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Appendix 1. Survey questionnaire
Survey Instructions
1. Please complete the following survey if you are currently a surgical resident at a Canadian medical school.
2. All responses will be anonymized and kept confidential.
3. By completing this survey, implied consent for the use of the data for research purpose is assumed.
4. Please note, your participation in this study is voluntary and you may stop at any point before submission. Once responses are submitted, they cannot be withdrawn.
5. This study has been approved after full review by the Hamilton Integrated Research Ethics Board (HiREB). If you have any questions regarding your rights as a research participant, you may contact the Office of the Chair of HiREB at 905-521-2100 ext. 42013.
6. If we have not captured some of your preferences, please include pertinent information in the comments section at the end of the survey.
7. To participate, please log onto www.surveymonkey.com to complete the survey below. The link is: ________________
8. This survey will take approximately 10 minutes to complete. The deadline for completion is November 19th, 2018.
9. All residents who submit a full completed survey before November 19th, 2018 are invited to leave their email at the end of the survey to be entered into a draw for a $1,000 travel voucher to a Canadian Medical Conference of their choice. The email addresses will not be made available to the researchers and will be used for the sole purpose of the draw.

Survey Details
The number of Canadian Residency Matching Service (CaRMS) applicants ranking surgical specialties first has declined over the past years 20 years. It is not understood exactly why this shift has taken place. There are a number of different factors that Canadian medical graduates take into consideration when ranking their choices for residency discipline in CaRMS. Factors that play a role in this decisions making process may include: family preferences, lifestyle considerations, mentorship, undergraduate anatomy training, and pre-clerkship and clerkship surgical exposure.

Interestingly, throughout this same time period, there has been a dramatic reduction in overall anatomy training in undergraduate medical education (UGME), as well as mandatory cadaveric dissection anatomy training. Therefore, it is the aim of this study to determine how influential undergraduate medicine anatomy teaching is in the CaRMS decision making process for surgical residents. It is our hope that with this data, we can identify modifiable factors, such as cadaveric dissection in undergraduate medicine, and modify them in a way that can increase interest of undergraduate medical students towards a career in surgery.

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McMaster University
Section A: Demographic Information

1. Age: __________________________

2. Gender: □ M □ F □ Other

3. Post-Graduate Specialty: ____________________________(drop down menu)

4. Post-Graduate Year: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7

Section B: Undergraduate Medical Education Information

1. Medical School: ____________________________(drop down for Canadian Schools with other option for IMGs)

2. Year of UGME graduation: __________________________

3. How were you exposed to surgery in UGME? (check all that apply)

   □ Mentor
   □ Core Rotations
   □ Electives
   □ Lectures/Large Group Sessions
   □ Tutorials/Small Group Sessions
   □ Research Project(s)
   □ Family/Friends
   □ Other: __________________________

Section C: Anatomy Training Information

1. Was anatomy training a mandatory part of your UGME curriculum?
   □ Y □ N

2. Which of the following ways were you taught anatomy during UGME? (check all that apply)

   □ Didactic Lectures
   □ Small Group Sessions/Tutorial
   □ Anatomy Lab with Prosected Specimens
   □ Anatomy Lab with Cadaveric Dissection
   □ Other: __________________________
3. Rank the following anatomy teaching modalities in terms of the number of hours dedicated to them during UGME (1 being the most time spent and 5 being the least time spent):
   a) Didactic Lectures
   b) Small Group Sessions/Tutorial
   c) Anatomy Lab with Prosected Specimens
   d) Anatomy Lab with Cadaveric Dissection
   e) Other

4. Rank the following anatomy teaching modalities in terms of the impact they had on your anatomy learning: (1 being the most positive impact and 5 being the least positive impact):
   f) Didactic Lectures
   g) Small Group Sessions/Tutorial
   h) Anatomy Lab with Prosected Specimens
   i) Anatomy Lab with Cadaveric Dissection
   j) Other

5. Indicate the extent to which anatomy faculty and staff were present during your anatomy teaching sessions:
   □ Never   □ Sometimes   □ Always

Section D: Residency Influencing Factors

Please indicate the extent to which you agree/disagree with the following statements

UGME anatomy:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree (1)</th>
<th>Somewhat disagree (2)</th>
<th>Neutral (3)</th>
<th>Somewhat agree (4)</th>
<th>Strongly agree (5)</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Effectively prepared me for residency</td>
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<td>Changed my original inclination for my first choice discipline</td>
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With cadaveric dissection changed my original inclination for my first choice discipline

Is an ineffective component of learning

My first choice discipline for CaRMS was influenced by:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree (1)</th>
<th>Somewhat disagree (2)</th>
<th>Neutral (3)</th>
<th>Somewhat agree (4)</th>
<th>Strongly agree (5)</th>
<th>N/A</th>
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<tbody>
<tr>
<td>UGME anatomy training</td>
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<td>UGME experience with cadaveric dissection</td>
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<td>Exposure to anatomy before entering medical school</td>
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<td>Prior involvement in surgical research projects</td>
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<td>Exposure to surgery in pre-clerkship</td>
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<td>Experiences during surgery core rotation in clerkship</td>
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<td>Experiences during an elective in a surgical specialty during clerkship</td>
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<td>Family members in the specialty I ranked first</td>
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<td>Family members in any surgical specialty</td>
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<td>Family members in medicine</td>
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<td>Having children at the time of my CaRMS application</td>
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<td>The prospect of having children in the future</td>
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<td>Significant other(s)</td>
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<td>Mentor(s)</td>
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<td>The consideration of the amount of free time I wanted to have outside of work in the future to spend with family and friends</td>
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<td>Potential future financial compensation</td>
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Section E: CaRMS Influencing Factors

1. Rank the top 3 persuasive factors on your first choice CaRMS discipline:

   a) Anatomy training prior to medical school
   b) UGME anatomy training
   c) UGME cadaveric dissection
   d) Pre-clerkship surgery exposure
   e) Clerkship surgery exposure
   f) Clerkship surgery exposure: elective
   g) Family/Friends
   h) Having children
   i) The prospect of having children
   j) Significant other(s)
   k) Mentor(s)
   l) Free time outside of work
   m) Projected financial compensation
   n) Availability of jobs
   o) Prior research involvement
   p) Other: ________________________________

2. Rank the top 3 dissuasive factors on your first choice CaRMS discipline:

   a) Anatomy training prior to medical school
   b) UGME anatomy training
   c) UGME cadaveric dissection
   d) Pre-clerkship surgery exposure
   e) Clerkship surgery exposure: core rotation
   f) Clerkship surgery exposure: elective
   g) Family/Friends
   h) Having children
   i) The prospect of having children
   j) Significant other(s)
   k) Mentor(s)
   l) Free time outside of work
   m) Projected financial compensation
   n) Availability of jobs
   o) Prior research involvement
   p) Other: ________________________________

Section F: Comments
Thank you for participating in this survey! Your input is appreciated. For any questions about this survey or the associated research project, please contact Tyler McKechnie (tyler.mckechnie@medportal.ca). If you are interested in the results of this survey and would like to receive a copy of the final paper, as well as being entered for a chance to win a $1,000 travel voucher to a Canadian Medical Conference of your choice, please list your e-mail address: