

Supplemental Table 1. Demographics of samples randomized to each vignette in the restricted sample ($N = 600$).

	White MSM						Black MSM						<i>p</i>
	Continued-Nonuse		Planned Discontinuation		Continued Use		Continued-Nonuse		Planned Discontinuation		Continued Use		
	<i>N</i> = 100		<i>N</i> = 100		<i>N</i> = 103		<i>N</i> = 97		<i>N</i> = 100		<i>N</i> = 100		
Type of Training	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Medicine (allopathic-MD)	53	53.0%	53	53.0%	60	58.3%	61	62.9%	51	51.0%	55	55.0%	0.58
Medicine (osteopathic-DO)	47	47.0%	47	47.0%	43	41.7%	36	37.1%	49	49.0%	45	45.0%	
Phase of Training													0.11
1st year	37	37.0%	34	34.0%	26	25.2%	26	26.8%	25	25.0%	25	25.0%	
2nd year	12	12.0%	27	27.0%	32	31.1%	30	30.9%	27	27.0%	24	24.0%	
3rd year	27	27.0%	18	18.0%	18	17.5%	17	17.5%	28	28.0%	24	24.0%	
4th year	24	24.0%	21	21.0%	27	26.2%	24	24.7%	20	20.0%	27	27.0%	
Sexual Orientation													0.75
Heterosexual (straight)	85	85.0%	82	82.0%	85	82.5%	77	79.4%	86	86.0%	87	87.0%	
Gay/Lesbian	6	6.0%	5	5.0%	6	5.8%	5	5.2%	6	6.0%	5	5.0%	
Bisexual	6	6.0%	12	12.0%	9	8.7%	10	10.3%	5	5.0%	5	5.0%	
Other	3	3.0%	0	0.0%	3	2.9%	5	5.2%	3	3.0%	3	3.0%	
Race													
African-American or Black	3	3.0%	1	1.0%	3	2.9%	4	4.1%	5	5.0%	5	5.0%	0.63
Caucasian or White	61	61.0%	52	52.0%	64	62.1%	63	64.9%	58	58.0%	69	69.0%	0.21
Hispanic or Latino/a/x	8	8.0%	4	4.0%	10	9.7%	2	2.1%	5	5.0%	6	6.0%	0.23
American Indian or Alaska Native	2	2.0%	0	0.0%	1	1.0%	1	1.0%	0	0.0%	0	0.0%	0.41
Asian	26	26.0%	43	43.0%	31	30.1%	25	25.8%	40	40.0%	25	25.0%	0.01
Other	4	4.0%	2	2.0%	5	4.9%	4	4.1%	3	3.0%	2	2.0%	0.82
Gender Identity													0.26
Man	40	40.0%	34	34.0%	45	43.7%	37	38.1%	29	29.0%	33	33.0%	
Woman	58	58.0%	66	66.0%	58	56.3%	58	59.8%	71	71.0%	66	66.0%	
Gender nonbinary	2	2.0%	0	0.0%	0	0.0%	2	2.1%	0	0.0%	1	1.0%	
Region													0.66
South	11	11.0%	10	10.0%	8	7.8%	13	13.4%	7	7.0%	8	8.0%	
Northeast	18	18.0%	15	15.0%	22	21.4%	16	16.5%	24	24.0%	14	14.0%	
Midwest	18	18.0%	18	18.0%	27	26.2%	19	19.6%	22	22.0%	20	20.0%	
West	53	53.0%	57	57.0%	46	44.7%	49	50.5%	47	47.0%	58	58.0%	

Supplemental Table 2. Comparison of sample demographics to national allopathic and osteopathic medical student populations.

