**Emergency Medicine Resident Wellness - Lessons Learned From A National Survey**

**Appendix 1 – Survey Questions and Responses**

**Canadian Emergency Residency Programs**

|  |  |  |
| --- | --- | --- |
| Program Name | FRCPC | CFPC |
| Dalhousie University | 10 | 4 |
| McGill University | 30 | 9 |
| Ottawa University | 46 | 8 |
| Queens University | 20 | 8 |
| University of Toronto | 48 | 8 |
| McMaster University | 36 | 5 |
| University of Western Ontario | 20 | 10 |
| University of Manitoba | 21 | 6 |
| University of Saskatchewan | 11 | 7 |
| University of Alberta | 30 | 6 |
| University of Calgary | 22 | 7 |
| University of British Columbia | 51 | 7 |
| Memorial University |  | 6 |
| Saint John New Brunswick |  | 6\*\* |
| Northern Ontario School of Medicine |  | 7 |
| Université de Sherbrooke\* |  | 7 |
| *Université Laval\** | 23 | 7 |
| *Université de Montréal\** | 15 | 10 |
| Total | 383 | 128 |

Total Canadian Emergency resident cohort 511 residents.

\*Francophone programs. FRCPC – Fellow of Royal College of Physicians and   
Surgeons. CFPC College of Family Physicians of Canada. \*\*Saint John New   
Brunswick Program is a direct entry family medicine/emergency medicine   
program, which was not listed on the CaRMS website at the time of the study and   
as such was not included.

**Are you satisfied with your wellbeing activities over the past 6 months?**

|  |  |  |
| --- | --- | --- |
| Answer | Response Count | Response Percentage |
| Yes | 123 | 24.1 |
| No | 92 | 18 |
| N/A | 1 | 0.002 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **During your residency training have you experienced:** | | | | | | |
| **Answer Options** | **None** | **Once** | **2 - 5 times** | **5+ times** | **N/A** | **Response Count** |
| Falling asleep at the wheel (post night shift or post call) | 98 | 56 | 38 | 9 | 0 | 201 |
| Motor Vehicle Collision (post night shift or post call) | 182 | 17 | 1 | 0 | 1 | 201 |
| Verbal harassment from patient or accompanying person | 33 | 21 | 88 | 59 | 0 | 201 |
| Physical threats from patient or accompanying person | 92 | 41 | 55 | 13 | 0 | 201 |
| Physical assault from patient or accompanying person | 167 | 22 | 12 | 0 | 0 | 201 |
| Sexual harassment from patient or accompanying person | 151 | 20 | 26 | 4 | 0 | 201 |
| Sexual assault from patient or accompanying person | 197 | 4 | 0 | 0 | 0 | 201 |
| Verbal harassment from other residents | 117 | 32 | 39 | 13 | 0 | 201 |
| Physical threats from other residents | 196 | 3 | 0 | 0 | 0 | 199 |
| Physical assault from other residents | 200 | 0 | 0 | 0 | 0 | 200 |
| Sexual harassment from other residents | 196 | 3 | 2 | 0 | 0 | 201 |
| Sexual assault from other residents | 200 | 0 | 0 | 0 | 0 | 200 |
| Verbal harassment from faculty or hospital staff | 102 | 32 | 51 | 15 | 1 | 201 |
| Physical threats from faculty or hospital staff | 197 | 3 | 0 | 0 | 0 | 200 |
| Physical assault from faculty or hospital staff | 199 | 1 | 0 | 0 | 0 | 200 |
| Sexual harassment from faculty or hospital staff | 195 | 4 | 2 | 0 | 0 | 201 |
| Sexual assault from faculty or hospital staff | 200 | 1 | 0 | 0 | 0 | 201 |
| Needle stick injury | 114 | 59 | 28 | 0 | 0 | 201 |
| Exposure to body fluids | 85 | 62 | 42 | 12 | 0 | 201 |

