

Supplemental Digital Appendix 1

Survey Questions, from a Dual-Institution Study of Contributors to Successful LIC Learning, 2009–2013

Thinking back to your 3rd year clerkship experience, please rate the following:

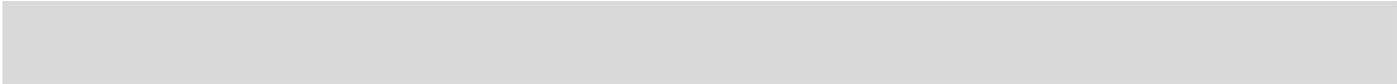
1. How successful was your clerkship at....

	Not at all successful	Slightly successful	Moderately successful	Very successful	Extremely successful
a. providing positive learning experiences?	<input type="radio"/>				
b. preparing you for your exams?	<input type="radio"/>				
c. preparing you for being a successful physician?	<input type="radio"/>				

2. To what degree do you feel the following factors contributed to your success during your third year longitudinal integrated clerkship?

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
a. Continuity with site/system	<input type="radio"/>				
b. Continuity of relationships with patients	<input type="radio"/>				
c. Continuity of relationships with preceptors	<input type="radio"/>				
d. Continuity of relationships with peer group of other third year students in program	<input type="radio"/>				
e. Continuity of relationships with residents	<input type="radio"/>				
f. Continuity of relationships with nurses	<input type="radio"/>				
g. Continuity of relationships with staff	<input type="radio"/>				
h. Continuity of relationships with specialty physicians	<input type="radio"/>				
i. Authentic roles in patient care (meaningfully involved in provision of care)	<input type="radio"/>				
j. Positive role modeling behaviors	<input type="radio"/>				
k. Participation in patient-centered care	<input type="radio"/>				
l. Faculty teaching	<input type="radio"/>				
m. Meaningful feedback	<input type="radio"/>				
n. Actualizing service and advocacy	<input type="radio"/>				
o. Flexibility in schedule to facilitate self-directed learning	<input type="radio"/>				

3. What other factors do you think contributed to your success during your third year longitudinal integrated clerkship?



4. In thinking back to your LIC year, please rate how often each of the following occurred.

	Never	Occasionally	Sometimes	Often	Always
a. My preceptors and I made sure that we stopped and reflected on our work process.	<input type="radio"/>				
b. My preceptors encouraged me to develop new skills.	<input type="radio"/>				
c. My preceptors were interested in me as a person.	<input type="radio"/>				
d. At some level I felt I had to tiptoe around my preceptors' feelings.	<input type="radio"/>				
e. My preceptors encouraged me to participate in decisions.	<input type="radio"/>				
f. My preceptors would get annoyed at some level if challenged.	<input type="radio"/>				
g. My preceptors had explicit standards for me.	<input type="radio"/>				
h. If I made a mistake with my preceptors, it was held against me.	<input type="radio"/>				
i. My preceptors challenged me to pursue excellence.	<input type="radio"/>				
j. I was able to bring up problems and tough issues with my preceptors.	<input type="radio"/>				
k. My preceptors and I worked together to accomplish shared goals.	<input type="radio"/>				
l. It was difficult to ask my preceptors for help.	<input type="radio"/>				
m. My preceptors had clear expectations about the structure of my experience and my responsibilities.	<input type="radio"/>				
n. Working with my preceptors, my unique skills and talents were valued and utilized.	<input type="radio"/>				
o. My preceptors held me accountable for my educational and work assignments.	<input type="radio"/>				
p. I was not afraid to be myself in my longitudinal year clerkships.	<input type="radio"/>				

	Never	Occasionally	Sometimes	Often	Always
q. My preceptors encouraged me to learn from my mistakes.	<input type="radio"/>				
r. I was afraid to express my opinions in my longitudinal year clerkships.	<input type="radio"/>				
s. My preceptors made sure I had the resources I needed to work and learn.	<input type="radio"/>				
t. I felt that my preceptors and I tried to develop a meaningful relationship with each other.	<input type="radio"/>				
u. My preceptors discussed goals and objectives with me.	<input type="radio"/>				
v. I felt that my preceptors understood me.	<input type="radio"/>				
w. My preceptors gave specific, meaningful feedback on performance.	<input type="radio"/>				
x. My preceptors supported and encouraged my intellectual curiosity.	<input type="radio"/>				
y. My preceptors encouraged me to reflect on my experiences.	<input type="radio"/>				

Thinking about your CURRENT professional experience, please answer the following questions.