	Medicine (allopathic-MD) ^a				Medicine (osteopathic-DO) ^b			
	National Data		Sample Data		National Data		Sample Data	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Race								
African-American or Black	8,444	8.3%	13	3.2%	1,034	3.3%	14	3.9%
Caucasian or White	53,227	52.6%	233	57.8%	18,156	58.1%	183	51.0%
Hispanic or Latino/a/x	9,221	9.1%	24	6.0%	1,883	6.0%	23	6.4%
American Indian or Alaska Native	1,331	1.3%	6	1.5%	117	0.4%	1	0.3%
Asian	24,654	24.4%	112	27.8%	7,337	23.5%	127	35.4%
Other	4,310	4.3%	15	3.7%	2,701	8.6%	11	3.1%
Gender Identity								
Man	44,906	48.5%	137	35.9%	16,562	52.3%	125	37.2%
Woman	47,726	51.5%	240	62.8%	15,088	47.7%	210	62.5%
Other (Unspecified)	-	-	5	1.3%	13	0.04%	1	0.3%
Phase of Training								
1st year	-	-	106	27.7%	8,805	27.8%	98	29.2%
2nd year	-	-	83	21.7%	8,094	25.6%	106	31.5%
3rd year	-	-	88	23.0%	7,685	24.3%	69	20.5%
4th year	-	-	105	27.5%	7,079	22.4%	63	18.8%

- a. Association of American Medical Colleges. *2020 Facts: Enrollment, Graduates, and MD/PhD Data*. Available from: <https://www.aamc.org/data-reports/students-residents/interactive-data/2020-facts-enrollment-graduates-and-md-phd-data>
- b. American Association of Colleges of Osteopathic Medicine. *AACOM Reports on Student Enrollment*. Available from: <https://www.aacom.org/reports-programs-initiatives/aacom-reports/student-enrollment>

Replication of analyses with continued-nonuse group as reference:

Analyses were repeated, taking the continued-nonuse group as the reference group. (Supplemental Table 3) In these analyses, we found participants were less willing to prescribe PrEP to the planned-discontinuation condom use group due to lower perceived HIV-risk (effect = -0.24, [-0.36,-0.14]). Greater assumed adherence among the planned-discontinuation group relative to the continued-nonuse group was associated with more willingness to prescribe (effect = 0.22, [0.14,0.31]).

Supplemental Table 3. Coefficients for multiple mediation analyses.

	Patient Condom Use Effects ^a		
	Planned Discontinuation (1) vs. Continued Non-Use (0)		
	Effect	SE	95% CI
Relative Indirect Effects			
HIV Risk	-0.24	0.06	[-0.36, -0.14]*
PrEP Adherence	0.22	0.04	[0.14, 0.31]*
Relative Direct Effect	-0.41	0.12	[-0.65, -0.16]*
Relative Total Effect	-0.43	0.12	[-0.67, -0.19]*
Contrast Effect ^b	0.21	0.06	[0.11, 0.34]*

a. Based on bootstrapped analysis of parallel multiple mediator model with multicategorical predictor (patient condom use) adjusting for participant race, gender identity, sexual orientation, and year in training. Indirect, direct, and total effects reported are relative effects because patient condom use is multicategorical.

b. Contrasts effects represent the difference in absolute magnitude of two specific indirect effects (mediational pathways). The patient condom use multicategorical variable was recoded into dichotomous variables to generate contrast effects.

Replication of analyses with full analytic sample:

Demographics

Over half of participants in the unrestricted sample were in allopathic medical education programs ($n = 382, 53.1\%$) and the largest percentage were in their first-year of training ($n = 204, 28.4\%$). Most participants identified as heterosexual ($n = 604, 84.0\%$), White ($n = 416, 57.9\%$), as cisgender women ($n = 450, 62.6\%$), and training in the Western U.S. ($n = 361, 50.2\%$). Mean participant age was 26.3 ($SD = 3.25$) years. Full demographic information of the unrestricted sample is provided in Supplemental Table 3. Randomization schema is displayed in Supplemental Figure 1.

Adherence to PrEP

Overall assumed adherence to PrEP differed between the three condom use groups ($F[2,715] = 50.0, p < .001$). (Supplemental Figure 2) In post-hoc analyses, the continued-use group was viewed as the most likely to adhere to PrEP ($M = 6.19, [6.05,6.32]$). The continued-nonuse condition ($M = 5.33, [5.20,5.46]$) was viewed as less likely to adhere compared to the planned-discontinuation condition ($M = 6.09, [5.96,6.22], p < .001$), and the continued-use condition ($p < .001$). Assumed adherence to PrEP also differed between patient race ($F[1,715] = 4.30, p = .04$). Black MSM were assumed more likely to adhere to PrEP ($M = 5.95, [5.84,6.06]$) compared to White MSM ($M = 5.79, [5.68,5.90], p = .04$). The interaction between condom use and race was not significant ($F[2,715] = 0.58, p = .56$).

