Supplementary Table 2: Faculty College program structure and blended delivery across the academic year.

Program Component	Timing / Frequency	Participant Activity	Facilitator Role	POGIL Function	Expected Output
Program sequence	One academic year; 17 required two-hour masterclasses held approximately twice monthly.	Progress through the same curriculum as a cohort of faculty from multiple health professions; earn completion credit for at least 15 sessions*.	Coordinate the longitudinal sequence, maintain continuity across sessions, and link learning to contemporary educator roles.	Repeated movement through Exploration, Concept Formulation, and Application across the year.	Cumulative development of theory-informed teaching strategies, tools, and artifacts.
Asynchronous preparation	Approximately 40 minutes of preparation in advance of each session.	Review curated readings or brief videos and complete reflective prompts grounded in personal teaching experiences.	Select concise resources and prompts that foreground authentic teaching tensions rather than formal theory alone.	Exploration.	An articulated teaching challenge, assumption, or tension to focus discussion.
Synchronous whole-group inquiry	Within each two-hour masterclass.	Review selected reflections, compare interpretations, and participate in brief interactive theory segments.	Make the learning purpose and POGIL phase explicit; introduce formal theories in response to issues raised during Exploration.	Exploration and Concept Formulation.	A shared problem space and common conceptual vocabulary.
Small-group work	Within each masterclass.	Examine teaching problems in small groups of approximately 6–7 participants; groups were not intentionally composed by profession.	Guide discussion and prompt participants to justify instructional decisions.	Concept Formulation and Application.	A theory-informed reframing of the teaching problem and a proposed instructional response.
Collaborative application	Final portion of each masterclass.	Use a theory, framework, model, or tool to develop or revise a teaching strategy, feedback plan, coaching script, assessment approach, or curricular element.	Coach application, ask participants to make reasoning visible, and support adaptation to local clinical and academic contexts.	Application.	A usable teaching artifact or practice adaptation.

Program Component	Timing / Frequency	Participant Activity	Facilitator Role	POGIL Function	Expected Output
Program support and infrastructure	Across the academic year.	Access session materials, reflections, and evolving outputs through digital platforms.	Provide four faculty facilitators per session, administrative coordination, asynchronous materials, and technology support.	Continuity across all three phases.	Accessible materials and preserved outputs that participants can revisit and adapt.
Approximate implementation requirements	Per masterclass and across the academic year.	Participate alongside existing clinical and academic responsibilities; protected time was not routinely provided.	Four faculty facilitators per masterclass, each with approximately 1.5 hours of preparation for an established session; approximately 20 cumulative faculty hours to develop a new masterclass; one facilitator with dedicated program effort (0.2 FTE), with the others having no protected effort for Faculty College; administrative support averaging approximately 4 hours per week; digital platforms available through institutional subscriptions.	Sustains delivery of all three phases.	An approximate picture of the resources needed to adapt the program locally.

Abbreviations: FTE, full-time equivalent; POGIL, Process-Oriented Guided Inquiry Learning. Resource figures are approximate

*Attendance and completion: At least 15 of the 17 masterclasses (88%) were required for standard program completion. Session credit could be earned through live participation or review of a missed session recording. The approximately 70% live synchronous attendance reported in the manuscript reflects live attendance only (participation in at least 75% of a session's duration); recording-based completion credit was not counted as live attendance. Program leadership considered minor shortfalls against the completion requirement individually when clinical conflicts or extenuating personal circumstances arose; individualized exceptions affected completion decisions only and were not counted as live attendance.