



# The Impact of the COVID-19 Pandemic on the Residency Experience: A Qualitative Study

Joshua Hyman, MD, Benjamin R. Doolittle \*, MD MDIV

Associate Professor of Internal Medicine & Pediatrics, Yale University School of Medicine, 333 Cedar Street; New Haven, United States.

\*Corresponding Author: Benjamin R. Doolittle, MD, MDIV; [Benjamin.doolittle@yale.edu](mailto:Benjamin.doolittle@yale.edu)

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## Abstract

**Objective:** The COVID-19 pandemic has greatly impacted the residency experience, yet few qualitative studies have engaged residents for their perspectives. Our aim in this investigation was to better understand what effect the COVID-19 pandemic has had on resident learning climate and well-being and to determine how perspectives on the residency experience have changed over time. **Methods:** We conducted interviews from May 2020 through February 2021 with residents from the internal medicine, pediatrics, and internal medicine-pediatrics residency programs from a single, university-affiliated hospital. Validated instruments were used to quantify participants' level of satisfaction and burnout. A snowball sampling technique was used for recruitment. We employed thematic content analysis using a grounded theory-based approach. **Results:** Of the 56 residents invited to participate, 37 (66.1%) elected to do so. The first 15 interviews were completed between May 2020 and July 2020 (early COVID-19), with 22 interviews completed between December 2020 and February 2021 (late COVID-19). The residents interviewed during the late COVID-19 block were less likely to meet criteria for satisfaction ( $p < 0.01$ ) and thriving ( $p < 0.05$ ) and were more likely to endorse feeling burned out ( $p < 0.002$ ) compared to their peers in the early COVID-19 cohort. Four key themes emerged: changes to training and education, changes to well-being, changes to the practice of medicine, and changes to perspectives on residency. **Conclusions:** Residents described how the COVID-19 pandemic has contributed to a diminished sense of well-being as well as poorer clinical training. Further study should be done to determine what measures can be taken to help attenuate COVID-19-related burnout and educational compromise.

**Keywords:** Medical Education, COVID-19, Burnout, Thriving, Qualitative Study.

## Introduction

As numerous studies have demonstrated, the COVID-19 pandemic has significantly affected the residency experience [1-7]. However, research exploring this topic has mostly employed quantitative survey methods to measure workplace stress and learning climate. While much has been written about residency in the time of COVID-19, comparatively few studies have investigated this topic by interviewing residents themselves. We intend to address this methodological gap in the research literature.

Specifically, in this qualitative study, we explore the varied ways that the COVID-19 pandemic has impacted the residency experience. Moreover, we investigate if and to what extent views on the residency experience have changed over time throughout the pandemic. Taken together, we provide insight into the lived experience of being a resident physician during the COVID-19 pandemic.

## Methods

### Setting, Participants, and Study Design

A qualitative methodology was chosen to provide insights into participants' perspectives on thriving in residency in the midst of the COVID-19 pandemic. Thematic analysis employing a grounded theory-based approach was used to allow investigators to identify naturally occurring themes from the data.

We conducted in-depth interviews from May 2020 through February 2021 with resident physicians in the internal medicine,

pediatrics, and internal medicine-pediatrics residency programs at a single university-affiliated institution to determine what factors have contributed to their sense of thriving in residency as well as the effect of the COVID-19 pandemic on their training and well-being. All interviews were conducted over a video internet platform, with the contents of each interview being recorded. Consent was obtained from each participant prior to the start of the interview. Participation was voluntary. The recorded interviews were transcribed and anonymized, with any information that could potentially identify the subject during the interview being redacted from the transcripts. Thereafter, all recordings of the interview were permanently deleted.

Approximately half the residents were interviewed between the months of May 2020 and July 2020 (early COVID-19 [EC]), with the remainder interviewed between the months of December 2020 and February 2021 (late COVID-19 [LC]). No participants were interviewed more than once. We used a snowball sampling technique whereby at the conclusion of each interview subjects were asked to identify colleagues who appeared to be thriving during residency for us to contact for future interviews. New participants were then recruited by email.

Subjects who agreed to participate in the study completed a demographic questionnaire and a two single-item version of the Maslach Burnout Inventory, which has been validated among resident physicians [8-10]. Specifically, our Burnout Inventory includes the questions "How often do you feel burned out from work?" and "How often do you feel you have become more callous to people since you took on this job?" Residents who responded

“once a week” or more frequently on either item met criteria for burnout.

