

APPENDICES

Appendix A. Non-clinical Administrative Time CERA Survey of Family Medicine Department Chairs and Program Directors

Recurring Standardized CERA Demographic Questions for Family Medicine Department Chairs

Please describe the type of residency program associated with your department

- Medical school based
- Community-based, medical school affiliated
- Community-based, medical school administrated
- Community-based, non-affiliated
- Military
- Don't have a residency
- Other (please specify)

In what year did your department begin to train residents?

In what state is your department located? (This information will be grouped into geographic regions before dissemination.)

What is the approximate size of the community in which your department is located?

- Less than 30,000
- 30,000 to 75,000
- 75,001 to 150,000
- 150,001 to 500,000
- 500,001 to 1 million
- More than 1 million

How many years have you been in your current department chair role?

How many total years have you served as a department chair?

How many full-time FTEs (MD, DO, PhD, PharmD, and other types of faculty) does your department have?

What is your current gender identity? Select all that apply

- Female/Woman
- Male/Man
- Genderqueer/Gender non-conforming
- Non-binary
- Choose not to Disclose
- Prefer to self-describe (please specify)

Which of the following best defines your race or ethnicity? Select all that apply:

- Hispanic/Latino/a/Spanish Origin
- American Indian/Alaska Native/Indigenous
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Middle Eastern/North African

For URM Questions we used the following definition from AAMC:

“Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population (Black/African-American, Hispanic/Latino/of Spanish Origin, American Indian/ Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities).”

I self-identify as underrepresented in medicine.

- No
- Yes

How old are you?

- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70+ years old

Recurring Standardized CERA Demographic Questions for Family Medicine Program Directors

Please describe the type of residency program you direct:

- University-Based
- Community-Based, University-Affiliated
- Community-Based, Non-Affiliated
- Military
- Other (please specify):

In what state is your residency program located? (This information will be aggregated into regions before data is disseminated.)

What is the approximate size of the community in which your program is located?

- Less than 30,000
- 30,000 to 75,000
- 75,001 to 150,000
- 150,001 to 500,000
- 500,001 to 1 million
- More than 1 million

How many residents (total complement) were in your program as of July 2019?

- < 19
- 19 - 31
- > 31

What percentage of the current residents in your program are graduates of non-US medical schools?

- 0-24%
- 25-49%
- 50-74%
- 75-100%
- Don't Know

Your medical degree is:

- MD
- DO

How long have you been in your current program director role?

How many total years have you served as a program director?

What is your current gender identity? Select all that apply

- Female/Woman
- Male/Man
- Genderqueer/Gender non-conforming
- Non-binary
- Choose not to Disclose
- Prefer to self-describe (please specify)

Which of the following best defines your race or ethnicity? Select all that apply:

- Hispanic/Latino/a/Spanish Origin
- American Indian/Alaska Native/Indigenous
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
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For URM Questions we used the following definition from AAMC:

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I self-identify as underrepresented in medicine.

- No
- Yes

Developed Questions Regarding Non-Clinical Administrative Time sent to both Family Medicine Department Chairs and Program Directors

Nonclinical time is defined as the portion of time faculty dedicate to duties other than those related to direct patient care, precepting, charting, in-basket management, completing patient paperwork, coordinating care, or communicating with patients.

Core faculty is defined as all physician faculty members, excluding program director, who have a significant role in the education of residents and who have documented qualifications to instruct and supervise. Core faculty members devote at least 15 hours per week to resident education and administration.

FULL-TIME EQUIVALENT (FTE) ALLOCATION

1. How much total per faculty FTE is allocated for protected administrative time (not direct patient care or precepting time) for your average core residency faculty?

- 0.0-0.09 FTE (0 days per week)
- 0.1-0.19 FTE (0.5 days per week)
- 0.2-0.29 FTE (1 day per week)
- 0.3-0.39 FTE (1.5 days per week)
- 0.4-0.49 FTE (2 days per week)
- 0.5-0.59 FTE (2.5 days per week)
- 0.6-0.69 FTE (3 days per week)
- >0.7 FTE (>3.5 days per week)

2. Who allocates nonclinical FTE levels for your Family Medicine residency program?

- Department Chair
- Leadership outside of residency program other than department chair (e.g. Director of Medical Education)
- Designated Institutional Officer
- Program Director
- Associated Program Director
- Program Faculty Member
- None of these

PERCEPTION OF PROTECTED NONCLINICAL TIME

3. What is the ideal minimum per faculty FTE allocation for administrative (not direct patient care or precepting time) for core residency faculty?

