

## Supplemental Digital Appendix 1

### Health Professions Education Scholarship Unit (HPESU) Directors Interview Protocol, From a Follow-Up Case-Study Analysis of HPESU Development Over Time

#### PART A: COMMON TO ALL INTERVIEWS

##### Consent script:

Thank you for your time today. Before we begin, I'd like to confirm two things, and so I'll ask you to reply "yes" or "no" to the following 2 questions:

1. Do you agree to participate in this study of Health Professions Education Scholarship Units (HPESU) as it was described in the information you received from the research team via email?
2. Do you agree to have this interview audio recorded, knowing that all identifying information will be removed during the transcription process, and therefore removed before any member of the research team reviews the data?

##### Introduction script:

To begin, we'd like to ask you 2 demographic type questions.

1. First, can you give me the full name of your unit?
2. Can you tell me how you would describe your unit to someone in the medical education community? In other words, to someone who is not at your institution, how would you describe your unit to them?

##### Protocol:

*The interviewer will give the following introduction to the participant:*

To give you a brief reminder of the purpose of our study, we are interested in understanding how your unit has evolved since its description in the 2004 Academic Medicine special edition. We want to understand all the developments that you think contributed in the changes the unit experienced from 2004 to today. I will ask you a series of questions, but keep in mind these are open ended and feel free to expand as you see fit. You know your context best, so I would like you to tell me what is important to know in order to understand your unit.

This interview has 2 parts. In the first part, we ask you questions that will be common to all the interview participants. These questions probe the history and development of the unit, focusing especially on how the unit has evolved since 2004. The second part consists of questions that are tailored specifically to your unit. We carefully read the publication about your unit from Academic Medicine in 2004. We then created follow-up style questions to understand how some of the items reported in the 2004 paper may – or may not – have changed over time.

Let's begin with Part A – the questions that we are asking to all unit directors.

A1. We're interested in understanding the history of how the unit originated and how it has changed since 2004. So, can you describe the history of how and why the unit came into being? *After response, follow up question*

- a. Can you describe how the unit has changed since 2004?

*Prompt: If the participant does not discuss early reflections about the unit changes, the interviewer will ask: After 2004, when did you first start seeing the unit changing? What did those changes look like?*

A2. We want to understand your unit with as much nuance as possible. To do that, I'd like to ask you about some of the different contextual factors that impact your unit.

- b. First, I'd like to ask you about how the unit is financially supported.

- i. Can you describe how the unit was funded in 2004 and how that has changed or remained unchanged until today?

*Prompt: if the participant doesn't understand the question: Can you describe the financial support that paid, and now pays the unit's bills.*

- ii. To follow up on that, can you describe how the unit's funding impacts the unit? In other words, does the unit's financial support shape the organization of the unit or the work that the unit members undertake?

*Prompt: if the participant doesn't understand the question: When you think of how the unit is financially supported, does this funding impact the day to day functioning of the unit?*

- c. Second, I'd like to ask you to describe how the institutional context in which the unit sits has changed since 2004. Let me break that down into a few sub questions.

- i. First, in 2004, was your unit housed inside a hospital or a medical school?

- ii. Is your unit still housed in \_\_\_\_ (say: hospital OR medical school)?

*If the respondent says "no": Where is your unit organizationally housed now?*

- iii. Since 2004, that \_\_\_\_ (say: hospital OR medical school) has probably undergone some changes that have impacted the unit – be that impact to improve, worsen, or largely unchanged the unit. Can you describe, since 2004, how has the \_\_\_\_ (say: hospital OR medical school) changed in important ways that have impacted the unit?

*If the participant doesn't understand the question: The context of the \_\_\_\_ (say: hospital OR medical school) likely shapes the unit's work in some ways. Can you describe how the \_\_\_\_ (say: hospital OR medical school) has changed since 2004 and what those changes have meant for your unit?*

- d. Third, I'd like to understand the focus of your unit in relation to the educational continuum from undergraduate to graduate to continuing medical education.

- i. My question is: does your unit focus on working with one portion of the continuum, or does it work across elements of the continuum?

- ii. Why does your unit focus on \_\_\_\_ (only UME // only on GME // only on CME // across UME, GME and CME?)

