

## Supplemental Information

### Resident Survey Instrument

Thank you for participating in this national survey!

The following questions will assess your opinion and experiences. Your answers are **confidential**, and the results will be presented in aggregate and not by training program in order to protect the identity of participants.

Completion of this survey should take approximately 5–10 minutes. By completing this survey, you are agreeing to be in this study.

We greatly appreciate your participation!

### Demographic Information

- What sex were you assigned at birth, on your original birth certificate?
  - ☐ Male
  - ☐ Female
- Please indicate your academic degree(s).
  - ☐ MD, DO, or MBBS
  - ☐ PhD
  - ☐ MPH
  - ☐ MBA
  - ☐ Other master's or higher degree
- Please provide your age:
- Please indicate your current PGY status:
  - ☐ PGY 1
  - ☐ PGY 2
  - ☐ PGY 3
  - ☐ Other \_\_\_\_\_
- Please indicate your current training program.
- What are your current plans immediately following residency?
  - ☐ Academic practice
  - ☐ Private practice
  - ☐ Fellowship
  - ☐ Primary care
  - ☐ Hospital Medicine
  - ☐ Pediatric subspecialty
  - ☐ Industry/Healthcare Administration/Consultation

- ☐ Undecided
- ☐ Other \_\_\_\_\_
- Please indicate your current marital status.
  - ☐ Married
  - ☐ Live with partner
  - ☐ Single
  - ☐ Separated
  - ☐ Divorced or Widowed
- Is your spouse/partner employed?
  - ☐ Yes, full time
  - ☐ Yes, part time
  - ☐ No
- Is your spouse/partner also in medical training or practice?
  - ☐ Yes
  - ☐ No
- Do you have children (not including current pregnancies)?
  - ☐ Yes
  - ☐ No
- How many children (biological, adopted, foster, and step-children) do you have?
- At what career stage(s) did you have a child?
  - ☐ Before medical school
  - ☐ During medical school
  - ☐ During residency
  - ☐ After residency
  - ☐ Other \_\_\_\_\_
- What is your approximate annual household income before taxes?
- How many people are currently supported by this income?

### Parenthood Planning

- Do you want to have children (or additional children) in the future?
  - ☐ Yes
  - ☐ No
  - ☐ I am not sure
- Are you delaying having children (or additional children) during residency?
  - ☐ Yes
  - ☐ No
- Why are you choosing to delay having children (or additional

- children) during residency? (Please choose top 3.)
  - ☐ Busy work schedule
  - ☐ Desire not to delay taking my board examination
  - ☐ Desire to not extend my residency training
  - ☐ Discouraged to have children during residency by senior faculty
  - ☐ Fellowship or job start date restrictions
  - ☐ Finances
  - ☐ Lack of access to child care (eg, day care)
  - ☐ My partner is not ready
  - ☐ Residency training might increase pregnancy complications
  - ☐ Anticipated work schedule immediately following residency
  - ☐ Other \_\_\_\_\_
- How satisfied are you with the decision to delay having children (or additional children)?
  - ☐ Very Satisfied
  - ☐ Satisfied
  - ☐ Neither
  - ☐ Dissatisfied
  - ☐ Very Dissatisfied

### Pregnancy During Residency

- Are you or your partner (if applicable) currently pregnant?
  - ☐ Yes, I am
  - ☐ Yes, my partner is
  - ☐ No
- During what year of your residency will you or your partner deliver?
  - ☐ PGY 1
  - ☐ PGY 2
  - ☐ PGY 3
  - ☐ After residency
  - ☐ Other \_\_\_\_\_
- Will you or your partner deliver during dedicated nonclinical time?
  - ☐ Yes
  - ☐ No
- What will be your age at the time of anticipated delivery?
- Outside of current pregnancies, have you or your partner (if applicable) ever become

pregnant (including miscarriages and abortions) during residency?

- ☐ Yes, I have
- ☐ Yes, my partner has
- ☐ No

- How many times have you and/or your partner become pregnant during your current residency program?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

- How many of those pregnancies were delivered during your current residency program?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

Please respond to the following questions only for children delivered during residency.

- During what year of residency did you or your partner deliver your oldest child?

- ☐ PGY 1
- ☐ PGY 2
- ☐ PGY 3
- ☐ Other \_\_\_\_\_

- Was this delivery complicated by any of the following?

- ☐ Cesarean delivery
- ☐ Multiple births (eg, twins)
- ☐ Other infant complications

(please specify) \_\_\_\_\_

- ☐ Other maternal complications

(please specify) \_\_\_\_\_

- Was this delivery during dedicated nonclinical time?

- ☐ Yes
- ☐ No

- How old were you?

- How long ago did you or your partner most recently give birth?