|  |  |  |
| --- | --- | --- |
| **If you answered once or more to the previous section, did you access resources for support and what was the experience:** | | |
| **Answer Options** | **Response Count** | **Response Percentage** |
| No I did not access program resources, I did not need to | 143 | 28 |
| Yes I accessed program resources, I was satisfied | 29 | 6 |
| Yes I accessed program resources, I was not satisfied | 11 | 2 |
| N/A | 17 | 3 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How would you describe the frequency you experience the following over the past 6 months?** | | | | | | |
| **Answer Options** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Response Count** |
| Fatigue | 2 | 4 | 44 | 113 | 37 | 200 |
| Daytime Sleepiness (not post call or night) | 4 | 12 | 74 | 87 | 23 | 200 |
| Stress | 0 | 11 | 77 | 91 | 20 | 199 |
| Anxiety | 7 | 51 | 71 | 57 | 14 | 200 |
| Low mood | 22 | 64 | 78 | 31 | 5 | 200 |
| Hopeless | 96 | 63 | 28 | 11 | 2 | 200 |
| Passive thoughts of wanting life to end | 154 | 29 | 12 | 5 | 0 | 200 |
| Thoughts of self harm | 179 | 14 | 3 | 4 | 0 | 200 |
| Thoughts of suicide | 178 | 14 | 6 | 2 | 0 | 200 |
| Drinking Alcohol or recreational drugs to cope | 112 | 44 | 33 | 11 | 0 | 200 |

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Response Count | Response Percentage |  |
| What best describes your current living situation over the past 6 months? | | | |
| I live alone | 56 | 11 |  |
| Room mate(s) | 14 | 3 |  |
| Partner | 75 | 15 |  |
| Family (partner, children, siblings, parents) | 36 | 7 | Answered 181 |
|  |  |  |  |
| How often do you go out socially outside of work hours over the past 6 months? | | | |
| None | 0 | 0 |  |
| 0-2/Month | 81 | 16 |  |
| Weekly | 84 | 16 |  |
| 2+ Weekly | 16 | 3 | Answered 181 |
|  |  |  |  |
| What best describes your social situation over the past 6 months? | | | |
| I feel connected | 67 | 13 |  |
| I feel that my social relationships are constrained | 100 | 20 |  |
| I feel socially isolated | 14 | 3 | Answered 181 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Response Count | Response Percentage |  | |
| Do you smoke? | | | |
| Yes cigarettes | 0 |  |  | |
| Yes e-cigarettes | 0 |  |  | |
| No | 179 | 35 |  | |
| N/A | 2 | 0.4 | Answered 183 | |
|  | | | |
| If yes, how often do you smoke? | | | |
| N/A | 179 | 35 |  | |
| Weekend/occasional | 3 | 0.6 |  | |
| Daily < 3 cigarettes | 0 |  |  | |
| Daily up to half pack | 0 |  |  | |
| Daily up to pack | 0 |  | Answered 182 | |
|  |  |  |  | |
| How often do you drink alcohol over the last 6 months? | | | |
| I don’t drink Alcohol | 20 | 4 |  | |
| Daily female 0-1 drink/day or < 7/week | 76 | 15 |  | |
| Daily female > 1 drink/day or >7/week | 9 | 2 |  | |
| Daily male 1-2 drinks/day or <14/week | 66 | 13 |  | |
| Daily male > 2 drinks/day or >14/week | 4 | 0.8 |  | |
| N/A | 6 | 1 | Answered 181 | |
|  |  |  |  | |
| Any recreational substances over the last 6 months? | | | |
| Yes | 34 | 7 |  | |
| No | 163 | 32 | Answered 197 | |
| How often have you exercised over the last 6 months? | | | |
| None | 4 | 0.8 |  | |
| <1-2 Monthly | 25 | 5 |  | |
| 1-3/week | 100 | 20 |  | |
| 3-6/week | 45 | 9 |  | |
| Daily | 7 | 1 | Answered 181 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Have you received any formal instruction in residency about the following:** | | | | | | |
| **Answer Options** | **None** | **Once** | **Annually** | **Semi-Annually** | **Frequent** | **Response Count** |
| Negative health implications of shift work | 82 | 59 | 33 | 18 | 12 | 204 |
| Negative health implications of a career in Medicine | 76 | 62 | 41 | 14 | 11 | 204 |
| Mandatory Wellness Curriculum | 83 | 40 | 34 | 21 | 24 | 202 |
| Resiliency Training | 99 | 49 | 29 | 17 | 9 | 203 |
| Mindfulness Meditation | 101 | 69 | 26 | 4 | 3 | 203 |
| Healthy life style management tips | 60 | 48 | 56 | 26 | 13 | 203 |
| Shift work schedule optimization | 111 | 41 | 28 | 14 | 10 | 204 |
| Financial counselling | 57 | 63 | 57 | 20 | 6 | 203 |
| Career counselling | 62 | 40 | 60 | 22 | 19 | 203 |
| Personal Protective Equipment training | 32 | 71 | 74 | 14 | 12 | 203 |
| Violent/agitated patient de-escalation and management | 37 | 83 | 49 | 25 | 10 | 204 |
| Body fluids/hazardous material exposure | 35 | 78 | 64 | 16 | 11 | 204 |
| Supervisor Conflict Resolution | 90 | 73 | 27 | 7 | 6 | 203 |
| Safety post night shift/call shift | 128 | 46 | 20 | 4 | 6 | 204 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Which of the following wellness aspects would you like to be a part of your residency training program?** | | | | |
| **Answer Options** | **Yes** | **No** | **N/A** | **Response Count** |
| Dedicated program wellness time | 173 | 26 | 5 | 204 |
| Formal wellness curriculum/training | 123 | 74 | 7 | 204 |
| Mindfulness Meditation training | 83 | 114 | 7 | 204 |
| Resilience training | 160 | 42 | 2 | 204 |