- 0.0-0.09 FTE (0 days per week)
- 0.1-0.19 FTE (0.5 days per week)
- 0.2-0.29 FTE (1 day per week)
- 0.3-0.39 FTE (1.5 days per week)

- 0.4-0.49 FTE (2 days per week)
- 0.5-0.59 FTE (2.5 days per week)
- 0.6-0.69 FTE (3 days per week)
- >0.7 FTE (>3.5 days per week)

4. What is the ideal minimum per faculty FTE allocation for precepting time for core residency faculty?

- 0.0-0.09 FTE (0 days per week)
- 0.1-0.19 FTE (0.5 days per week)
- 0.2-0.29 FTE (1 day per week)
- 0.3-0.39 FTE (1.5 days per week)
- 0.4-0.49 FTE (2 days per week)
- 0.5-0.59 FTE (2.5 days per week)
- 0.6-0.69 FTE (3 days per week)
- >0.7 FTE (>3.5 days per week)

5. What is the ideal minimum per faculty FTE allocation for direct patient care time for core residency faculty?

- 0.0-0.09 FTE (0 days per week)
- 0.1-0.19 FTE (0.5 days per week)
- 0.2-0.29 FTE (1 day per week)
- 0.3-0.39 FTE (1.5 days per week)
- 0.4-0.49 FTE (2 days per week)
- 0.5-0.59 FTE (2.5 days per week)
- 0.6-0.69 FTE (3 days per week)
- >0.7 FTE (>3.5 days per week)

6. How important is allocating protected administrative (not direct patient care or precepting time) time for core residency faculty within your department?

- Extremely unimportant
- Somewhat unimportant
- Neither unimportant nor important
- Somewhat important

Extremely important

7. What administrative activities (tasks that do not include direct patient care or precepting) are the three most beneficial for core residency faculty to perform during protected administrative time in the department? (Please rank the top 3)

- Advising, mentoring, and coaching residents (Non-assessment)
- Evaluation and feedback on resident performance (Assessment)
- Advocacy or community service
- Curriculum development and delivery
- Faculty development, skill training, continuing medical education
- Personal wellness
- Program accreditation
- Recruitment and interviewing of residents or faculty
- Scholarly activity or grant writing
- Other

BARRIERS TO IMPLEMENTATION

8. What are the three most significant barriers to allocating protected administrative (not direct patient care or precepting time) time for core residency faculty? (Please rank the top 3)

- Decreased patient access
- Reduced quality of patient care
- Loss of revenue
- Need to hire additional faculty
- Need to hire additional non-faculty personnel (e.g. providers and clinical support staff)
- Cuts to existing programs in the department
- Lack of support from hospital/clinical leadership
- Lack of support from educational leadership (deans, DIO, program directors)
- Demand for clinical supervision of residents
- Lack of clinical faculty candidates for open positions

Appendix B. Descriptive Characteristics of Responding US Family Medicine Department Chairs and Program Directors

	Department Chairs		Program Directors	
	Sample # (n=106)	Sample %	Sample # (n=271)	Sample %
Gender				
<i>Female</i>	38	36.2%	145	54.5%
<i>Male</i>	67	63.8%	121	45.5%
Race or ethnicity				
<i>American Indian/Alaska Native/Indigenous</i>	0	0.0%	1	0.4%
<i>Asian</i>	10	9.5%	25	9.4%
<i>Black/African American</i>	14	13.3%	13	4.9%
<i>Hispanic/Latino/of Spanish Origin</i>	6	5.7%	16	6.0%
<i>Middle Eastern/North African</i>	1	1.0%	6	2.3%
<i>Native Hawaiian/other pacific islander</i>	0	0.0%	0	0.0%
<i>White</i>	72	68.6%	207	77.8%
Type of residency program				
<i>Medical school/University-based</i>	55	51.9%	43	16.2%
<i>Community-based, medical school/university-affiliated</i>	22	20.8%	153	57.7%
<i>Community-based, non-affiliated</i>	11	10.4%	64	24.2%
<i>Military</i>	2	1.9%	5	1.9%
Region				
<i>New England (CT,ME,MA,NH,RI,VT)</i>	8	7.5%	7	2.6%
<i>Middle Atlantic (NJ,NY,PA)</i>	20	18.9%	38	14.0%
<i>East North Central (IL,IN,MI,OH,WI)</i>	18	17.0%	44	16.2%
<i>West North Central (IA,KS,MN,MO,NE,ND,SD)</i>	8	7.5%	11	4.1%
<i>South Atlantic (DE,FL,GA,MD,NC,SC,VA,DC,WV)</i>	18	17.0%	55	20.3%
<i>East South Central (AL,KY,MS,TN)</i>	9	8.5%	26	9.6%
<i>West South Central (AK,LA,OK,TX)</i>	10	9.4%	32	11.8%
<i>Mountain (AZ,CO,ID,MT,NV,NM,UT,WY)</i>	7	6.6%	28	10.3%

