

## Block 1

PLEASE NOTE: UAB cares about your well-being! This is an INTERNAL survey from the GME Office that will be used to improve your learning environment. You are strongly encouraged to complete this survey with your honest feedback. This survey may overlap with the required ACGME Survey for some programs. Your honest feedback and participation on both surveys is greatly appreciated.

Thank you for your willingness to share 10 minutes of your time to answer the UAB GME Work Environment Survey. This survey has been reviewed by the House Staff Council and Dean's Council for GME Wellness Subcommittee, and was endorsed for use. The primary use of this survey is to inform your training program and the institution as whole, of the clinical learning environment to maximize the wellness of your training program and that of the institution; the results of the survey will be shared with the leadership of the institution (Dean's Office, CEO of the Health System) and might be also utilized, in aggregate fashion, for scholarly activities such as scientific abstracts, workshops, and publications.

This is a confidential survey. You have been sent a link that is unique to your email address to ensure that each responder answers the survey only once - please do not forward it. Only one individual in the School of Medicine Data Office will have access to link email addresses with respondents. Only de-identified data will be shared with anyone in GME, and the results will be analyzed and reported only in aggregate. For programs that have at least 60% of resident/fellows response rate and at least 4 trainees in your program, reports will be available annually to the Dean's Council and Program Directors to share the feedback with training programs. For programs with less than 4

residents/fellows who meet the 60% compliance rate, reports will only be available on an aggregate basis after at least 3 years of data is collected. Subspecialty programs data will be sent to Core Programs in aggregate form.

We will administer this survey annually to track our progress as we design and implement strategies to change our work environment in ways to promote wellness and professional satisfaction.

If you have any questions regarding this survey, please call the GME office at 205-934-4793.

## Background Info

How old are you?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45 years or older

What is your current level of training?

- PGY 1
- PGY 2
- PGY 3
- PGY 4
- PGY 5
- PGY 6
- PGY 7 or higher

With what gender do you identify?

- Male
- Female
- Transgender
- Nonbinary
- Not listed

If you chose, "Not listed above", please explain below:

If you chose transgender, which do you identify as?

- Male to female
- Female to male

What is your relationship status?

- Never married
- Married or Domestic Partnership
- Widowed
- Divorced
- Separated

Which of the following is applicable to your living situation?

- I live alone.

- I live with other residents.
- I live with roommates who are not residents.
- I live with parents, relative(s), or guardian(s).
- I live with a husband/wife/domestic partner/significant other.

How many children are part of your living situation?

- 0
- 1-2
- 3 or more

## Section I: Professionalism

Over the last twelve (12) months during residency/fellowship, how frequently have you:

	Never	Once	Occasionally	Frequently
Been publicly humiliated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened with physical harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been physically harmed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to unwanted sexual advances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive sexist remarks/names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on gender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once	Occasionally	Frequently
Been subjected to racially or ethnically offensive remarks/names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names related to sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select who was involved in your experience of public humiliation (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurse
- Other allied healthcare personnel
- Medical Student
- Patients

Select who was involved in your experience of physical harm threat(s) (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of physical harm (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of unwanted sexual advances (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student

Patients

Select who was involved in your experience of offensive sexist remark/names (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of being denied opportunities for training or rewards based on gender (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of racially or ethnically offensive remarks/names (choose one or more of the following):

- Faculty
- Fellow

- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of being denied opportunities for training or rewards based on race or ethnicity (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of offensive remarks/names based on sexual orientation (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select who was involved in your experience of being denied opportunities for training or rewards based on sexual orientation (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

If you have experienced an unprofessional behavior in your training environment and would like to discuss it, please contact UAB Employee Relations at [HRrelations@uab.edu](mailto:HRrelations@uab.edu) or 205-934-4458, report it through the SOM confidential reporting mechanism located at <https://apps.medicine.uab.edu/reportit/> or by contacting Dr. Sandra Frazier, Assistant Dean for Professional Development at 205-731-9799. Office Link: <http://www.uab.edu/medicine/home/faculty-staff/professional-development>

Over the last twelve (12) months during residency/fellowship, how frequently have you witnessed an incident of unprofessional behavior by a faculty member?

