| 35 | ***The enjoyment of your daily activities*** |  |  |  |  |  |