**APPENDIX A.** **Survey Questions and Choices for Responses**

Demographics

1. **Which residency training program are you currently in?**

FRCPC Emergency Medicine

CCFP-EM Emergency Medicine

1. **What year of training are you in?**

PGY-1

PGY-2

PGY-3

PGY-4

PGY-5

1. **What is your home University?**

Memorial University of Newfoundland

Dalhousie University

McGill University

Université Laval

Université de Sherbrooke

Université de Montréal

University of Toronto

University of Ottawa

University of Western Ontario

Northern Ontario School of Medicine

McMaster University

Queen’s University

University of Manitoba

University of Saskatchewan

University of Alberta

University of Calgary

University of British Columbia

Survey Questions

1. **To what extent would you describe your familiarity with Quality Improvement and Patient Safety (QIPS) methodologies?**

Very familiar

Somewhat familiar

Not so familiar

I do not know what QIPS entails

1. **Are there readily available opportunities to participate in projects surrounding QIPS in your work environment (residency or otherwise)?**

Yes

No

Unsure

1. **What types/examples of projects are available to you and your colleagues?**

[comment box]

1. **Are there readily available opportunities for mentorship in QIPS at your institution?**

Yes

No

Unsure

1. **Do you feel that QIPS methodologies should be formally taught in your residency program?**

Yes

No

QIPS Methodologies are already formally taught in my program

1. **If QIPS Methodologies are currently taught, how satisfied are you with the overall level of QIPS teaching in your residency program?**

N/A

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

1. **If you are unsatisfied or very unsatisfied, why?**

[comment box]

1. **Are you aware of the different ways to seek training in QIPS outside of your normal residency education?**

Yes

No

1. **If you have received training in QIPS outside of your residency program please list the resources you have used**

[comment box]

1. **Have you previously been involved in a QIPS project?**

Yes, as the project lead

Yes, as a collaborator

No

1. **Have you previously presented or published work relating to QIPS?**

Yes

No

1. **If yes, where have you presented and/or published your work (e.g., local rounds, national conference, journals, etc. - and which ones)?**

[comment box]

1. **How do you feel that training in QIPS can be improved in Canada for emergency medicine residents?**

[comment box]

1. **Do you feel that your current work environment allows for adequate mentorship regarding QIPS?**

Yes

No

1. **How do you feel that mentorship in QIPS can be improved in Canada for emergency medicine residents?**

[comment box]

1. **How interested are you in becoming involved with QIPS training and initiatives.**

Very interested

Moderately interested

Slightly interested

Not really interested

Not at all interested

1. **Please list specific areas within QIPS on which you would like more education.**

[comment box]

1. **How can the CAEP QIPS Resident Subcommittee help to facilitate improved knowledge, engagement, and recognition of QIPS for emergency residents in Canada?**

[comment box]

1. **Please leave your name and contact information here should you be interested in getting involved. We will not link your name back with your answers.**

[comment box]