	Never	Once	Occasionally	Frequently
Shouting, use of belittling or abusive language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal, written, or physical personal attacks directed at others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once	Occasionally	Frequently
Public derogatory comments about quality of care by other professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate expressions of anger (e.g., throwing things, destruction of property)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwelcome or wanted physical advances of a sexual nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal abuse or joking based on gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal abuse or joking based on race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal abuse or joking based on sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select to whom the faculty member directed their shouting/use of belittling or abusive language (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their verbal, written, or physical personal attacks (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their public derogatory comments about quality of care from other professionals (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their inappropriate expressions of anger (choose one or more of the following):

- Faculty
- Fellow

- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their physical assault (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their unwanted/unwelcome sexual advances (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their verbal abuse/joking based on gender (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their verbal abuse/joking based on race/ethnicity (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses
- Other allied healthcare personnel
- Medical student
- Patients

Select to whom the faculty member directed their verbal abuse/joking based on sexual orientation (choose one or more of the following):

- Faculty
- Fellow
- Resident
- Nurses

- Other allied healthcare personnel
- Medical student
- Patients

## Section II: Well-Being

During the past month:

	Yes	No
Have you felt emotionally drained from your work?	<input type="radio"/>	<input type="radio"/>
Have you worried that your work is hardening you emotionally?	<input type="radio"/>	<input type="radio"/>
Have you often been bothered by feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>
Have you fallen asleep while sitting inactive in a public place?	<input type="radio"/>	<input type="radio"/>
Have you felt that all things you had to do were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>
Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	<input type="radio"/>	<input type="radio"/>

Yes

No

Has your physical health interfered with your ability to do your daily work at home and/or away from home?

During the past month, have you often been bothered by little interest or pleasure in doing things?

The work I do is meaningful to me.

- Very Strongly Disagree
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Very Strongly Agree

Describe what is meaningful to you in your work (optional):

How important is your mental health and wellness to your program?

- Very important
- Moderately important
- Somewhat important
- Less important
- Not important at all
- I'm not sure

Does your program provide opportunities for you to maintain your wellness?

- Yes
- No

If yes, please provide examples your program offers you:

Do you wish your program would do more to provide support for wellness and burnout prevention?

- Yes, additional program resources are needed.
- There are adequate program resources available.

What type of support is needed?

Do you wish the institution would do more to provide support for wellness and burnout prevention?

- Yes, additional program resources are needed.
- There are adequate program resources available.

What type of support is needed?

### Section III: Work Experiences

Based on your experiences in the last three (3) months, please indicate your level of agreement with each statement below:

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	Cannot Evaluate
Continuity of care is affected by differences of opinion between attendings.	<input type="radio"/>					

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	Cannot Evaluate
Difference of opinion between attending about patient management are discussed in such a manner that is instructive to other present.	<input type="radio"/>					
Differences of opinion have a negative impact on the work climate.	<input type="radio"/>					
There is (are) attending physician(s) who have a negative impact on the educational climate.	<input type="radio"/>					
My attendings treat me with respect.	<input type="radio"/>					
Residents work well together.	<input type="radio"/>					
Residents, as a group, make sure the day's work gets done.	<input type="radio"/>					
Within our group of residents, it is easy to find someone to cover or exchange a call.	<input type="radio"/>					
When I need an attending, I can always contact one.	<input type="radio"/>					

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	Cannot Evaluate
When I need to consult an attending, they are readily available.	<input type="radio"/>					
It is clear which attending supervises me.	<input type="radio"/>					

Based on your experiences in the last three (3) months, please indicate your level of agreement with each statement below.

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	Cannot Evaluate
I have control over how my work is carried out.	<input type="radio"/>					
I can participate in decision-making regarding my work.	<input type="radio"/>					
I can count on my colleagues to support me if difficulties arise in my work.	<input type="radio"/>					
In my work, I feel valued by my colleagues.	<input type="radio"/>					
My job offers me opportunities to find out how well I do my work.	<input type="radio"/>					
I receive sufficient information about the results of my work.	<input type="radio"/>					

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	Cannot Evaluate
In my work, I can develop myself sufficiently.	<input type="radio"/>					
My work offers me the possibility to learn new things.	<input type="radio"/>					
The institution's systems facilitate my ability to perform my work.	<input type="radio"/>					

## Section V: Satisfaction with Training Program

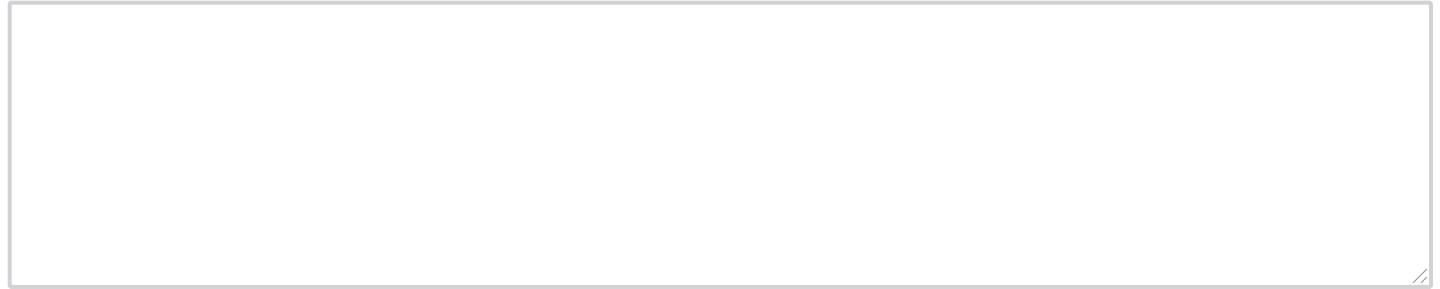
Are you satisfied with the quality of training you are receiving?

