Supplementary Material 5: Post-Participation Questionnaire for Program Instructors

This document contains the post-participation questionnaire for program instructors (medical residents and medical students) of the Stanford Youth Diabetes Coaches Program. The surveys were administered online via Qualtrics software, and the formatting of this document reflects how the Qualtrics program downloads surveys.

SYDCP post-participation questionnaire for Program Instructors

Start of Block: Default Question Block

Q1 **Post-participation Survey for Stanford Youth Diabetes Coaches Program**

Thank you for being an instructor at the Stanford Youth Diabetes Coaches Program. Your feedback is so important for us to improve the program for your community.

Please take a few minutes to answer the following questions as best as you can. There are no right or wrong answers. We truly value your feedback to make this program better. You can use the **microphone** of your smart phone to answer questions.

Q2 Please provide the name of the **city** and **state** where you work:

- City _____
- State _____

Q3 I am participating in the Stanford Youth Diabetes Coaches Program (SYDCP) as a:

- ○ Community Health Worker
- ○ Community Health Educator
- ○ Medical Resident
- ○ Medical Student
- ○ Nursing Student
- ○ Pharmacy Student
- ○ Other (please describe) _____

Page Break

Q4 How many classes of the Stanford Youth Diabetes Coaches Program did you teach?

- 1 class
- 2 classes
- 3 classes
- 4 classes
- 5 classes
- 6 classes
- 7 classes
- I taught all 8 classes
- I did not teach any classes, but I was present for ____ classes.

_____

Q5 How did you teach the classes?

- In-person
- Remotely

Q6 Was teaching SYDCP to high school students a mandatory or voluntary activity in your training program?

- ○ Mandatory, and SYDCP fulfilled a residency program requirement of mine
- ○ Mandatory but SYDCP did NOT fulfill a residency program requirement of mine
- ○ Voluntary, and SYDCP fulfilled a residency program requirement of mine
- ○ Voluntary, but SYDCP did NOT fulfill a residency program requirement of mine
- ○ Other, please describe _____

End of Block: Default Question Block

Start of Block: Block 5

Q7 The following questions are about your experience with Stanford Youth Diabetes Coaching Program **(SYDCP)**. Please choose the most appropriate response.

	Completely Disagree	Disagree	Neither Agree nor Disagree	Agree	Completely Agree
I liked teaching SYDCP as part of my training	○	○	○	○	○
SYDCP seems appropriate to reach the learning goals of my training	○	○	○	○	○
SYDCP curriculum was easy for me to teach	○	○	○	○	○
Participating in SYDCP was manageable with my other responsibilities	○	○	○	○	○
SYDCP was a useful experience to grow my skills as a health care provider/worker	○	○	○	○	○

End of Block: Block 5

Start of Block: Program Feedback

Q8 How would you rate the overall quality of the Youth Diabetes Coaching Program as a training tool for your residency or healthcare training?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

Q9 Would you like to participate in SYDCP again as an instructor?

- ○ Yes
- ○ No
- ○ Not sure/Maybe

Q10 How many other experiences have you had in your training that are similar to SYDCP?

- ○ None
- ○ 1-2 experiences
- ○ 3 or more experiences

Q11 How can we improve the quality of the Youth Diabetes Coaching Program?

_____

_____

_____

_____

Q12 The **most rewarding part** of teaching the Youth Diabetes Coaching Program was:

Q13 The **most challenging part** of teaching the Youth Diabetes Coaching Program was:

Q14 What would make this program even more beneficial for your community you serve?

Q15 What would you like to CHANGE about this program?

_____

_____

_____

_____

_____

Q16 Any **additional feedback** about the Youth Diabetes Coaching Program?

_____

_____

_____

_____

_____

End of Block: Program Feedback

Start of Block: Demographics

Q17 What gender do you identify with?

- ○ Male
- ○ Female
- ○ Other _____

Q18 Are you of Hispanic or Latino origin?

- ○ Yes
- ○ No

Q19 Which of the following would you say is your race? (Check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native American or American Indian
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Decline to respond

End of Block: Demographics