

Appendix A. Questionnaire.

NOTE: The questionnaire was computer-based and programmed so prior answers (e.g. names of network contacts) appeared later in the survey or questions were skipped based on prior answers. Formatting modifications were made for this manuscript, as it cannot be perfectly reproduced as a hard copy.

EARLY CAREER FACULTY LINK: Leveraging Individual Network Knowledge

I understand that by completing this survey I have consented to participate in the study. I understand the purpose, the risks and know that I can withdraw from the study at any time. Yes | No

My faculty work responsibilities include at least 40-50% of teaching-related focus and/or service. Service includes tasks such as committee work, governance, administration. My faculty work is at a CAPTE accredited or CAPTE eligible (e.g. developing or candidate) physical therapy education program. Yes | No

First Name | Last Name | Email Address

The next set of questions is about people you know who are important sources of work-related information such as teaching, scholarly activity (current or future), service and/or administration. You will be asked to identify them by their first and last name. Please list as many as people you can. *As a reminder, all answers will be kept confidential. Do not list people that you have only encountered briefly. For example, someone you met who said, "let me know if want to collaborate" but you and that person have never interacted since.*

There are several groups of people you will be asked to name. Including people who: 1. work in physical therapy education AT your institution. 2. work in physical therapy education at a DIFFERENT institution (such as a different college or university than you) 3. do not work in physical therapy education but are AT your institution. 4. do not work in physical therapy education and at a DIFFERENT institution than you. 5. work primarily in physical therapy clinical practice (not faculty)

List only people that work in physical therapy education AT your institution. (you can list up to 20 people but if you have more names than this, there will be a place to list them later) Remember these are people you know who are important sources of work-related information such as teaching, scholarly activity (current or future), service and/or administration.*

*up to 20 people could be listed.

The next group of people to name are those who work **IN physical therapy education but are at a DIFFERENT institution than you.** They may work at another college or university. Like the last group, list people you know who are **important sources of work-related information such as teaching, scholarly activity (current or future), service and/or administration.** Remember to list their first and last names. You can list up to 15 people but if you have more names than this, there will be a place to list them later. Also, if you remembered another person to add from the previous group, you can do that later too!**

**up to 15 people could be listed.

The next group of people to name are those who work **DO NOT work in physical therapy education but are at the SAME institution than you.** Like the last group, list people you know who are **important sources of work-related information such as teaching, scholarly activity (current or future), service and/or administration.** Remember to list their first and last names. You can list up to 15 people but if you have more names than this, there will be a place to list them later. Also, if you remembered another person to add from one of the previous groups, you can do that later too!**

**up to 15 people could be listed.

Now think of people who **DO NOT work in physical therapy education and do NOT work at the same institution as you.** They may work at another college or university. Like the last group, list people you know who are **important sources of work-related information such as teaching, scholarly activity (current or future), service and/or administration.** Remember to list their first and last names. You can list up to 15 people but if you have more names than this, there will be a place to list them later. Also, if you remembered another person to add from one of the previous groups, you can do that later too!**

**up to 15 people could be listed.

Think of people who work primarily in physical therapy clinical practice as a clinician or medical center/clinic administrator. Like the last group, list people you know who are **important sources of work-related information such as teaching, scholarly activity (current or future), service and/or administration.** Remember to list their first and last names. You can list up to 15 people but if you have more names than this, there will be a place to list them later. Also, if you remembered another person to add from one of the previous groups, you can do that later too!**

*up to 15 people could be listed.

Do you have anyone else you would like to list who is an important source of information for teaching, scholarly activity (current or future), service and/or administration? Yes | No

<i>Skip To: next question if Yes Skip To: question about close rating if No</i>

Please list them here by their first and last names.

	Works in PT at same Institution	Works in PT at different Institution	Not in PT at same Institution	Not in PT at different Institution	Clinical Practice	Other
(up to 5 could be listed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you selected "other" for someone, please explain.

The next set of questions is for you to provide information about the people you just named.

How close do you consider each person you listed? Think of very close as someone with whom you have a deep relationship with and would go to for advice or support with a particular issue whether or not it was work related. Feel free to use the entire scale.

