

Demographics (Page 1/5)

What is your year in residency?

- PGY-1
- PGY-2
- PGY-3
- PGY-4
- Other (PGY)

What year did you complete medical school?

- Before 2019
- 2019
- 2020
- 2021
- 2022

What is your gender?

- Female
- Male
- Non-binary
- Other

What is the setting of your residency?

- Academic or university based
- Community hospital based
- Other

What medical degree do you hold?

- MD
- DO
- Other

What are your post-residency plans?

- Practice general OB/GYN
- Fellowship
- Other
- I don't know

If you answered "fellowship" in the question above, which do you plan to pursue?

- Pelvic medicine and reconstructive surgery
- Gynecologic oncology
- Maternal fetal medicine
- Reproductive endocrinology and infertility
- Complex family planning
- Minimally invasive gynecology surgery
- Other

Endometriosis Education and Diagnosis (Page 2/5)

Have you encountered any patients with endometriosis? Yes
 No
 I don't know

Have you worked with any faculty who specialize in endometriosis? Yes
 No
 I don't know

Have you used the following sources to learn about endometriosis during residency? Mark all that apply.

- Residency lectures
- Up To Date articles
- Professional consensus bulletins (e.g. ACOG practice bulletins)
- Primary literature (e.g. ACOG, AJOG articles)
- Discussions with others (e.g. attendings, senior residents)
- None

On average, how many formal lectures or teaching sessions have you had about endometriosis in the past year? 0
 1
 2
 3+

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel that in general, my attendings are knowledgeable enough about endometriosis diagnosis to discuss it with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that in general, my attendings are knowledgeable enough about endometriosis management to discuss it with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can reliably recognize the common symptoms of endometriosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can reliably recognize an endometrioma on ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Endometriosis Medical Management (Page 3/5)

Do you agree with the following statement?

- Yes
 No
 I don't know

It is acceptable to treat a patient for suspicion of endometriosis without first obtaining a surgical diagnosis.

Have you seen an attending prescribe or manage any of the following for endometriosis? (select all that apply)

- Non-steroidal anti-inflammatory drugs (NSAIDs)
 Combined oral contraceptive pills
 Progestin only contraceptive pills
 Long-acting reversible contraception (LNG-IUD/Mirena or implant/Nexplanon)
 Depo provera
 GnRH antagonist (e.g. elagolix/Orilissa)
 GnRH agonist (e.g. leuprolide/Lupron)
 Aromatase inhibitor (e.g. letrozole/Femara)
 Androgen (e.g. danazol/Danocrine)
 None

Have you or would you feel comfortable prescribing or managing any of the following for endometriosis? (select all that apply)

- Non-steroidal anti-inflammatory drugs (NSAIDs)
 Combined oral contraceptive pills
 Progestin only contraceptive pills
 Long-acting reversible contraception (LNG-IUD/Mirena or implant/Nexplanon)
 Depo provera
 GnRH antagonist (e.g. elagolix/Orilissa)
 GnRH agonist (e.g. leuprolide/Lupron)
 Aromatase inhibitor (e.g. letrozole/Femara)
 Androgen (e.g. danazol/Danocrine)
 None

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable managing the hypoestrogenic effects of GnRH antagonists, agonists, and aromatase inhibitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable counseling patients about the osteoporotic risk of GnRH antagonists, agonists, and aromatase inhibitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable with the recommendations about when to prescribe add-back progestin for GnRH antagonists, agonists, and aromatase inhibitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever had exposure to a patient being referred to the following for alternative management of their endometriosis? Mark all that apply.

- Physical therapy (e.g. pelvic floor physical therapy)
 Gastroenterology
 Urology
 Chronic pain specialist
 Mental health
 Nutrition
 None

Endometriosis Surgical Management (Page 4/5)

Have you ever participated in surgery for endometriosis diagnosis and/or management?

- Yes
- No
- I don't know

Have you had exposure to the following tools for methods of excising or ablating endometriotic lesions? Mark all that apply.

- Laser vaporization (e.g. CO2, KTP, argon beam)
- Electrosurgical fulguration (Ablation with monopolar or bipolar energy)
- Sharp excision of lesions (e.g. with scissors)
- Removal of endometrioma (cystectomy or oophorectomy)
- None

Do you feel comfortable recognizing intra-operative findings of endometriosis? Mark all that apply.

- Classic lesions (e.g. powder burn)
- Non-classic lesions (white/fibrotic, blue, clear)
- Endometrioma
- None

LAST PAGE!

How do you feel about the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is important to learn about endometriosis in residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to be in practice on my own today, I would feel comfortable diagnosing endometriosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to be in practice on my own today, I would feel comfortable medically managing endometriosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to be in practice on my own today, I would feel comfortable surgically managing endometriosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are ways in which you would like to learn more about endometriosis?

- Resident lectures or didactics
- Grand Rounds
- Reading on my own (e.g. ACOG practice bulletins, Up To Date, primary literature)
- Hands on learning (e.g. reading about or talking to attendings about specific patients)
- Surgical videos
- Other

What are other ways in which you would like to learn more about endometriosis?
