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| **Supplementary Material Table 1.** **BRIM Study Design and Timeline: Activities within Each Site Occur Over Approximately 2 Years** |
| **BRIM activity** | **Details** | **Rationale**  | **Time frame** |
| Site agrees to participate in BRIM | Following email invitation and phone call with chair and/or chair’s designee(s), the participating site:* Identifies at least one person to serve as the BRIM Local Lead(s)
* Selects date for Launch Visit (timed to coincide with regular chair’s meeting with division heads)
* Begins to identify up to 10 individuals to be trained as Implementers to deliver BRIM workshops
 | Establish relationship with chair and department leaders; coach local champions to work with BRIM central team to take on local logistical work; put plans in motion to identify a group of local individuals who will become content experts and continue implementation and dissemination of BRIM-type workshops beyond the study | 3-6 months between agreement to participate and Launch Visit |
| Launch Visit | BRIM PI, co-I, and study coordinator visit each site:* PI presents BRIM study to division heads at regularly scheduled chair’s meeting, answers questions, indicates that Local Lead will be requesting time on upcoming agenda of their division meeting
* Visiting BRIM team meets with:
	+ Local Lead(s) to review roles and expectations
	+ Representative from local Institutional Review Board (IRB)
	+ Department chair to review Shared Implementation Plan (informal document summarizing mutual expectations)
* PI offers to give a lecture and/or meet with any other individuals or groups at discretion of host site
 | Enhance visibility of BRIM study, promote branding and name-recognition, reinforce status of being a participating site | 1-3 days |
| Local Lead(s) spearhead BRIM activities | * Obtains IRB approval
* Attends each individual division meeting delivering scripted BRIM presentation
 | Local champions needed to foster local engagement in BRIM | 5-12 months |
| Baseline survey | * Survey from BRIM central site sent by email within 48 hours of Local Lead visit to division meeting
* 2 reminders with email from chair alerting faculty before final reminder
 | Division members more likely to recognize invitation to a survey they have just heard about;Chair’s note signals value of activity |
| Randomization (best balance design) of divisions into one of two groups | * Group 1 = receives workshop early from BRIM PI and co-I
* Group 2 = receives workshop later from local BRIM Implementers (serves as wait list controls for second survey)
* Divisions without comparable divisions at other sites (e.g. Medical Genetics, Dermatology, Epidemiology) automatically assigned to Group 2
 | Best balance design minimizes bias introduced when randomization is at group level and data is collected at the individual level | 1 month  |
| Group 1 workshops  | BRIM PI and co-I present workshops to divisions in Group 1 | Allows collaboration at each site to be completed in ~2 years; lets Implementers observe or participate in the workshop they will be delivering | 4-6 days |
| BRIM PI and co-I meet with Implementers  | Discuss reactions to workshop, answer questions, review expectations and dates for web course sessions, get Implementers signed up for the web based Implementer training course (via Canvas) | Reduce technological barriers to Implementers’ participation and fosters a community of practice |
| Implementer training | BRIM Implementers participate in web based course to become content experts and be able to deliver standard BRIM workshop | Build capacity at participating sites for sustained impact beyond 2-year BRIM collaboration | 3-4 months |
| Second BRIM survey | Launched from BRIM central site with 3 reminders; email from chair alerting faculty before final reminder | Provides experimental comparison between Group 1 and Group 2 divisions | 1 month |
| Group 2 workshops | Implementers deliver workshops | Provides mastery experiences for Implementers | 4-6 weeks |
| Third BRIM survey | Launched from BRIM central site with 3reminders; email from chair alerting faculty before final reminder | Allows assessment of change over time  | 1 month |
| Final report compiled and sent to chair | PI sends report to chair and Local Leads | Provides points to stimulate further discussion of equity and inclusion | ~3 months after final survey  |
| Abbreviations: PI = principal investigator; co-I – co-investigator |