HIV Risk

Assumed HIV-risk differed between the condom use groups ($F[2,715] = 66.4, p < .001$). (Supplemental Figure 2) The continued-nonuse group was viewed as being at the highest HIV-

risk ($M = 6.20$, [6.05,6.35]), and this group was assumed as being at higher HIV-risk compared to the planned-discontinuation group ($M = 5.48$, [5.33,5.64], $p < .001$) and the continued-use group ($M = 4.92$, [4.77,5.08], $p < .001$). Additionally, the planned-discontinuation group was viewed as being at higher HIV-risk compared to the continued-use group ($p < .001$). HIV-risk differed ($F[2,715] = 4.68$, $p = .03$) between Black ($M = 5.63$, [5.51,5.76]) and White ($M = 5.44$, [5.31,5.56]) MSM. The interaction between condom use and race was not significant ($F[2,715] = 0.68$, $p = .51$).

Willingness to Prescribe PrEP

Willingness to prescribe PrEP differed between the condom use groups ($F[2,715] = 4.83$, $p = .008$). (Supplemental Figure 2) Willingness was similar between the continued-nonuse group ($M = 6.20$, [6.04,6.35]) and the continued use group ($M = 6.21$, [6.04,6.37], $p = .99$). Willingness to prescribe was lower for the planned-discontinuation group ($M = 5.90$, [5.74,6.05]) compared to the continued-nonuse ($p = .02$) and the continued-use ($p = .02$) groups. Willingness to prescribe did not differ ($F[1,715] = 1.24$, $p = .26$) between Black ($M = 6.15$, [6.02,6.28]) and White ($M = 6.05$, [5.92,6.18]) MSM. The interaction between condom use and race was significant ($F[2,715] = 3.88$, $p = .02$).

Higher assumed HIV-risk ($r = .31$, $p < .001$) and greater assumed adherence to PrEP ($r = .29$, $p < .001$) were correlated with willingness to prescribe PrEP. Explicit heterosexism ($r = -.14$, $p < .001$) and attitudes regarding non-monogamy ($r = -.10$, $p = .01$) were correlated with lower willingness to prescribe PrEP. (Supplemental Table 4)

Effects of Social Biases, Patient Race, and Implicit Racism

In the first model (In-text Figure 1A; Supplemental Table 5), indirect effects of patients' condom use on willingness to prescribe PrEP were evaluated via parallel mediators of assumed HIV-risk and assumed adherence to PrEP. Indirect effects of both planned-discontinuation (effect = 0.18, [0.10,0.29]) and continued-nonuse (effect = 0.41, [0.28,0.56]) on willingness to prescribe PrEP were identified via higher assumed HIV-risk relative to the continued-use group. An indirect effect of continued-nonuse on willingness to prescribe PrEP was also identified via assumed adherence (effect = -0.29, [-0.38, -0.20]), as lower adherence was assumed for non-use relative to continued-use. (Supplemental Table 5)

Analyses were repeated, taking the continued-nonuse group as the reference group (Supplemental Table 5) In these analyses, we found participants were less willing to prescribe PrEP to the planned-discontinuation condom use group due to lower perceived HIV-risk (effect = -0.23, [-0.32, -0.14]). Greater assumed adherence among the planned-discontinuation group relative to the continued-nonuse group was associated with more willingness to prescribe (effect = 0.25, [0.17,0.35]). We did not find any statistically significant moderating effects of explicit heterosexism, attitudes towards non-monogamy, patient race, or implicit racism when replicating analyses with the full analytic sample.

Supplemental Table 4. Demographics of the unrestricted sample ($N = 718$).

