

ONLINE RESSOURCE 1

Study questionnaire

Demographic Information:

1. Age: [Open-ended]
2. Level of training: [Pre-med, First Year, Second Year, Third Year, Fourth Year]
3. Have you had your core surgical rotation or an elective surgical rotation yet? [Yes, No]
4. Which gender do you identify as? [Male, female, other (please specify), prefer not to say][add text box for specifications]
5. Which ethnicity do you identify with? [Asian, Black, Hispanic, Indigenous, Middle-Eastern, North-African, White, Prefer not to say, Not listed in the options above]³²

Mentorship Experience:

6. Have you ever received mentorship by a surgeon? [Yes, No]
 - a. If Yes, continue with the following questions. If No, end questionnaire
7. What gender does your mentor identify as? [Male, Female, Others]
8. Did you connect with your mentor through a mentorship program? [Yes, No]
 - b. If No, how did you connect with your mentor? [Add a text box]
9. What is/was the duration of this mentorship? [Less than 6 months, 6-12 months or more than a year]
10. How many times in the last year (Jan 24 – Jan 25) did you meet with your mentor? [text box]
11. How many times in total since the beginning of this mentorship did you meet with your mentor? [text box]
12. Please rate, in your opinion, the quality of mentorship received. [1-5 Likert Scale, with 1 being Poor and 5 being Excellent]
13. What areas did the mentorship cover? (Select all that apply) [Career guidance, Research opportunities, Clinical skills, Work-life balance, Networking, Personal guidance, Other]
14. What are qualities you enjoy in your current mentor? [open-ended]
15. What are difficulties or weaknesses in your current mentorship? [open-ended]

16. What are qualities you look for in a current or future mentor? [open-ended]

Impact of Mentorship:

17. Has mentorship by a surgeon influenced your interest in pursuing a career in surgery?

[Yes, No, Unsure]

18. How has mentorship impacted your confidence in pursuing a career in surgery?

[Increased significantly, somewhat increased, No change, Decreased]

19. Provide additional explanation pertaining to your answer to the previous question? [open-ended]

20. Did mentorship provide you with networking opportunities that you believe will be beneficial to your career? [Yes, No, Unsure]

21. Please describe any specific instances where mentorship directly influenced your career decisions or perspective on working in surgery. [Open-ended]

Career Choices:

22. Are you considering a career in surgery? [Yes, No, Unsure]

c. if student answers no: Why are you currently not considering a career in surgery?

[text box]

23. Did current mentorship experience change your interest in surgery? [Yes, No, Unsure]

24. What surgical specialty are you considering? (Select all that apply) [General Surgery, Pediatric Surgery, Orthopedic Surgery, Neurosurgery, Cardiothoracic Surgery, Vascular surgery, ENT, OBGYN, Urology, Other or Non-applicable (in the case they are not considering a career in surgery)]

25. Is your specialty of interest (as answered in the previous) the same as that of your current mentor? [yes, no]

26. What factors are influencing your career choice? (rank in order of importance)

[Mentorship, Work-life balance, Perceived gender biases in the field, Passion for the specialty]

Final Questions:

- 27. Would you seek out mentorship in your future medical career? [Yes, No, Unsure]
- 28. Would you provide mentorship in your future medical career? [Yes, No, Unsure]
- 29. What improvements, if any, do you believe could enhance mentorship programs for women in surgery? [Open-ended]
- 30. CONSENT: [insert consent form provided along in this submission]
I consent [add check box]