**Research Training Survey**

1. **How do you consider yourself?**
   1. Clinical Researcher
   2. Education Researcher
   3. Educator
   4. Clinician
   5. Other

**If necessary, describe Other:**

1. **How many hours (per week) did you work on average during the past year?**
2. **Please indicate the following:** 
   1. Clinical duties | % Time spent on ...
   2. Clinical duties | % Salary related to ...
   3. Research commitment | % Time spent on ...
   4. Research commitment | % Salary related to ...
   5. Academic duties (teaching, directorship, etc) | % Time spent on ...
   6. Academic duties (teaching, directorship, etc) | % Salary related to ...
   7. Other commitments | % Time spent on ...
   8. Other commitments | % Salary related to ...

**If other types of career commitments, please describe:**

1. **Indicate the type(s) of postgraduate clinical training that you have (select all that apply):** 
   1. Internship
   2. CCFP
   3. CCFP(EM)
   4. FRCPC(EM)
   5. Other EM residency training, specify ...

**If necessary, describe Other training:**

1. **Indicate the type(s) of postgraduate clinical training that you have (select all that apply)**
   1. Pediatric EM Fellowship
   2. Other pediatric, please specify...

**If necessary, describe Other pediatric training:**

1. **Did you pursue a postgraduate research education/fellowship?**
   1. Yes
   2. No
2. **Indicate the type(s) of postgraduate research (and/or education) fellowship/training that you have. Select all that apply.** 
   1. MSc
   2. MSc (Epidemiology)
   3. MPH
   4. MEd
   5. PhD
   6. Other, please specify...

**If necessary, describe Other:**

1. **What was the timing of your postgraduate research fellowship/training?**
   1. Before
   2. Concurrent
   3. After
   4. Other

**If necessary, describe Other:**

1. **What were the requirements of your postgraduate education? Select all that apply.** 
   1. Courses
   2. Thesis
   3. Major research project
   4. Other, please specify...

**If necessary, describe Other:**

1. **Were you ready to conduct clinical research at the end of your training?** 
   1. Yes
   2. No
2. **Please comment on your preparedness to conduct research at the end of your training.**
3. **Did you have close mentorship in the first three years following the completion of your research training?**
   1. Yes in EM
   2. Yes
   3. No

**Describe training:**

1. **What was the impact of having a mentor on your research career?**
2. **What was the impact of not having a mentor on your research career?**
3. **Do you currently have a mentor?** 
   1. No mentor
   2. Yes, in EM
   3. Yes, in other discipline, specify discipline ...

**If necessary, describe Other:**

1. **Indicate the year of your first faculty appointment.**
2. **Indicate how much new grant funding you have received as a principal investigator, in the past five years.**
3. **Indicate which of the following major agencies have funded your research. Select all that apply.** 
   1. CIHR
   2. NIH
   3. Heart and Stroke
   4. Other, please specify other major agencies...

**If necessary, describe Other:**

1. **List any organizations that have supported you with small grants in the last five years.**
2. **How many peer-reviewed publications do you have as primary or senior author in your career? Please include only those published or accepted for publication.**
3. **Indicate if you have published research in the following journals as primary or senior author. Check all that apply.** 
   1. NEJM
   2. Lancet
   3. JAMA
   4. BMJ
   5. CMAJ
   6. EM journal, please specify ...
   7. Other journal, please specify ...

**If necessary, describe EM journal:**

**If necessary, describe other journal:**

1. **Do you belong to a research institute?** 
   1. Yes
   2. No

**Describe arrangement:**

1. **Since yes, how has membership in a research institution affected your funding or ability to do research?**
2. **Do you receive salary support (protected time) for doing research?**
   1. Yes
   2. No

**Describe:**

1. **Has the amount of time you dedicate to research changed (by 10% or more) in the past year?**
   1. Increased
   2. Stayed the Same
   3. Decreased

**Describe:**

1. **Are you provided with support in terms of infrastructure? Check all that apply.** 
   1. Office space
   2. Methodology support
   3. Computer
   4. Administrative support
   5. Other, please specify...
   6. No infrastructure support

**Describe other:**

1. **Indicate the number of local staff that support studies that you lead. This refers to the number of research staff specifically on your team (e.g., IT, HR, etc). Check and indicate number.** 
   1. Full time:
      1. Yes
      2. No
   2. Full time, number:
   3. Part time:
      1. Yes
      2. No
   4. Part time, number: text
   5. No support

**Would you like to comment further on the types of support that you receive or require?**

1. **Please indicate your levels of satisfaction with the following:**
   1. Research Career
      1. Very Satisfied
      2. Satisfied
      3. Neutral
      4. Dissatisfied
      5. Very Dissatisfied
   2. Clinical Career
      1. Very Satisfied
      2. Satisfied
      3. Neutral
      4. Dissatisfied
      5. Very Dissatisfied
   3. Education Career
      1. Very Satisfied
      2. Satisfied
      3. Neutral
      4. Dissatisfied
      5. Very Dissatisfied
   4. Work & Life Balance
      1. Very Satisfied
      2. Satisfied
      3. Neutral
      4. Dissatisfied
      5. Very Dissatisfied

**If neutral, dissatisfied, or very dissatisfied with research career, clinical career, educational responsibilities, or work/life balance, why?**

1. **What is the likelihood that you will still be doing research in five years?** 
   1. Definitely
   2. Probably
   3. Not sure
   4. Probably not
   5. Definitely not

**Since you are unsure or unlikely to continue doing research in the next five years, would you indicate why you do not anticipate your future in research.**

1. **What are the constraints on your ability to do research? Select all that apply.** 
   1. Funding
   2. Institutional support (not including funding)
   3. Clinical commitments
   4. Availability of qualified research support workers
   5. Child care
   6. Elder care
   7. Other, please specify...
   8. No constraints

**Describe Other:**

**If you have further comments on the barriers to doing research, please indicate:**

1. **How did the following impact your research career?** 
   1. Mentors that you had (have)
      1. Negative impact
      2. No impact
      3. Positive impact
      4. Not applicable
   2. Research training during your graduate degree
      1. Negative impact
      2. No impact
      3. Positive impact
      4. Not applicable
   3. Research training during your EM research fellowship
      1. Negative impact
      2. No impact
      3. Positive impact
      4. Not applicable
   4. Protected time or salary support that you had (have)
      1. Negative impact
      2. No impact
      3. Positive impact
      4. Not applicable
   5. Infrastructure from your institution (in kind)
      1. Negative impact
      2. No impact
      3. Positive impact
      4. Not applicable
   6. Membership in research institute
      1. Negative impact
      2. No impact
      3. Positive impact
      4. Not applicable

**If you have further comments on the factors impacting your research career, please indicate:**

1. **I am:**
   1. Male
   2. Female
   3. Prefer not to answer
2. **Which province are you presently located in?**
   1. NL
   2. NS
   3. PEI
   4. NB
   5. QC
   6. MB
   7. SK
   8. AB
   9. BC
   10. YK
   11. NWT
   12. NU
3. **How has geographic location affected your ability to do training and/or research?**