Type of Training	Unrestricted ($N = 718$)	
	<i>n</i>	%
Medicine (allopathic-MD)	382	53.1
Medicine (osteopathic-DO)	336	46.7
Phase of Training^a		
1st year	204	28.4
2nd year	189	26.3
3rd year	157	21.8
4th year	168	23.4
Sexual Orientation		
Heterosexual (straight)	604	84
Gay/Lesbian	40	5.6
Bisexual	53	7.4
Other Sexual Orientation ^b	22	3
Race		
African-American or Black	27	3.8
Caucasian or White	416	57.9
Hispanic or Latino/a/x	47	6.5
American Indian or Alaska Native	7	1
Asian	239	33.2
Other Race ^c	26	3.6
Gender Identity		
Man	262	36.4
Woman	450	62.6
Other Gender Identity ^d	6	0.8
Region^e		
South	71	9.9
Northeast	138	19.2
Midwest	149	20.7
West	361	50.2

a. The year in training numbers also include 14 students who were in combined MD/MBA, MD/MPH, or MD/PhD programs, who were categorized into the year of medical school they indicated currently being enrolled, or the last year of medical school completed before transitioning to graduate coursework.

b. Includes sexual orientations other than the listed options, including asexual, demisexual, and pansexual.

c. Includes participants who indicated their race was other than the listed options.

d. Includes those gender identities other than cisgender identities, including transgender, gender fluid, agender, and gender nonbinary.

e. Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT; Midwest: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI; South: AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV; West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY.

Supplemental Table 5. Correlations between key study variables in unrestricted sample.

	1	2	3	4	5	6	<i>M (SD)</i>
1 Overall HIV Risk	-						5.55 (1.31)
2 Anticipated Adherence to PrEP	-0.071	-					5.85 (1.12)
3 MHS	0.036	-0.10**	-				2.31 (0.71)
4 ATCNM	0.10**	-0.09*	0.23***	-			4.70 (1.11)
5 Implicit Racism (IAT)	-0.07	-0.03	0.13***	-0.09*	-		0.29 (0.40)
6 Willingness to Prescribe PrEP	0.31***	0.29***	-0.14***	-0.10**	0	-	6.09 (1.25)

* $p < .05$, ** $p < .01$, *** $p < .001$

MHS = Modern Homonegativity Scale

ATCNMS = Attitudes Towards Consensual Non-Monogamy Scale

IAT = Implicit Association Test

SD = Standard Deviation

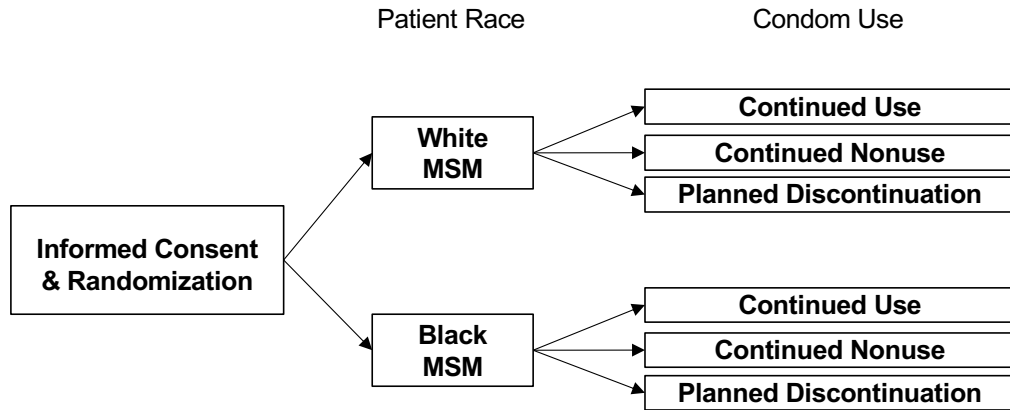
Supplemental Table 6. Coefficients for multiple mediation analyses in unrestricted sample.

	Patient Condom Use Effects ^a								
	Planned Discontinuation (1) vs. Continued Use (0)			Continued Non-Use (1) vs. Continued Use (0)			Planned Discontinuation (1) vs. Continued Non-Use (0)		
	Effect	SE	95% CI	Effect	SE	95% CI	Effect	SE	95% CI
Relative Indirect Effects									
HIV Risk	0.18	0.05	[0.10, 0.29]*	0.41	.07	[0.28, 0.56]*	-0.23	0.05	[-0.32, -0.14]*
PrEP Adherence	-0.03	0.03	[-0.09, 0.02]	-0.29	0.05	[-0.38, -0.20]*	0.25	0.04	[0.17, 0.35]*
Relative Direct Effect	-0.46	0.11	[-0.67, -0.26]*	-0.14	0.12	[-0.37, 0.09]	-0.32	0.11	[-0.54, -0.11]*
Relative Total Effect	-0.31	0.12	[-0.54, -0.09]*	-0.01	0.11	[-0.24, 0.21]	-0.30	0.11	[-0.52, -0.08]*
Contrast Effect ^b	0.21	0.06	[0.10, 0.34]*	0.72	0.09	[0.56, 0.90]*	-0.46	0.06	[-0.59, -0.35]*

a. Based on bootstrapped analysis of parallel multiple mediator model with multicategorical predictor (patient condom use) adjusting for participant race, gender identity, sexual orientation, and year in training. Indirect, direct, and total effects reported are relative effects because patient condom use is multicategorical.