**EM Resident Survey Respondent Demographics**

|  |  |  |  |
| --- | --- | --- | --- |
| Category |  | Count | Percent |
| Gender | Male | 88 | 17.2 |
|  | Female | 86 | 16.8 |
|  | Unknown | 42 | 8.2 |
|  |  |  |  |
| Program Year | CFPC | 44 | 8.6 |
|  | FRCP year 1 | 33 | 6.4 |
|  | FRCP year 2 & 3 | 66 | 12.9 |
|  | FRCP year 4 | 17 | 3.3 |
|  | FRCP year 5 | 12 | 2.3 |
|  | Unknown | 44 | 8.6 |
|  |  |  |  |
| Program | FRCP | 126 | 24.7 |
|  | CFPC | 47 | 9.2 |
|  | Unknown | 43 | 8.4 |
|  |  |  |  |
| Age | 20-24 | 4 | 0.8 |
|  | 25-29 | 94 | 18.4 |
|  | 30-34 | 68 | 13.3 |
|  | 35+ | 8 | 1.6 |
|  | Unknown | 42 | 8.2 |

FRCP – Fellow of Royal College of Physicians and Surgeons. CFPC College of Family Physicians of Canada.

**Appendix 2 – Survey Questions Removed Due To Ambiguity**

**Please rate the importance of the following activities to your well-being (scale of 1-5)**SleepExercise  
Healthy food  
Reading  
TV/Cinema/Internet  
Going out socially   
Faith/prayer  
Meditation  
Counselling

Art (visual, music, photography, etc)  
Alcohol

**How often do you take part in the following activities for your well-being (scale of 1-5)**

**N/A  
1      none**

**2      During vacation time**

**3      1-2/Month**

**4      Weekly**

**5      Daily**

Reading  
TV/Cinema/Internet  
Going out socially   
Faith/prayer  
Meditation  
Counselling

Art (visual, music, photography, etc)

**What type of mentorship do you have?**N/AFormal faculty mentor(s)  
Informal faculty mentor(s)  
Formal Senior Resident Mentor(s)

Informal Senior Resident Mentor(s)

**Are you satisfied with your smoking, alcohol, recreational drug use status over the last 6 months?**

No

Yes  
N/A

**What best describes your food consumption over the past 6 months?**I prepare my all meals

I eat out at least once daily   
I eat out for most meals

**Are you satisfied with your food consumption over the last 6 months?**

Yes

No

N/A