Participant satisfaction with life, career choice, and residency was determined by the questions “All things considered, how satisfied are you with your life in general?,” “All things considered, how satisfied are you with your career choice?,” and “All things considered, how satisfied are you with your job as a resident physician?” Subjects were asked to respond to an 11-point scale from 0 (totally dissatisfied) to 10 (totally satisfied). Based on research showing that satisfaction ratings are normally distributed, interviewees were considered satisfied if they scored a 7 or higher across all three domains - corresponding with a satisfaction level approximately one standard deviation above the mean or greater [11,12]. Single-item instruments for measuring satisfaction have been validated and widely used in several multicultural settings among large population studies [13].

Participants were considered to be thriving if they both met criteria for job, life, and career satisfaction as well as not meeting criteria for experiencing burnout; but all residents were included in the qualitative analysis. This qualitative study was approved by the xxx University Institutional Review Board (ID# 2000022828). Residency program leadership also gave permission for the project. The authors have no conflicts of interest.

**Interview Guide**

A semi-structured interview guide was developed by a prior study on physician satisfaction (Appendix A) [14]. The questions were derived from a review of the literature on physician well-being and focused on aspects of each participants’ life and career which have contributed to a sense of thriving, including work environment, learning climate, social networks, institutional supports, and intrinsic personal characteristics.

**Qualitative Analysis**

To derive our conclusions, we employed thematic content analysis using a grounded theory-based approach. This process enabled us to identify naturally occurring themes from the data in an ongoing, iterative process that continued in parallel with further data collection. Following the transcription and review of the first five

interviews, we developed an initial code structure that was then applied to these early transcripts. With these preliminary thematic results as our starting foundation, we underwent a collaborative process of interview guide and thematic code revision, with new themes being identified as we analyzed additional interview transcripts. Thematic saturation was reached independently in the early and late COVID-19 blocks, in each case after approximately seven interviews. Even after achieving thematic saturation, we chose to interview additional subjects in order to explore the possibility that previously undiscovered themes might be uncovered as well as to increase the robustness of our sample. Final codes were then related to each other through axial coding, in which subthemes were discovered and discrepancies among the codes and subthemes were discussed between the investigators until consensus was attained. All transcripts were coded using password protected software.

**Statistical Analysis**

JMP statistical software was used for all data analysis. Mean values of continuous variables were evaluated using the Student’s t test. Categorical values were evaluated using chi-square analysis [15].

**Results**

We invited 56 resident physicians to participate in our study. We ultimately interviewed 37 residents (66.1%) across the internal medicine [IM], pediatrics [P], and internal medicine-pediatrics [MP] residency programs. During the early COVID-19 block we spoke with 15 (40.5%) residents and during the late COVID-19 block we interviewed 22 (59.5%) additional unique residents. (Table 1)

The residents we talked to in the late COVID-19 block were significantly less likely to meet criteria for satisfaction (p<0.01) and thriving (p<0.05) than their peers in the early COVID-19 cohort. Similarly, the residents in the late COVID-19 cohort were significantly more likely to endorse feeling burned out from work (p<0.002) as compared to the residents in the early COVID-19 cohort. (Table 2)

Through our analysis, we identified four key themes as highlighted below.

**Table 1: Characteristics of Study Participants (n=37)**

Characteristic	Value
Mean Age (range), years	29.9 (27-43)
Female	18 (48.6%)
<b>Race</b>	
White	21 (56.8%)
Black	7 (18.9%)
Asian	7 (18.9%)
Other	2 (5.4%)
<b>Ethnicity</b>	
Non-Hispanic	35 (94.6%)
Hispanic	2 (5.4%)
<b>Specialty</b>	
Internal Medicine	18 (48.6%)
Pediatrics	10 (27.0%)
Internal Medicine-Pediatrics	9 (24.3%)
<b>Year in Residency</b>	
Postgraduate Year 1	2 (5.4%)
Postgraduate Year 2	17 (45.9%)
Postgraduate Year 3	16 (43.2%)
Postgraduate Year 4	2 (5.4%)
<b>Maslach Burnout Inventory, modified</b>	
“How often do you feel burned out from work?”	
Never (0)	1 (2.7%)
A few times a year or less (1)	17 (45.9%)
Once a month or less (2)	8 (21.6%)
A few times a month (3)	7 (18.9%)
Once a week (4)	2 (5.4%)

