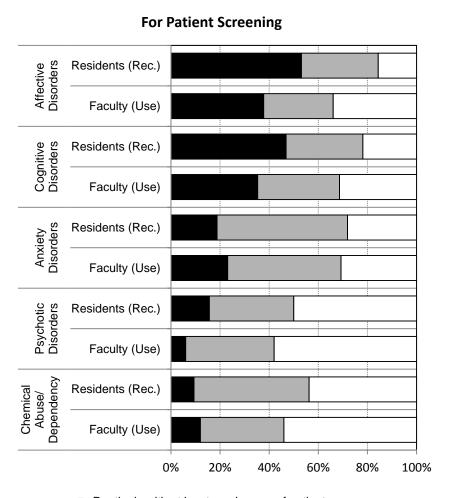
Demographics of Faculty Supervisors (n=54)

All faculty supervisors provided at least one-hour of individual resident supervision a week.

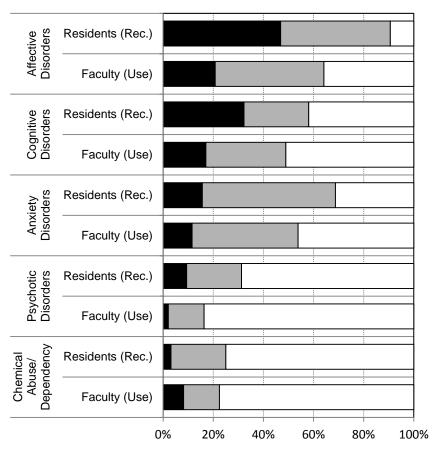
Responding faculty were 51% male, with a mean age of 49 (range 31-75). Approximately 27% indicated that they had an additional advanced degree (other than an MD) at the masters level or higher. On average, faculty had completed their residency training 17 years earlier (range 1-45). Seventy-nine percent of faculty had also completed advanced fellowship training. Most faculty members (89%) reported primarily seeing patients in the outpatient setting. Thirty-two percent reported a voluntary or adjunct appointment with the department, with 58% indicating they were full-time and 9% part-time. On average faculty had 16 years experience in supervising medical trainees (range 1-45 years). Sixty-four percent indicated that they had prior clinical research experience systematically tracking patient symptoms over time.

Figure 1. Faculty (n=47-53) reporting use of standard assessments in their own clinical work and residents (n=31-32) reporting use of standard assessments recommended by faculty supervisors.



- Routinely with at least a subgroup of patients
- Rarely
- □ Never

For Monitoring Change in Symptoms



- Routinely, to monitor treatment response and to watch for relapse
- $\hfill \square$ Sometimes, focusing on patients who do not seem to be improving
- □ Never

Table 1. Potential barriers in using standardized patient assessments in clinical practice.

	Resident Responses (n=32)			Faulty Responses (n=53)				
	Top Barrier		Among the Top Four Barriers		Top Barrier		Among the Top Four Barriers	
	N	%	N	%	N	%	N	%
I have limited formal training in how to administer and use standardized patient assessments.	10	31%	19	59%	9	17%	24	45%
Administering standardized patient assessments would be too time-consuming.	6	19%	20	63%	6	11%	21	40%
I have limited access to standardized patient assessments.	5	16%	17	53%	5	9%	24	45%
There is a lack of consensus about which standardized assessments would be most appropriate for my patients.	3	9%	20	63%	4	8%	19	36%
Using a standardized assessment with a patient could inhibit building rapport and detract from the therapeutic relationship.	2	6%	15	47%	5	9%	19	36%
Completing standardized patient assessments is not required as part of my clinical work.	2	6%	7	22%	13	25%	22	42%
I do not have a formal system (such as an electronic medical record) for tracking and monitoring the results of such assessments.	1	3%	9	28%	2	4%	19	36%
Completing standardized assessments/questionnaires requires cognitive or language skills that my patients don't have.	1	3%	6	19%	2	4%	4	8%
Completing standardized assessments/questionnaires requires insight that my patients don't have.	1	3%	4	13%	0	0%	4	8%
Completing standardized patient assessments is not recommended in current APA treatment guidelines and is not considered part of "standard" practice.	0	0%	3	9%	1	2%	6	11%
Other	1	3%	3	9%	6	11%	10	19%

Figure 2. Faculty (n=47-53) and Residents (n=32) reporting agreement with attitudes about standard patient assessments (SPAs). Mean Likert scale scores are shown (-2=Strongly Disagree to 2=Strongly Agree) with 95% confidence intervals for the mean (shown as red error bars) and t-tests on the right. Resident responses are shown in black and faculty are shown in grey.

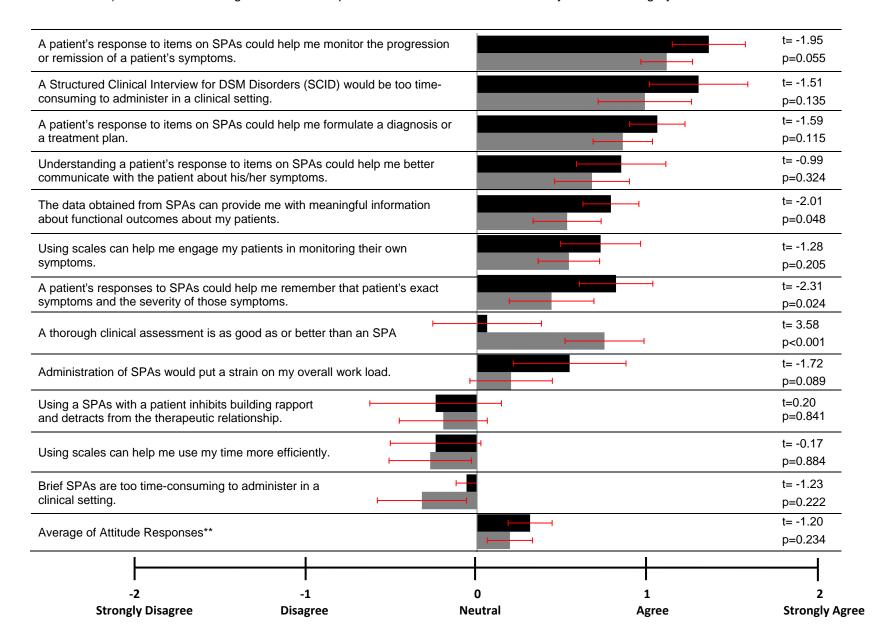


Table 2. Logistic regression of factors affecting faculty use of standard assessments for screening and monitoring patients.

	Attitude Score‡	Use for Patient Screening	Use for Patient Monitoring
Factor	Odds Ratio (95% CI)	Odds Ratio (95% CI)	Odds Ratio (95% CI)
Age	0.93 (0.88-0.99)***	0.84 (0.75-0.94)***	0.84 (0.73-0.96)**
Has an Additional Degree	2.00 (0.43-9.34)	2.17 (0.41-11.60)	0.32 (0.04-2.44)
Employed Full or Part Time at an Academic Institution	1.81 (0.40-8.31)	1.13 (0.19-6.55)	1.76 (0.11-10.23)
Participated in a Research Study Tracking Symptoms	1.09 (0.27-4.32)	10.08 (1.51-67.08)**	3.96 (0.49-32.19)
Average Attitude Score†	-	0.21 (0.03-1.48)	6.21 (0.89-43.40)*

[†] Items which reflect a negative opinion about standard assessments are recoded such that strongly agree=-2 and strongly disagree=2, opposite the others.

[‡] Attitude score as positive (average attitude > 0) or negative.

^{*}p <0.10, **p <0.05, ***p<0.01