- Yes
- No

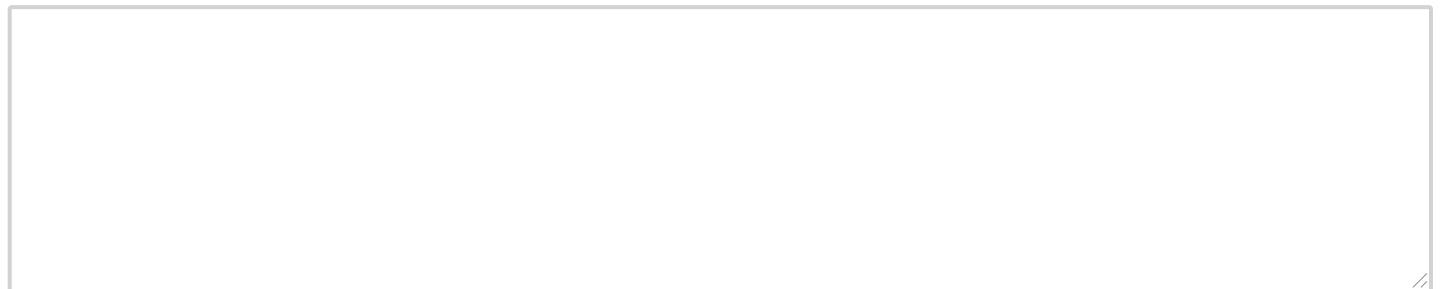
I would recommend my training program to others.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

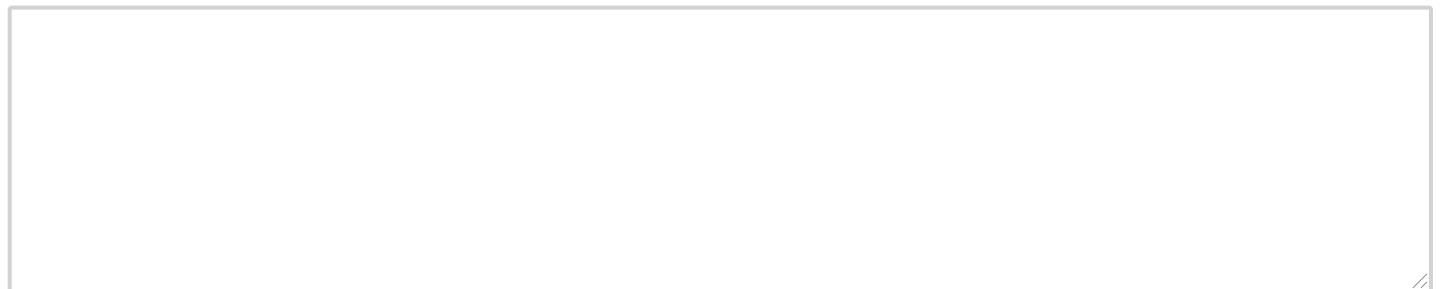
If you would NOT recommend your training program to others, please explain why.



Please think about your interactions with the GME Office (DIO Office). How can the GME Office provide better service?



What institutional issues that, if addressed, would most improve your working/learning environment?



What did we miss? Are there any other areas of concern or suggestions?



## Block 6

What race do you identify as (please check all that apply):

- White/Caucasian
- Black/African-American/African
- Asian
- Asian-Pacific
- Native American
- Other

In terms of sexual orientation, what do you think of yourself as (please check all that apply):

- Straight
- Gay
- Lesbian
- Bisexual
- Queer
- Asexual
- Pansexual

What are your gender pronouns?

- She/her
- He/him
- They/them
- Not listed above

Please provide your preferred pronouns:

Is your department aware of your gender identity?

- Yes
- No

Please rate your level of agreement with the statement:

UAB has a welcoming LGBTQ+ environment.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Please rate your level of agreement with the statement:

My department has a welcoming LGBTQ+ environment.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Would you be willing to mentor someone who identifies as LGBTQ+?

- Yes
- Maybe
- No

How do you suggest UAB can contribute to progress in a welcoming atmosphere for LGBTQ+ faculty, residents, and staff?

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