A few times a week (5)	2 (5.4%)
Every day (6)	0 (0%)
“How often do you feel you have become more callous to other people since you took this job?”	
Never (0)	6 (16.2%)
A few times a year or less (1)	12 (32.4%)
Once a month or less (2)	13 (35.1%)
A few times a month (3)	4 (10.8%)
Once a week (4)	1 (2.7%)
A few times a week (5)	1 (2.7%)
Every day (6)	0 (0%)
<b>Satisfaction (“All things considered...”)<sup>a</sup></b>	
“...how satisfied are you with your life in general?”, mean (CI)	8.0 (± 0.3)
“...how satisfied are you with your career choice?”, mean (CI)	8.6 (± 0.4)
“...how satisfied are you with your job as a resident?”, mean (CI)	7.2 (± 0.4)

a - subjects were asked to respond to an 11-point scale from 0 (‘totally dissatisfied’) to 10 (‘totally satisfied’)

**Table 2: Differences in Satisfaction, Burnout, and Thriving between Early and Late COVID-19 Cohorts**

	Early COVID-19 (n=15)	Late COVID-19 (n=22)	Significance <sup>a</sup>
Gender Identity	8 male / 7 female	11 male / 11 female	Not significant
Age (mean)	29.4	30.2	Not significant
Satisfaction with Life (0-10)	8.43	7.77	p<0.01
Satisfaction with Career Choice (0-10)	9.00	8.32	p<0.03
Satisfaction with Job as Resident (0-10)	8.17	6.60	p<0.0002
Satisfied <sup>b</sup>	14 (93.3%)	12 (54.5%)	p<0.01
Burned Out from Work (0-6)	1.27	2.41	p<0.002
Feel More Callous to Others (0-6)	1.20	1.86	Not significant
Burned Out <sup>c</sup>	1 (6.7%)	4 (18.2%)	Not significant
Thriving <sup>d</sup>	13 (86.7%)	11 (50.0%)	p<0.05

a - mean values of continuous variables were evaluated using the student’s t-test, categorical values were evaluated using chi-square analysis

b - participants were considered ‘satisfied’ if they scored ≥7 across all three domains (life, career, residency)

c - participants were considered ‘burned out’ if they scored ≥4 (i.e. ‘once a week’ or more frequently) across either domain (burn out, callousness)

d - participants were considered ‘thriving’ if they met criteria for being satisfied while simultaneously not meeting criteria for being burned out

**Changes to Training and Education**

During the early COVID-19 block, several residents highlighted their belief that working in the midst of COVID-19 had actually improved their clinical acumen. As one participant explained, “Sometimes when we are put in unfamiliar circumstances, like COVID has done to all of us, it makes us pay attention a little bit more...I think we are all practicing better medicine now because the stakes are that much higher.” (PGY3, MP, EC).

Moreover, other residents described how changes in the hospital structure during the early part of COVID-19 enabled them to take on greater clinical responsibility and autonomy. As one pediatrician put it, “I actually learned a lot of leadership skills because... [even as] the intern, [I was often] the most senior person in the room...[which] certainly made me a better doctor, better communicator, and better leader.” (PGY1, P, EC).

In contrast, during the late COVID-19 block, several residents emphasized how the pandemic had negatively impacted their clinical reasoning. For instance, one participant stated, “Now we all have such a bias...if somebody comes in with shortness of breath, it’s like ‘COVID,’ right?... [but] there are still other things [that could be] going on, so I think it impacted our ability to craft a good differential.” (PGY2, MP, LC).

Another subtheme that came up during the late COVID-19 block was the relative dearth of exposure to non-COVID-19 related ailments and the impact that has had on resident education. For example, one resident remarked, “I feel like there’s been a lot less variety in the patients that we’ve seen... and we’ve gotten a lot less education.... both formal education and bread and butter patient education, as a result of COVID. I think it has significantly and negatively impacted training.” (PGY2, IM, LC).

Other residents emphasized the intellectual boredom they’ve experienced treating COVID-19 for so long. As one interview put it, “[COVID-19 is] getting old at this point.... a lot of the same

algorithms, the same management, the same diagnostic scheme all revolve around ‘could this be COVID?’... It’s hard to not have the same breadth of differential and the same problem solving that goes into a patient case.” (PGY3, IM, LC)

**Changes to Well-Being**

Another key theme that we discovered was the impact of COVID-19 on resident well-being. In the early months of COVID-19, several residents described an improvement in their overall sense of well-being. As one resident put it, “[COVID-19] has increased that sense of thriving, because, again, the main thing [contributing to my well-being] was getting to help people and you’re getting [to help] people in a way that matters.” (PGY3, MP, EC).

However, during the late COVID-19 block, several interviewees described how COVID-19 was negatively impacting their sense of well-being in residency. As one resident stated, “We’re all over COVID... it’s destroyed the whole wellness factor for us... anything that people were getting joy out of residency, thriving, a lot of that has been sapped away by COVID.” (PGY3, IM, LC).