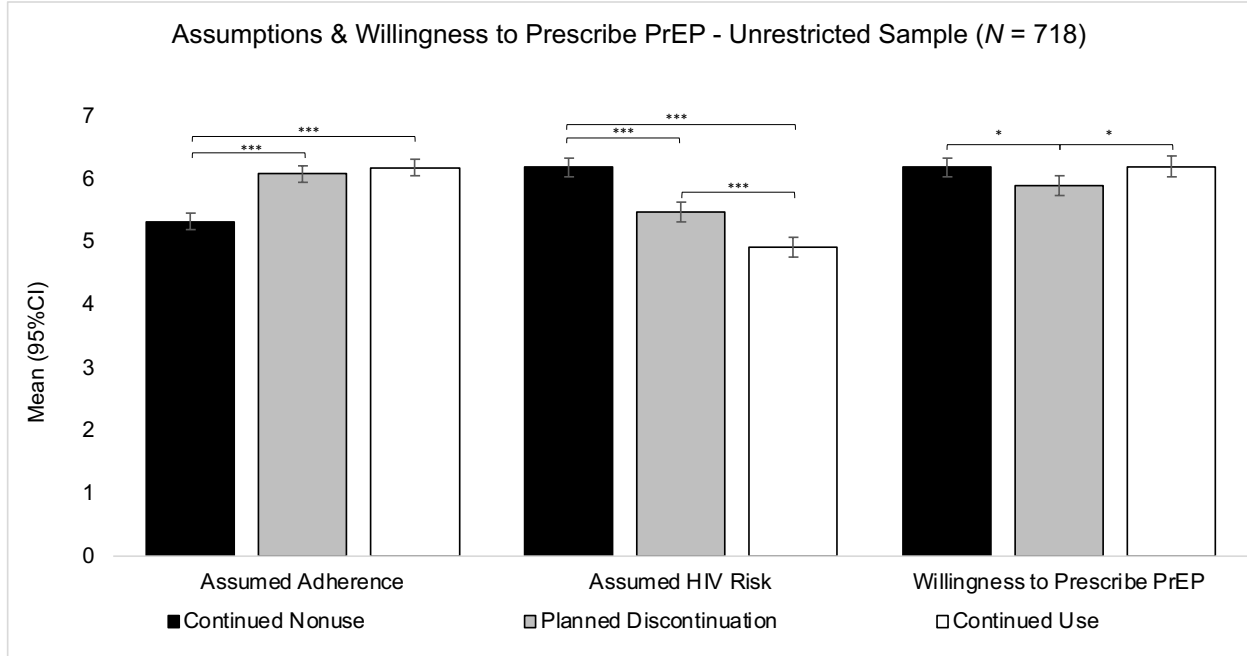
b. Contrasts effects represent the difference in absolute magnitude of two specific indirect effects (mediational pathways). The patient condom use multicategorical variable was recoded into dichotomous variables to generate contrast effects.

Supplemental Figure 1.



Randomization of participants to the six experimental conditions in the 2x3 factorial study design. Condom use varied between: 1) currently using condoms with intention to continue if prescribed PrEP [continued-use], 2) currently using condoms with intention to discontinue if prescribed PrEP [planned-discontinuation], and 3) currently not using condoms, without intention to begin if prescribed PrEP [continued-nonuse].

Supplemental Figure 2. Assumptions & willingness to prescribe PrEP in the unrestricted sample.



Comparisons of assumed adherence, overall HIV risk, and willingness to prescribe PrEP between the three condom use groups. All ANCOVAs controlled for participants' race, gender identity, sexual orientation, and year in training given their conceptual relevance.

* $p < .05$, *** $p < .001$