Supporting Information – Survey Sent to Clinical Department Chairpersons

Part 1 Demographic Information

1. Your age (years)

* < 30
* 31-40
* 41-50
* 51-60
* >60

2. What is your faculty track?

* Tenure/Tenure Track
* Non-Tenure Track
* Other

3. Describe “other” for question #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is your faculty rank?

* Assistant Professor
* Associate Professor
* Professor

5. Are you an interim department chair?

* Yes
* No

6-10. What do you estimate is your profile percent effort in the following areas (Percentages must add up to 100%)?

Teaching \_\_\_%

Research/Scholarship \_\_\_%

Service (Non-clinical or general) \_\_\_%

Clinical Practice \_\_\_%

Administration \_\_\_%

11. Please select your institution from dropdown selection of Schools of Pharmacy (answer not kept with data set - only used for tracking)

12. Years since pharmacy school graduation? \_\_\_

13. Years in academia before becoming a department chairperson? \_\_\_

14. How many years, cumulatively, have you been a department chairperson? \_\_\_

15. Is clinical practice an expectation of your position?

* Yes
* No

16. Do you maintain a clinical practice?

* Yes
* No

**Part 2. Clinical Practice Description (only filled out by those chairpersons who report practicing clinically)**

17. What is your primary practice area?

* Acute Care/Hospital
* Primary Care/Ambulatory Care
* Community
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_

18a. How would you describe your clinical practice time?

* Longitudinal (regular days per week/month)
* Service block/months (More daily)
* Other, Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18b. How would you describe your clinical practice time?

* If Longitudinal - How many days per week/month? \_\_\_
* If Service block - How many weeks per year? \_\_\_
* If Other - How often? \_\_\_

19. Do you or your institution receive funding for your clinical practice efforts?

* Yes
* No

20. How would you describe your role in patient care? Select all that apply

* Direct Patient care
* Supervise/Advise others who provide direct patient care
* Other, Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Do you precept Student Pharmacists (APPE or IPPE) on a clinical service?

* Yes (how many per year?) \_\_\_
* No

22. Did you maintain a clinical practice prior to becoming a department chairperson?

* Yes
* No