

Supplemental digital content for Hauer KE, Chesluk B, Iobst W, et al. Reviewing residents' competence: A qualitative study of the role of clinical competency committees in performance assessment. Acad Med.

Supplemental Digital Appendix 1 Recruitment Strategy for a Study of the Role of Clinical Competency Committees in Performance Assessment, University of California Schools of Medicine, 2013

Because program size can influence the program director's and faculty members' knowledge of individual residents, we included both large and small residency programs, based on the typical number of residents enrolled per year. We classified programs as large (anesthesia and perioperative care, emergency medicine, family and community medicine, medicine, neurology, pediatrics, psychiatry, obstetrics & gynecology, surgery) or small (dermatology, laboratory medicine, neurological surgery, pathology, physical medicine and rehabilitation, ophthalmology, orthopedic surgery, otolaryngology, radiation oncology, radiology, urology) and procedural (anesthesia and perioperative care, emergency medicine, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, surgery, urology) or non-procedural (dermatology, family and community medicine, laboratory medicine, medicine, neurology, pathology, pediatrics, psychiatry, physical medicine and rehabilitation, radiation oncology, radiology). We obtained each program director's email address from the school's graduate medical education office or website.