- ☐ 0 to <6 months ago
- ☐ 6 to <12 months ago
- ☐ >12 months ago

### Support (Supplemental Table 3)

#### Parental Leave

You indicated you/your partner were either currently pregnant or that

**SUPPLEMENTAL TABLE 3** During your most recent pregnancy, how supported did you feel?

	Not Supported	Somewhat Not Supported	Neutral	Somewhat Supported	Well Supported
By your co-residents					
By your attending physicians					
By your program director					
By your program administration					

you/your partner have been pregnant during residency. If you have delivered or plan to deliver a child during residency, this section asks about parental leave, defined as time after arrival of your child where you were not expected to work.

- Before your most recent child's birth, approximately how many weeks of leave did/will you take? Please enter the number of weeks.

- After your most recent child's birth, approximately how many weeks of leave did/will you take? Please enter the number of weeks.

- After your most recent child's birth, approximately how many weeks of leave did/will your partner take? Please enter the number of weeks.

- Please choose up to 3 factors that most determined the length of your planned or actual leave.

- ☐ Ability to obtain child care
- ☐ Desire to not delay taking my

board examination

- ☐ Desire to not extend my

residency training further

- ☐ Finances

- ☐ Fellowship or job start date

restrictions

- ☐ Infant health complications

- ☐ Maternal health complications

- ☐ Newborn bonding

- ☐ Partner's leave

- ☐ Program-mandated leave

- ☐ Repercussions to my colleagues

- ☐ Repercussions to my

relationships with supervising physicians

- ☐ Other \_\_\_\_\_

- By how many weeks was/will your training be extended by

your leave? Please enter the number of weeks or leave blank if this has not been determined yet.

- Did/Will your leave include any of the following?

☐ Sick leave

☐ Vacation

☐ Neither

- Was any part of your leave paid (aside from sick leave or vacation)?

☐ Yes

☐ No

- Approximately what percentage of your salary were you paid?

- For how many weeks of leave were you paid (excluding sick leave and vacation)?

- How satisfied are you with the length of your planned or actual leave?

☐ Less than I would like

☐ About right

☐ More than I would like

- When you returned/return to work, how was/will you schedule be adjusted for reentry?

☐ No adjustments, returned/

returning to full-time work

☐ Part-time

☐ Research or nonclinical time

☐ Less inpatient time

☐ Other \_\_\_\_\_

- Did/Do you need to pay back call that was/will be missed over your leave?

☐ Yes

☐ No

☐ I am not sure

#### Breastfeeding

- You indicated you have children, are currently pregnant, or have become pregnant during your

residency. Did you/do you plan to breastfeed your baby?

- ☐ Yes
- ☐ No

- Are you currently breastfeeding your baby?

- ☐ Yes
- ☐ No

- How satisfied are you with the length of time you were able to provide breast milk for your baby?

- ☐ Less than I would like
- ☐ About right
- ☐ More than I would like
- ☐ Other\_\_\_\_\_

- What factors most influenced your duration of breastfeeding after return to work?

- ☐ Time to pump at work
- ☐ Place to pump at work
- ☐ Presence or lack of attending

and colleague support

- ☐ Breast milk supply
- ☐ Infant health or interest in

breastfeeding

- ☐ Not applicable

- ☐ Other\_\_\_\_\_

### Well-being

- Overall, based on your definition of burnout, how would you rate your level of burnout?

☐ I enjoy my work. I have no symptoms of burnout.

☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.

☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.

☐ The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot.

☐ I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

You indicated you or your partner have delivered a child within the past 1 year. For the next series of questions, please choose the response that comes closest to how you have been feeling in the past 7 days.

In the past 7 days ...

- I have been able to laugh and see the funny side of things.

- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

- I have looked 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

- I have blamed myself unnecessarily when things went wrong.

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ Not very often
- ☐ No, never

- I have been anxious or worried for no good reason.

- ☐ No, not at all
- ☐ Hardly ever
- ☐ Yes, sometimes
- ☐ Yes, very often

- I have felt scared or panicky for no very good reason.

- ☐ Yes, quite a lot
- ☐ Yes, sometimes
- ☐ No, not much
- ☐ No, not at all

- Things have been getting on top of me.

☐ Yes, most of the time I haven't been able to cope at all

☐ Yes, sometimes I haven't been coping as well as usual

☐ No, most of the time I have coped quite well

☐ No, I have been coping as well as ever

- I have been so unhappy that I have had difficulty sleeping.

- ☐ Yes, most of the time
- ☐ Yes, sometimes
- ☐ Not very often
- ☐ No, not at all

- I have felt sad or miserable.

- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Not very often
- ☐ No, not at all

- I have been so unhappy that I have been crying.

- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Only occasionally
- ☐ No, never

- The thought of harming myself has occurred to me.

- ☐ Yes, quite often
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never

If the thought of harming yourself has occurred to you, we urge you to seek help from a health care professional. This instrument is a screening tool. It does not diagnose depression; that is done by appropriately licensed health care professionals.

### Final Thoughts

- What would improve the experience of pregnancy and parenthood in residency?
- Do you have additional thoughts that you would like to share?