5. How often do you feel burned out from your work?

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How often do you feel you have become more callous toward people in your present position?

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often do you feel you have become less callous toward people in your present position?

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Which of the following best describes your overall quality of life?

As bad as it can be	Somewhat bad	Neutral	Somewhat good	As good as it can be
<input type="radio"/>				

9. How satisfied are you with the balance between your personal and professional life?

Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
<input type="radio"/>				

Demographics

10. What is your gender?

- Male
 Female

11. What is your age?

12. Which medical school did you attend?

- UNC
 Harvard

13. In what academic year did you participate in the longitudinal integrated clerkships?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> 2011-2012 | <input type="radio"/> 2007-2008 |
| <input type="radio"/> 2010-2011 | <input type="radio"/> 2006-2007 |
| <input type="radio"/> 2009-2010 | <input type="radio"/> 2005-2006 |
| <input type="radio"/> 2008-2009 | <input type="radio"/> 2004-2005 |

14. IF you are a student please skip to question #14. IF you are in residency or practice, what is your medical specialty?

- | | | |
|--|--|---|
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Neurology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Child and Adolescent Psychiatry |
| <input type="radio"/> Colon and Rectal Surgery | <input type="radio"/> Obstetrics-Gynecology | <input type="radio"/> Pulmonary Medicine |
| <input type="radio"/> Critical Care Medicine | <input type="radio"/> Ophthalmology | <input type="radio"/> Diagnostic Radiology |
| <input type="radio"/> Dermatopathology | <input type="radio"/> Orthopedic Surgery | <input type="radio"/> Radiation Oncology |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Otolaryngology | <input type="radio"/> Rheumatology |
| <input type="radio"/> Family Medicine | <input type="radio"/> Pathology | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> General Surgery | <input type="radio"/> Pediatrics | <input type="radio"/> Transitional Year |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Physical and Rehabilitative Medicine | <input type="radio"/> Urology |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Plastic Surgery | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Neurological Surgery | <input type="radio"/> Preventive Medicine | |

Other (please specify)

15. IF you are in residency or practice your participation is over. Thank you. IF you are still in medical school, what is your specialty choice at this point?

- | | | |
|--|--|---|
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Neurology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Child and Adolescent Psychiatry |
| <input type="radio"/> Colon and Rectal Surgery | <input type="radio"/> Obstetrics-Gynecology | <input type="radio"/> Pulmonary Medicine |
| <input type="radio"/> Critical Care Medicine | <input type="radio"/> Ophthalmology | <input type="radio"/> Diagnostic Radiology |
| <input type="radio"/> Dermatopathology | <input type="radio"/> Orthopedic Surgery | <input type="radio"/> Radiation Oncology |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Otolaryngology | <input type="radio"/> Rheumatology |
| <input type="radio"/> Family Medicine | <input type="radio"/> Pathology | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> General Surgery | <input type="radio"/> Pediatrics | <input type="radio"/> Transitional Year |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Physical and Rehabilitative Medicine | <input type="radio"/> Urology |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Plastic Surgery | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Neurological Surgery | <input type="radio"/> Preventive Medicine | |

Other (please specify)

Supplemental Digital Appendix 2

Semi-Structured Interview Guide, from a Dual-Institution Study of Learning Affordances in LICs, 2009–2013

1. “What factors about your experiences in your 3rd year longitudinal integrated clerkship do you think contributed most to your success?”
2. “Tell me about one of your best learning experiences during the third year and what made it so great.”
3. “What was your worst experience, and why?”
4. “Is there anything else you would like to add?”