

Supplementary Table 1: Qualitative Themes, Subthemes, and Example Quotes

Theme 1: Isolation from peers in training contrasting with a collective call to action		
Subtheme	Example Quotes	
Less or modified forms of socialization.	<i>"I think I had a fairly good balance, and I was doing well..and then COVID hit and it became very difficult. Right? Like you can only do so many like Zoom get-togethers. Because you're already see each other on shift."</i>	<i>"Pre COVID, it would have been easy to hang out with friends and things like that. And I think part of the difficulty in talking about wellness in the time of COVID is this idea that, like this social component, is so distant when for a lot of us, that is probably one of the more important things that contribute to our wellness."</i>
Managing work-related stress.	<i>"Having that ability, outside of work, to be able to kind of decompress to hang out with friends, do things that are kind of reinvigorating has been a little limited during COVID and a little is probably an understatement."</i>	<i>"It stays with you and we just don't have time to process that on shift, so all your processing happens out of shift. And so that processing is a lot more difficult when you aren't hanging out with your co-resident over a beer in your house and saying, "Yeah, that was a tough shift."</i>
Feeling part of the "EM Family."	<i>"I think it's having some type of support system within the residency. I think it's residents looking out for each other, attendings looking out for residents, feeling a sense of community. Not just through the shared burden of your work and the responsibilities, but a shared purpose and some type of feelings of, "Hey, like I'm part of a bigger team, and everyone's looking out for each other."</i>	<i>"I've seen a lot of residents really step up to the plate and take ownership of both other residents' well-being, which I think is really important and there's several people, like in particular that have really changed the general feel of things"</i>
Junior residents missing meaningful connections	<i>"I think, the other thing is, in this era of COVID, interns have not really had any formal activities with the rest of the EM administration. I only know the people that I've worked with and know them meaning I know them by face and nothing else. I don't really know their research interests outside of being able to read their resumes."</i>	<i>"And luckily, I mean, we do talk, we do hang out a little bit. But there's still so much of the department that we don't know... So many attendings, we don't know. And I think that also kind of affects our work place relationship, because I see how they're able to talk to some of the residents that have been here for a while. I think COVID has really impacted our relationship with the others in the residency."</i>
Theme 2: Desire for increased acknowledgement and structured leadership support		
Acknowledgment from leadership:	<i>"I think showing support in some way would go a long way, and I don't know what form that would take, but I think part of what I think about a lot and what I'm hearing from some of my residency class, or not just my class, but residency in general is that we've worked incredibly hard and made a lot of sacrifices during the pandemic. People have said thank you, people have acknowledged the hard work we've done, but it kind of stops there."</i>	<i>"From the pandemic standpoint, it felt like we were the first line. We were the ones that were dealing with all the like, "We're not sure what's going on."</i>
Personal Protective Equipment and Safety:	<i>"I, very early on in the pandemic, had a high risk exposure without adequate PPE. This was before universal masking policy, in fact it was the day before the hospital had the universal masking policy, I was the test case. That felt pretty unwell."</i>	<i>"Epitome of unwell is everything related to COVID... residents right now, they get symptoms and can't get a test. If they get a symptom on the weekend, they don't get a test for 48 hours unless they go pay for it somewhere else then."</i>

