

TITLE: Supporting Faculty Development for Obesity Education: A National CERA Survey of United States Family Medicine Residency Program Directors

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Online Supplement S1: Survey Questions

1. How many of the Family Medicine faculty are board-certified in obesity medicine?
 - a. 0 and none are planning to become board-certified in the next academic year.
 - b. 0 and at least one is planning to become board-certified in the next academic year.
 - c. 1
 - d. 2
 - e. 3 or more

Family Medicine Practice (FMP) in the following questions refers to the practice site at which residents provide longitudinal outpatient care to their continuity patients during residency.

2. An evidence-based obesity treatment plan includes personalized recommendations for nutrition, physical activity, behavior change, anti-obesity medications, and referral to bariatric surgery when appropriate. Who typically provides evidence-based obesity treatment at the Family Medicine Practice (FMP)?
 - a. The PCP
 - b. A clinician **with** board-certification in obesity medicine inside the FMP
 - c. A clinician **without** board-certification in obesity medicine inside the FMP.
 - d. We refer to a clinician who practices obesity medicine practice outside the FMP.
 - e. None of the above
3. How prepared do you think your residents are to provide medical care for patients with obesity upon completion of residency?
 - a. Very prepared
 - b. Fairly prepared
 - c. Somewhat prepared
 - d. Not at all prepared
4. How prepared do you think your residents are to prescribe FDA-approved anti-obesity medications to their patients with obesity upon completion of residency?
 - a. Very prepared
 - b. Fairly prepared
 - c. Somewhat prepared
 - d. Not at all prepared
5. To what extent do you feel that weight bias and stigma impact medical care of patients with obesity at the FMP?
 - a. To a great extent
 - b. To some extent
 - c. To a very little extent

- d. Not at All
6. To what extent does the FMP serve a medically underserved area / population? (If the residency has more than one FMP, please answer regarding the most underserved area).
- a. To a great extent
 - b. To some extent
 - c. To a very little extent
 - d. Not at All
7. Which of the following do you perceive to be the biggest faculty or resident-level barrier to high quality obesity treatment in the FMP?
- a. Limited faculty interest
 - b. Limited faculty training and expertise
 - c. Limited resident interest
 - d. Limited resident training
8. Which of the following do you perceive to be the biggest system-level barrier to high quality obesity treatment in the FMP?
- a. Limited health system support for family physicians providing obesity treatment.
 - b. Lack of time and access in resident and faculty clinical schedules.
 - c. Limited reimbursement for obesity counseling and treatment at the FMP.
 - d. Limited access to community-based obesity programs and resources.
 - e. Limited coverage for patients to obtain anti-obesity medications and bariatric surgery.
 - f. Lack of comprehensive team-based care (eg registered dietitians, pharmacists, behavioralist health professionals).
9. Which of the following would be most helpful to improve faculty expertise in obesity treatment in your program?
- a. Financial and time support for a faculty to become board-certified in obesity medicine.
 - b. Providing training on obesity treatment to faculty preceptors in the FMP.
 - c. Participating in a quality improvement collaborative on obesity treatment.
 - d. Inviting non-Family Medicine faculty experts to teach a curriculum on obesity (eg specialists, dietitians, pharmacists).
10. Which of the following are you most likely to add to the curriculum on obesity in the next academic year?
- a. Didactic lecture hours
 - b. A required rotation experience
 - c. An elective rotation experience
 - d. Obesity treatment integrated into resident continuity clinic at the FMP.