<i>Pacific (AK,CA,HI,OR,WA)</i>	<i>8</i>	<i>7.5%</i>	<i>30</i>	<i>11.1%</i>
<i>Size of community</i>				
<i><30,000</i>	<i>2</i>	<i>1.9%</i>	<i>27</i>	<i>10.0%</i>
<i>30,000 to 75,000</i>	<i>6</i>	<i>5.8%</i>	<i>50</i>	<i>18.5%</i>
<i>75,001 to 150,000</i>	<i>11</i>	<i>10.7%</i>	<i>51</i>	<i>18.9%</i>
<i>150,001 to 500,000</i>	<i>29</i>	<i>28.2%</i>	<i>65</i>	<i>24.1%</i>
<i>500,001 to 1,000,000</i>	<i>22</i>	<i>21.4%</i>	<i>33</i>	<i>12.2%</i>
<i>>1,000,000</i>	<i>33</i>	<i>32.0%</i>	<i>44</i>	<i>16.3%</i>

Appendix C. Family Medicine Department Chairs and Program Directors' Perceptions Beneficial Utilization of Non-clinical Administrative Time

Activity	Department Chairs		Program Directors		P-value
	<i>Rank</i>	<i>Count (%) out of 295</i>	<i>Rank</i>	<i>Count (%) out of 793</i>	
<i>Advising, mentoring, and coaching residents (non-assessment)</i>	1	76 (25.8%)	1	222 (28.0%)	0.463
<i>Curriculum development and delivery</i>	2	64 (21.7%)	2	189 (23.8%)	0.458
<i>Evaluation and feedback on resident performance (assessment)</i>	3	52 (17.6%)	3	178 (22.4%)	0.083
<i>Faculty development, skill training, continuing medical education</i>	4	30 (10.2%)	5	59 (7.4%)	0.144
<i>Recruitment and interviewing of residents or faculty</i>	5	27 (9.2%)	4	72 (9.1%)	0.970
<i>Scholarly Activity and Grant Writing</i>	6	24 (8.1%)	6	33 (4.2%)	0.009
<i>Personal Wellness</i>	7	9 (3.1%)	7	17 (2.1%)	0.384
<i>Advocacy and Community Service</i>	8	7 (2.4%)	9	7 (0.9%)	0.053
<i>Program Accreditation</i>	9	6 (2.0%)	8	16 (2.0%)	0.986

Appendix D. Family Medicine Department Chairs and Program Directors' Perceptions Greatest Barriers to Expanding Non-clinical Administrative Time

Barrier	Department Chairs		Program Directors		P-value
	Rank	Count (%) out of 297	Rank	Count (%) out of 798	
<i>Loss of revenue</i>	1	67 (22.6%)	3	124 (15.5%)	0.006
<i>Decreased patient access</i>	2	49 (16.5%)	2	132 (16.5%)	0.986
<i>Lack of support from hospital/clinical leadership</i>	3	49 (16.5%)	5	98 (12.3%)	0.069
<i>Need to hire additional faculty</i>	4	42 (14.1%)	4	120 (15.0%)	0.710
<i>Demand for clinical supervision of residents</i>	5	32 (10.7%)	1	145 (18.2%)	0.003
<i>Lack of clinical faculty candidates for open positions</i>	6	19 (6.4%)	6	67 (8.4%)	0.274
<i>Need to hire additional non-faculty personnel (APP or support staff)</i>	7	11 (3.7%)	7	53 (6.6%)	0.065
<i>Lack of support from educational leadership (Deans, DIO, DME)</i>	8	11 (3.7%)	8	27 (3.4%)	0.797
<i>Cuts to existing programs in the department</i>	9	10 (3.4%)	9	20 (2.5%)	0.438
<i>Reduced quality of patient care</i>	10	7 (2.4%)	10	12 (1.5%)	0.336