Feeling invisible among the staff:	<i>“Why am I doing it? We felt like the expendable humans, as if we weren’t trained doctors. That we were just like little dummies that could stand in rooms for other people. That’s at least how I felt over the initial stretch of COVID.”</i>	<i>“I do feel like we’ve posted at these town hall meetings, I think in a very articulate fashion, the things that would make us feel like we were more valued by the organization as a whole.”</i>
Uncertainty in future support:	<i>“How is our department going to continue to support us in a, maybe in a system that’s transitioning from being burdened with COVID to being hopefully less burdened within the next year or if not, then are we just going to keep spinning our wheels for another year in terms of, kind of just shrugging our shoulders and saying, oh it’s a pandemic.”</i>	
Scheduling and staffing:	<i>“Now, we are in a situation, for the last 10 months, where we’re not sure what our schedules are going to be or what’s going to happen”</i>	<i>“The ricochet effect, is that everybody else has to cross cover those shifts. So, you were supposed to have a weekend off and then suddenly you’re working, so it’s not only bad for the person who is sick, wondering if they have COVID, but also then you have people getting pulled off the weekend they were supposed to have free, at an hour’s notice, to work.”</i>
Theme 3: Concerns about personal needs and safety within the clinical environment		
Anxiety about their safety:	<i>“There was a very short period where I did not wear a N95 mask constantly. And I don’t take it off anymore. And the fear of dying for my job is scary. It’s exhausting.”</i>	
Basic needs:	<i>“Also, I guess even just a little things like sometimes shifts are so busy or hectic that I realized I won’t have gone to the bathroom for like an entire shift pretty much..But I think either having enough time where you can take a moment to do something for yourself like that, so your health doesn’t catch up with you.”</i>	
Small acts of kindness:	<i>“But I think as a hospital system, very little been done to just say, ‘Oh, your time is appreciated.’ ... Just like I think little acts of kindness would be nice and I think one easy way is meals.”</i>	<i>“I think just finding ways to show that particularly during this pandemic that we’re appreciated. That can be with food or gifts or just like some way of just showing thanks is going to be huge and important. So those are things that I would say that would matter for the next years to come.”</i>
Theme 4: Fear of missed educational opportunities and lack of professional development		
Overburdened by patient care:	<i>“Things are just kind of fractured from healthcare perspective now where in addition to just COVID I think like patients are so sick and there are so many patients who are so afraid to come to the doctor now that we’re going to just have like a really influx of just really sick patients that have just really not been taking care of themselves or have just adequately being seen by telemedicine and we all know that’s like really not enough for really adequate patient care.”</i>	<i>“Even when COVID’s over, like the mental health needs of people, people being without work, people not having access to care, it just means we’re just going to get flooded as an ED. And so that’s just going to make our job harder. And we’re already kind of doing things that primary care should be doing or that just didn’t get adequate follow-up.”</i>

Loss of on-shift teaching:	<i>“A lot of teaching on shift. I think we’ve done a really good job of enhancing the educational utility of our conference schedules during the pandemic. But I think our on shift teaching has suffered a lot.”</i>	<i>“And I think even things like, we used to have whiteboard teaching and things like that, that has really fallen off the board. Even things that I tried to implement when I was doing my senior shifts and I was like, “Hey guys, during sign-out everyone says one learning point.””</i>
Loss of development opportunities:	<i>“I would say being in intern year in this COVID, I’ve had less experience of a lot of the stuff on my betterment as what I want to do with my future. I think because often it’s so busy that it can get a little difficult to talk about those things with people.”</i>	
Job market for upcoming graduates:	<i>“The job market for our specialty, I feel like may have an effect on our wellness. I think certainly right now it’s kind of on the downswing and part of that could be attributed to COVID, but I think that’s like to be determined after all this ends.”</i>	<i>“And one other thing too and I think maybe this is just more so COVID and kind of job related or like fellowship related is that you leave this program, are set up to kind of do what you want to do next and I think that seeing some of the seniors who’ve kind of had plans and stuff like that, kind of go awry due to COVID or like kind of jobs are scarce, that really has led to a lot of burnout.”</i>
Theme 5: Need for enhanced mental and physical health resources		
Resident mental health:	<i>“Everyone’s well-being is baseline worse than what it was before because of COVID. And I think having better access to mental health resources is like, in my mind would be like huge”</i>	<i>“All of us are going through a traumatizing experience. And way more than people in the normal population would ever experience. Anecdotally, I know several of my fellow residents who have struggled to find those resources and have been unsuccessful”</i>
Keeping up with physical health:	<i>“But I also love to rock climb and I was really excited to start rock climbing here. That didn’t happen. And I was really excited to be able to explore the city more because I do actually love the city and I haven’t been able to in the same way. And so COVID has definitely put a wrench in wellness and I know that a lot of our residents, not just interns, are definitely feeling it.”</i>	