

Survey Questions

1. How did you provide the following training to your family medicine residents during the COVID-19 pandemic?

COVID-19 resources (testing guidelines, links to websites, and insurance/state coverage)

0. Did not provide this training
1. Didactic (e.g., Grand Rounds, Continuing Medical Education, literature review, etc.)
2. Experiential (e.g., direct observation, workshop, hands-on activity, precepting, during formal or informal patient discussions with faculty)
3. Both Experiential and Didactic

COVID-19 policies and procedures for patients related to sick leave, short-term disability, and policies for returning to work after exposure to

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2. Experiential (e.g., direct observation, workshop, hands-on activity, precepting, during formal or informal patient discussions with faculty)
3. Both Experiential and Didactic

COVID-19 Contact Tracing guidelines (locating patients, isolation recommendations, identifying close contacts)

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1. Didactic (e.g., Grand Rounds, Continuing Medical Education, literature review, etc.)
2. Experiential (e.g., direct observation, workshop, hands-on activity, precepting, during formal or informal patient discussions with faculty)
3. Both Experiential and Didactic

Health communication/health literacy (strategies for explaining complex information and addressing misinformation and scientific skepticism)

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1. Didactic (e.g., Grand Rounds, Continuing Medical Education, literature review, etc.)
2. Experiential (e.g., direct observation, workshop, hands-on activity, precepting, during formal or informal patient discussions with faculty)
3. Both Experiential and Didactic

2. What was the biggest barrier to providing these trainings?
 - N/A, there was no need to provide the training
 - Lack of resources to provide the training

Survey Questions

- Lack of knowledge on how to provide the training Needed to devote time to curriculum requirements (e.g., ACGME, state, etc.)
- Low priority for family medicine residency training

What is the most important public health intervention to include in family medicine residency training during the COVID-19 pandemic?

- Community outreach (e.g., giving your time, skills, and resources to the community to help those in need, volunteering to see patients at a homeless shelter, etc.)
- Policy advocacy (e.g., more testing sites, clearer guidelines, equitable vaccine distribution, other local policy changes)
- Health education/health literacy/health communication (how to talk to patients about the pandemic, plain language skills, addressing preventive behavior and/or vaccine hesitancy) Community resources (knowledge of resources to address social determinants of health during the pandemic)
- Contact-tracing (quickly locate patients, assisting in isolation, identifying people in close contact)

Do any of the family medicine residency teaching faculty in your program have formal public health training such as an MPH, DrPH, MSW, or a PhD (health service research, public policy, public health)?

0. No
1. Yes