1. *If they only focus on one element: What prohibits you from working across the continuum?*

2. *If they work across the continuum:* What supports you in working across the continuum
  - e. Next, I'd like to ask you about the membership inside your unit. I'd image that since 2004, the group of people who work inside the unit has changed.
    - i. Thinking back to 2004, can you briefly list who were members of your unit? For example, did you have any research scientists (that is, people with graduate level degrees who were doing research in medical education)? Any clinicians? Support staff?  
*If we have information about the unit membership from the 2004 paper – give that information to the participant: Just as a reminder, I can tell you that the 2004 publication indicated that you had x scientists, y clinicians, z support staff, etc... Does that sound accurate to you?*
    - ii. Has that list changed over time? Today, who are the members of the unit?
    - iii. So my quick calculation here suggests that your unit has \_\_\_\_ (*grown OR shrunk*) in size since 2004. Can you explain why and how that change in size happened?
  - f. So far we've talked about changes since 2004 with respect to (1) the unit's funding, (2) the institutional context in which the unit is housed, (3) the unit's work in relation to UME, GME, and CME and (4) the members inside the unit. Across those four consideration, can you describe any particularly important events or changes that happened since 2004 that had significant impact on the way the unit is organized or the kind of work the unit does?  
*If participant needs rephrasing: Thinking about the unit's funding, its location within the \_\_\_\_ (hospital OR medical school), its relationship to UME-GME-CME, and who works inside the unit – have there been any significant changes since 2004 that have shaped the way the unit works today? If yes: Can you describe those changes and the impact they had on the unit?*
- A3. Next, I'd like to ask you about the purposes and functions your unit fulfills?
- g. Can you describe for me the work your unit does?  
*If the participant needs rephrasing: If you were at a national meeting of medical education – for instance the AAMC annual meeting – what would you say to another conference attendee is the day to day work your unit accomplishes?*
  - h. Given that description, how would you describe the purpose of your unit?  
*Rephrase option: what is the purpose of your unit?*
  - i. And what are the key functions of your unit?
  - j. Thinking then about the work that the unit accomplishes, about its purpose and functions – has that changed since 2004?
    - i. If yes:
      1. *Can you describe those changes and why they happened?*

2. *What impact – if any -- did those changes have on the unit?*
- ii. *If no:*
  1. Why do you think the unit has had that consistency since 2004?

A4. Would you describe your unit as a research unit, a service unit, a teaching unit – or some combination thereof?

- k. Why would you describe it that way?
- l. *Depending on how they answered:*
  - i. Why are you **not** a research unit?
  - ii. Why are you **not** a service unit?
  - iii. Why are you **not** a teaching unit?
- m. Do you think that, back in 2004, the leader would also have described the unit as (*repeat their answer from 4 – i.e., research, service, or teaching unit*)?
  - i. *If yes:* Why do you think that that has remained unchanged?
  - ii. *If no:* Why do you think that has changed?

A 5. Next I'd like to explore the leadership structure of your unit

- n. Were you the leader of the unit in 2004?
  - i. *If yes:* Given your history, I'm interested in understanding how your leadership role has changed over time. Can you describe how the work you do as leader of the unit has evolved since 2004?
  - ii. *If no:* Given your perspective as a newer unit leader, I'm interested in understanding your perceptions of how the leadership role has changed over time. Can you describe how the work you do as leader of the unit and how you think that work may be different than it was for the leader in 2004?

A6. Can you describe for me the successes that the unit has enjoyed since 2004?

*If rephrasing is needed:* Criteria to measure success might include: publications, grant funding, national and international reputation, staff retention, successful accreditation of UME or FME programs, etc.

- o. What do you think contributed to the unit's ability to achieve those successes?

A7. Can you describe the challenges that the unit has run up against since 2004?

- p. Do you think these challenges were unique to your unit or did other unit leaders face similar challenges?
  - i. *If unique:* Can you explain why those challenges were unique to your unit?

- ii. *If common:* Why do you think those challenges are common to other units as well?
- q. Can you describe how these challenges were faced? In other words – what did the unit members do to overcome these challenges?

A8. There is a recent trend in medical education for units to offer graduate degrees (be it at the Master's or PhD level) in medical or health professions education.

- r. Does your unit have such a degree program?
  - i. *If yes:* How do you feel that this program has impacted the unit?
  - ii. *If no:* How do you feel about these degree program? In other words, do you think your unit should develop one? Why OR Why not?

A9. I'd like to ask you a question about "if I knew then what I know now." Let me be more specific: Looking back over the all the things that have happened to the unit since 2004, what advice or warnings do you wish you could have shared with the leader back in 2004?

## **PART B**

*Some elements of Part B may have already been answered in Part A. No need to repeat if feel has been addressed.*

We're now moving into Part B of the interview. In this part of the interview, we'd like to follow up on some specific items that were included in the 2004 publication describing the unit. We know that you were not the author of the 2004 article, but we are interested in your reflections on how things have changed since that paper was originally written.

## **PART C**

### **LAST 2 QUESTIONS:**

C1. I'd like to end our interview by asking you to take a minute to reflect on unit's history and present context. As you can imagine, many people are trying to figure out how to develop a medical education unit that engages in meaningful research in the field. Given your perspective, could you name 3 to 5 things (for instance qualities, cultural or contextual elements, people, etc.) that are important to unit success? In other words, either drawing on history or on current situations, what are 3 to 5 key elements that enable a unit to be successful?

C2. That was my last question in this interview. Before we end our discussion, is there anything that you would like to add? Is there something that we didn't discuss that you think the research team should be aware of in terms of the changes that your unit has undergone since 2004?