

Supplemental Digital Appendix 1

Survey Question for Residents to Nominate Humanistic Faculty, From a Study of Humanistic Attitudes and Behaviors, Hospital of the University of Pennsylvania, 2016–2018

Please nominate up to 3 faculty members who serve as excellent role models for the HUMANISTIC CARE of patients. Humanistic care is “medical care that combines the appropriate application of scientific knowledge and technical skills with acknowledgment of and respect for the emotional, social, and cultural needs and preferences of individual patients and their families.” Your nominees should embody humanism in patient care, teaching, and relationships with colleagues. *Please note that prior answer choices are not excluded. You may choose the same faculty members in each question, if desired.*

[76 faculty members listed in a “checkbox” format, write-in nominations allowed]

Supplemental Digital Appendix 2

Suggested Interview Guide for Faculty Members Participating in Semi-Structured Interviews, From a Study of Humanistic Attitudes and Behaviors, University of Pennsylvania Health System, 2016–2018

Questions

1. Do you pay deliberate attention to the teaching of humanism and deliberately model humanistic behavior during your teaching of residents (humanistic behavior toward learners and patients)?

Suggested questions, if answered “no” above:

- What is the most personally satisfying or meaningful aspect of your work?
- How would you rate your degree of work-life balance/interference?
- How would you rate your degree of burnout with your job?
- Do you feel that burnout affects being humanistic and teaching humanism?
- Have you had any formal instruction or training in humanism?
- Any formal training in teaching, conflict resolution, conflict management, negotiation, or difficult situations – seeking out CME or experiences in humanism (e.g., stress management, Balint group, etc.)?
- Previous recognition for humanism or teaching (teaching awards or humanism awards, e.g., institutional or Gold Humanism Society)?
- Any role models who were most pivotal in development of your humanism? Why were they influential?

Suggested questions, if answered “yes” above:

- What factors do you believe help you to maintain humanistic attitudes toward patients and learners?
- What activities do you engage in on a regular basis to maintain humanism in your practice (e.g., self-reflection on clinical practice, time spent on formal feedback and reflection on clinical practice, well-being and factors that promote well-being; deliberate attention paid to self-care)?
- Is there anything else that motivates you to sustain your humanistic attitudes?
- What experiences have you had in the past that influence your current humanistic attitudes? These experiences can come from outside of medicine, preclinical (childhood, family upbringing, educational environment, personal or family experiences with illness), or clinical (e.g., med school, residency, or practice) realms.
- What is the most personally satisfying or meaningful aspect of your work?
- How would you rate your degree of work-life balance/interference?

- How would you rate your degree of burnout with your job?
 - Do you feel that burnout affects being humanistic and teaching humanism?
 - Have you had any formal instruction or training in humanism?
 - Any formal training in teaching, conflict resolution, conflict management, negotiation, or difficult situations – seeking out CME or experiences in humanism (e.g., stress management, Balint group, etc.)?
 - Previous recognition for humanism or teaching (teaching awards or humanism awards, e.g., institutional or Gold Society)
 - Any role models who were most pivotal in development of your humanism? Why were they influential?
2. Based on your experience, what do you feel is the most effective method of teaching humanism?
 3. What resources might people benefit from to improve their humanistic teaching? To improve our residents' humanism?
 4. If you were to design a curriculum to teach faculty how to be humanistic, what components would be included? What methods do you think would be effective in increasing the importance of teaching humanism to other faculty members?
 5. Why do you think our residents nominated you as a humanistic provider?

Demographic data

- Nature of interaction with residents: inpatient vs outpatient, mentorship (research or other), didactics; years taught; other learners (e.g., students, fellows) and other teaching situations
- Role/title in teaching or in health system
- Age
- Subspecialty
- Years in practice (years since training)
- Gender
- % research/clinical
- Academic track
- Ethnicity
- Religion
- Marital status, number of children if any; family status/relationship status
- Full-time/part-time; balance of clinical vs nonclinical time
- # hours spent per week at work