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| **Supplementary Material Table 2.** **Attendance Rates for Educational Interventions Offered to Physicians or Medical School Faculty** |
| **Study** | **Topic** | **Workshop Attendance** |
| Green et al., 20031 | 3-hour evening workshop to ambulatory internal medicine supervisors | 105 invited; 26 attended = 26/105 = 24.8% |
| Cabana et al., 20042 | Two 2-3 hour sessions over 2-3 weeks to pediatric asthma practitioners in 11 health maintenance organizations (HMOs) | 299 providers invited; 53 came to both seminars 53/299 = 17.7%  |
| Minen et al., 20163  | Three 1-hour live educational sessions comprised the full intervention (each hour had different content) to all primary care MDs at one hospital regarding management of migraines | 39 MDs invited; 22 attended first session; 6 attended second session; 15 attended third session. Attendance rates = 56.4, 15.5, and 38.5.The attendance rate for entire intervention = 15.5% or less.Average attendance at each workshop = 36.8% |
| Gorzkowski et al., 20144 | A quality improvement (QI) curriculum meeting maintenance of certification (MOC) requirements offered to pediatric practices over 28 months | In first 22 months (before QI element added) out of 9534 pediatric clinicians invited (84% MDs = 8008.5), 152 (122 MDs = 1.5%) from 76 practices joined the study = 0.8%; after MOC credit added: 8311 approached (6981.24 MDs) and 200 (173 MDs) enrolled = 2.4% |
| Windt et al., 20155 | 3-hr educational workshop to Fam Physicians to get them to prescribe physical activity | 158 MDs in physician organizations were invited; 33 attended = 33/158 = 20.9% |
| Wang et al. 20166 | 14 one-hour grand rounds at 14 different medical facilities with CME on inferior vena cava (IVC) filter use | Table of % physician attendance at all sites shows range of 4.6 to 21.5%; total percent reported is 10.3%  |
| Allen et a.,20177 | 1-day workshop to increase comfort teaching evidence-based medicine (EBM) | 1250 faculty at 11 teaching sites invited; 105 attended one of 11 sessions offered = 105/1250 = 8.4% |

We conducted a PubMed search with the assistance of a health sciences librarian to identify studies conducted in the U.S. or Canada published in years 2010-2020 in which practicing physicians or medical school faculty were invited to attend an educational activity that included the number of individuals who attended and the number invited to participate or stated the attendance rate. We identified 200 citations and eliminated all but 5 for one of the following reasons: not conducted in the U.S. or Canada (N= 51), did not involve practicing physicians or faculty in clinical departments in a medical school or hospital (N=71), had no intervention (e.g., commentary) (N=47), had a non-comparable recruitment strategy (e.g. participants had to apply for acceptance) (N=7), or did not provide information on how many people were invited to attend the educational activity (N=19). We identified 2 additional studies through supplemental searches. These occurred before 2010 but met all other criteria. This gave us 7 studies with faculty/physician attendance rates at an educational intervention.

**1.** Green ML, Gross CP, Kernan WN, Wong JG, Holmboe ES. Integrating teaching skills and clinical content in a faculty development workshop. J Gen Intern Med.2003;18(6):468-474.

**2.** Cabana MD, Brown R, Clark NM, et al. Improving physician attendance at educational seminars sponsored by Managed Care Organizations. Manag Care.2004;13(9):49-51, 53-44, 56-47.

**3.** Minen M, Shome A, Halpern A, et al. A migraine management training program for primary care providers: An overview of a survey and pilot study findings, lessons learned, and considerations for further research. Headache.2016;56(4):725-740.

**4.** Gorzkowski JA, Klein JD, Harris DL, et al. Maintenance of Certification Part 4 credit and recruitment for practice-based research. Pediatrics.2014;134(4):747-753.

**5.** Windt J, Windt A, Davis J, Petrella R, Khan K. Can a 3-hour educational workshop and the provision of practical tools encourage family physicians to prescribe physical activity as medicine? A pre-post study. BMJ Open.2015;5(7):e007920.

**6.** Wang SL, Cha HH, Lin JR, et al. Impact of physician education and a dedicated inferior vena cava filter tracking system on inferior vena cava filter use and retrieval rates across a large US health care region. J Vasc Interv Radiol.2016;27(5):740-748.

**7.** Allen D, Abourbih J, Maar M, Boesch L, Goertzen J, Cervin C. Does a one-day workshop improve clinical faculty's comfort and behaviour in practising and teaching evidence-based medicine? A Canadian mixed methods study. BMJ Open.2017;7(7):e015174.

**Supplementary Material Table 3.**

Summary Result from Regression of Workshop Attendance Rate on Contributing Factors Related to BRIM Local Leads and Time Intervals

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|  | M1.1 | M1.2 | M2.1 | M2.2 | M3.1 | M3.3 |
|  |  |  |  |  |  |  |
| % of women Local Leads | -0.17 | -0.17\* |  |  |  |  |
|  | (0.10) | (0.07) |  |  |  |  |
| Time interval between the Launch  Visit and deployment of the  first survey |  |  | -0.04 | -0.08\* |  |  |
|  |  | (0.04) | (0.03) |  |  |
| Time interval between IRB  approval date and deployment  of the first survey |  |  |  |  | -0.06 | -0.08\* |
|  |  |  |  | (0.04) | (0.03) |
| Number of Local Leads |  | -2.33\*\* |  | -2.99\*\*\* |  | -2.76\*\* |
|  |  | (0.82) |  | (0.87) |  | (0.95) |
| *N* | 120 | 120 | 120 | 120 | 120 | 120 |

Note: \* p<0.05, \*\* p<0.01, \*\*\* p<0.001; Standard errors are in parentheses.

Number of faculty, % of women, % of non-White, % of clinical faculty, % of junior faculty and workshop group at the division level were included as control variables.

Whether or not a department required workshop attendance was also included as a control variable.