**Changes to the Practice of Medicine**

Many participants commented on how COVID-19 has impacted the nature of their day-to-day job as residents. One interviewee explained how COVID-19 restrictions paradoxically helped strengthen his sense of connection to patients and their families. As he put it, “You spend more time on the phone with the families, call families every day, multiple family members for each patient. So, I think that was both a challenging thing but also you get really close to the family because the patients stay on your service for a long time.” (PGY3, IM, EC).

Similarly, other residents highlighted how COVID-19 has helped jumpstart the transition to telemedicine. As one internist explained, “Because of COVID we’ve had an increase in the number of telemedicine visits...And I think that’s fantastic because when I

think about primary care and preventative medicine the most useful parts happen in between visits.....So this has helped make sure patients can make it to appointments.... I think it's increased our capacity to make a positive change for the most number of people here." (PGY2, IM, EC).

In contrast, during the late COVID-19 block, residents placed greater focus on the barriers to patient care and relationship-building that have occurred during the pandemic. As one resident stated, "There's been a lot less interaction with the patients...it has been just incredibly heartbreaking to have this distance between you and the patient...not being able to see peoples' expressions. Whether it's my expression or their expression, that's a big part of communication. it's a big part of relationships; and the patient-provider relationship is definitely impacted by that." (PGY2, IM, LC)

### **Changes to Perspectives on Residency**

The final major theme we discovered during the course of our interviews was the impact of COVID-19 on the participants' perspectives on residency. One resident described his feeling of pride in seeing how his coresidents have pulled together in such a difficult time. As he stated, "I've seen my program and coresidents step up in a way I would not have imagined possible. We've been pushed and people have stood up to be counted...it increases that sense of pride you have in them... I have not loved my institution more than I have in the last few weeks." (PGY3, MP, EC).

Other residents emphasized how being a resident during COVID-19 made them feel like they were part of something bigger than themselves. As one interviewee explained, "We all had this optimism about it, like there was something we were going to fight...And that felt good because...we were the frontline workers [and] we were really happy to try to contribute positively to society." (PGY3, IM, LC).

Finally, participants described how COVID-19 has caused them to reflect more on life in general. As one resident stated, "I guess [COVID-19] has made me value personal interaction much more. It's made me value my friendships and relationships much more. Now I see what it's like without them." (PGY2, IM, LC)

## **Discussion**

Our analysis identified four main themes on the impact of COVID-19 on the residency experience: changes to training and education, changes to well-being, changes to the practice of medicine, and changes to perspectives on residency. This project offers insight into the effects of the COVID-19 pandemic on resident well-being and clinical training. While numerous prior studies have explored COVID-19's impact on the residency experience, our study provides two novel contributions to the relevant literature. First, we employed a qualitative methodological approach consisting of in-depth interviews with over three dozen residents to ascertain their perspectives on the pandemic. Second, we intentionally gathered data at two separate points in time in order to analyze whether and to what extent views on residency during the COVID-19 pandemic have changed over time.

Our findings indicate that the while the impact of COVID-19 on the residency experience was immediately felt, with significant changes to patient interactions, clinical rotations, and resident education, perspectives on residency during COVID-19 became increasingly more negative as the pandemic dragged on. In the early months of the pandemic, residents expressed a sense of common purpose, pride, optimism, and camaraderie about having this unique opportunity to serve as frontline healthcare workers in the midst of a public health crisis. However, as time passed, these sentiments gave way to feelings of grief, loss, isolation, and boredom.

Our study was designed to evaluate thriving residents amidst the COVID-19 pandemic. Thus, prevalence of burnout was low

relative to similar investigations. Since our study recruited participants on the basis of peer referrals of thriving colleagues, we believe that our findings likely underreport the true cumulative degree of dissatisfaction among residents due to the pandemic. Thus, even among those residents who most appear to be thriving, COVID-19 has taken a heavy toll.

There are several limitations to our study. Firstly, it is possible that we failed to uncover other themes on the impact of COVID-19 in addition to the four we discussed here. However, we sought to mitigate this possibility through a rigorous qualitative approach whereby two researchers would individually code and analyze the interview transcripts looking for relevant themes and thereafter compare their findings. Further, even after reaching thematic saturation, we continued to complete 37 total interviews, a robust sample for qualitative studies. Secondly, since this study was conducted at a single institution and we only interviewed residents from the pediatrics, internal medicine, and internal medicine-pediatrics specialties, it is possible that our results are not generalizable to other institutions or specialties. Furthermore, given that we only used a single interviewer, it is possible that our interviews were affected by implicit bias and leading questions. We proactively attempted to mitigate this risk by using a standardized interview script for all participants. And finally, there could be a confounding explanation for the lower satisfaction and higher self-reported burnout ratings seen in the late COVID-19 block, namely the fact that the late COVID-19 cohort was interviewed during the winter months when resident well-being is often at a nadir <sup>116</sup>.