	Not Close at All			Somewhat Close			Very Close
Each network contact listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A mentor assists in the professional development and academic success of a new faculty member through a supportive relationship. The mentor may "open doors" for the new faculty member to pursue opportunities such as involvement in committees, organizations or research teams. The relationship can be formal, where a mentor is matched based on common interests and set up by the Institution or it can be informal and may occur spontaneously or be self-directed based on a specific need. **Please indicate which person(s) you would consider a mentor.**

Each network contact listed here Yes | No

For the people you have listed, which of the following topics related to scholarly activity do they have expertise in and could provide guidance or advice to you? Select all that apply

	Scholarly Activity				
	Funding	Design & Methods	Data Analysis	Publishing	None Listed
Each network contact listed here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each network contact listed here	Select the TWO primary categories where this person spends the most time in their job					
	Teaching	Scholarly Activity	Service/ Admin	Clinical	Other	I don't know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each network contact listed here	Gender		Race/Ethnicity	Age (years)
	Male	Female	1	2
	<input type="radio"/>	<input type="radio"/>		

- Drop Down box choices for Race/Ethnicity: Asian | Black, African American | White or Caucasian | Native Hawaiian or Pacific Islander | Hispanic or Latino | Other | I don't know
- Drop Down box choices for Age: 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75 or older | I don't know

Each network contact listed here	Tenure	Rank	Highest Academic Degree
	3	4	5

- Drop Down box choices for Tenure: Tenured | On Tenure Track | No Tenure Track | Not Eligible | I don't know
- Drop Down box choices for Rank: Professor | Associate Professor | Assistant Professor | Lecturer | Instructor | Adjunct | Other | None | I don't know
- Drop Down box choices for Highest Academic Degree: MD, DO | PhD, EdD | Prof Doc (e.g. DPT, DSc, PharmD) | Masters | Bachelor | Associate | Other | None | I don't know

				Certified Clinical Specialist			
Each network contact listed here	Yes	No	n/a	I don't know			

	Has <u>published</u> scholarly work in at least one peer reviewed journal.			Has <u>presented</u> scholarly work in the last year (e.g. poster or platform) at a regional, national or international meeting			Currently has Grant funding.			
Each network contact listed here	Yes	No	I don't know	Yes	No	I don't know	Yes-federal	Yes - other	No	I don't know

The next set of questions will ask you whether the people you listed know each other and could share information or ask a question. The information shared or questions asked between them could be on a personal level or about work-related tasks. Here is the first one:

Who does **Contact {name} 1** know and could share information or ask a question?

In the example shown at right, there are 10 network contacts. Contacts with bold frames are selected. This question was repeated for all network contacts named.

Contact {name} 2	Contact {name} 7
Contact {name} 3	Contact {name} 8
Contact {name} 4	Contact {name} 9
Contact {name} 5	Contact {name} 10
Contact {name} 6	No one on this list
I don't know	

The next set of questions are about scholarly activity. If you need a refresher on scholarly activity, you can watch these videos again.

I am currently involved in at least one scholarly activity project. Yes | No

The next set of questions include information about you.

	Gender		Race/Ethnicity	Current Age (years)
	Male	Female		
	<input type="radio"/>	<input type="radio"/>	6	7

6. Drop Down box choices for Race/Ethnicity: Asian | Black or African American | Hispanic or Latino | Native Hawaiian or Pacific Islander | White or Caucasian | Other | Prefer not to answer

7. Drop Down box choices for Ages: 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75 -85

What is your current academic rank?

Adjunct | Instructor | Lecturer | Assistant Professor | Associate Professor | Professor | Other, please explain

Are you on a tenure track? Yes | No | I don't know

Have you attended a Physical Therapy Educators Faculty Development Workshop? Yes | No

Skip next question If No | Display next Question if Yes

What year did you attend the workshop? 2013 | 2014 | 2015 | 2016 | 2017 | I don't know

Duration as a faculty member in physical therapy education at your **current** institution.

Drop Down box choices: < 12 months | 1 Year | 1½ Years | 2 Years | 2½ Years | 3 Years | 3½ Years | 4 Years | 4½ Years | 5 or more Years

Duration as a faculty member in physical therapy education at a **different** institution.

Drop down box choices: 1-11 months | 1 Year | 2 Years | 3 Years | 4 Years | 5 or more Years

I have been a faculty member in a field other than physical therapy education. Yes | No

Skip to end message if No | Advance to next question if Yes

How long were you a faculty member in a field other than physical therapy?

Drop down box choices: 1-11 months | 1-2 Years | 3-4 Years | 5-6 Years | more than 6 Years | does not apply

What type(s) of programs were you previously a faculty member? (select all that apply)

PTA | OT/OTD | OTA/COTA | Other - please explain

As part of the study, we also will be reviewing your CV (or resume).

At the end of the survey you will be directed to a secure site for the upload. If you don't have it ready now, that's OK! You can submit it later either directly to Betsy **via email:** Betsyj.becker@unmc.edu or upload it from a link on the Project LINK website.

A reminder will be sent to you if your CV is not received within about a week.