Despite these limitations, we believe that our findings have important implications for residency programs that aim to promote resident well-being and mitigate burnout during the COVID-19 pandemic. Specifically, our results suggest that programs should prioritize resident education, provide residents with ample opportunities to work on non-COVID-19 rotations, give residents more time to interact directly with patients and families, organize social events for residents outside of work, and guarantee residents more time off from the hospital. Focused interventions and longitudinal cohort studies are needed to further clarify these issues.

## **Conclusion**

In this study, we took a qualitative approach to determine the resident perspective on COVID-19. We found that the COVID-19 pandemic has greatly impacted the residency experience, with marked changes in clinical rotations, educational opportunities, resident socialization, doctor-patient relationships, and more. Likewise, we found that as the pandemic persists, resident well-being has increasingly suffered. While the rollout of our nationwide vaccination program has helped temper the pandemic, the advent of new and potentially more transmissible variants suggest that the battle against COVID-19 will continue for some time and consequently that the challenges to resident well-being, educational priorities, and workplace culture will require continued vigilance.

## **Statements and Declarations**

### **Funding**

The student author received funding through both the Yale School of Medicine Medical Student Fellowship as well as the National Institutes of Health-NIDDK Medical Student Research Fellowship for this project. No other outside funding was obtained by the authors.

### **Prior Presentation**

This study/data/abstract have not been presented.

### **Prior Publication**

This paper has not been published online or in print, and is not under consideration elsewhere.

## Conflicts

The authors declare they have no competing interests.

## Research Involving Human Participants

This qualitative study involving human participants was approved by the Yale University Institutional Review Board (ID# 2000022828). Residency program leadership also gave permission for the project.

## Informed Consent

Informed consent was obtained from each participant prior to the start of the interview. Participation was voluntary.

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## Appendix A: Semi-Structured Interview Guide

### DEMOGRAPHICS

Age?  
Gender identity?  
Ethnic identity?  
Residency program?

### SATISFACTION AND BURNOUT

All things considered, how satisfied are you with your life in general? (0-10, with 0 meaning totally dissatisfied and 10 meaning totally satisfied)  
All things considered, how satisfied are you with your career choice? (0-10, with 0 meaning totally dissatisfied and 10 meaning totally satisfied)  
All things considered, how satisfied are you with your job as a resident? (0-10, with 0 meaning totally dissatisfied and 10 meaning totally satisfied)

#### How often do you feel burned out from work?

1. Never
2. A few times a year or fewer
3. Once a month or fewer
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

#### How often do you feel you have become more callous to other people since you took this job?

1. Never
2. A few times a year or fewer
3. Once a month or fewer
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

### THRIVING

Why did you rate yourself as a 7/8/9/10 for your level of satisfaction with your job as a resident?  
What is it about your job as a resident that contributes to a sense of thriving?  
What gives you joy in your job?  
What do you like best about being a resident?  
When were you the happiest in your job as a resident from a professional standpoint? And from a personal standpoint? Why?  
What have been your strongest support systems in residency?  
What do you think helps the most for a resident to feel a sense of thriving and joy in their job?  
How has COVID-19 affected your training and experience in residency?

### PERSONAL

Introvert? Extrovert? Something else?  
What traits do you have that helped you be successful in your job?  
Tell me about any core values or deeply held belief systems (such as a religious faith) that you may have. What effect do your beliefs have on your job as a resident?  
What have you learned about yourself since becoming a resident?

### SOCIAL/COMMUNITY

What role do friendships play in your career satisfaction?  
What role does your family play in your career satisfaction?  
What communities, if any, have played an important role in your experience as a resident? What was their effect?  
Can you share about hobbies or extra activities? How important were these activities in your career satisfaction?

### JOB DUTIES

Tell me about your work-life balance?  
Can you share a story about a time when your work-life balance was going well?  
What made it go well? What would you say were factors that helped you have a successful/happy work-life balance?  
Can you share a story about a time when your work-life balance was not so great?  
What made it so?

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Any other thoughts or insights that we have not covered?

### END INTERVIEW

Do you have anybody else in mind we can talk to?