

Supplemental Material

SUPPLEMENTAL TABLE S1

Consolidated Framework for Implementation Research Domains, Definitions, and Application to the Exercise is Medicine® Canada on Campus Program

CFIR Domain and Constructs	CFIR Definition (Damschroder et al., 2009)	Adapted Definition for the Context of EIMC-OC Groups	Number of Barriers Related to Domain	Number of Facilitators Related to Domain
Domain: Intervention Characteristics Constructs: intervention source, evidence strength & quality, relative advantage, adaptability, trialability, complexity, design quality & packaging, cost	Attributes of the intervention that influence the success of the intervention; can be conceptualized as having 'core components' (the essential and indispensable elements of the intervention) and an 'adaptable periphery' (adaptable elements, structures, and systems related to the intervention and organization into which it is being implemented)	Attributes of an EIMC-OC group that influence the success of the group's interventions; 'core components' include the student-led nature of the groups, the strength and quality of research supporting the use of exercise as a chronic disease prevention and management, and an overarching group mission to promote physical activity by implementing initiatives in at least one of the four EIMC-OC initiative categories ^a ; 'adaptable periphery' elements include the size and composition (i.e., disciplines and levels of education of students) of the group, the executive structure, the specific categories of EIMC-	3	3

		OC initiatives targeted, the primary target end-users (i.e., students, community members, health care professionals, etc.), how each group is presented to target end-users, and any alternative or similar interventions offered in each university or college setting		
Domain: Outer Setting	Includes the economic, political, and social context within which an organization reside	Characteristics of the university or college (i.e., size, professional health-related programs, etc.) and community (i.e., size, extent to which active lifestyles are supported, etc.) in which any given EIMC-OC groups is implemented	4	8
Constructs: patient needs & resources, cosmopolitanism, peer pressure, external policy & incentives				
Domain: Inner Setting	Includes features of structural, political, and cultural contexts through which the implementation process will proceed	Divided into ‘direct inner setting’, which includes the members of each individual EIMC-OC group (students, faculty liaisons, etc.) and interactions between these members, and ‘peripheral inner setting’, which more broadly includes all members of EIMC-OC groups and individuals affiliated with the EIMC national body, as well as the communication among all these individuals	9 (8 direct, 1 peripheral)	20 (14 direct, 6 peripheral)
Constructs: structural characteristics, networks & communications, culture, implementation climate, readiness for implementation				
Domain: Characteristics of Individuals	Characteristics of individuals that are involved with the intervention and/or implementation process	Characteristics of EIMC-OC group members and their target end-users	3	3
Constructs: knowledge &				

beliefs about the intervention, self-efficacy, individual stage of change, individual identification with organization, other personal attributes

Domain: Process	Four mechanisms that connect an intervention and its setting with implementation (planning, engaging, executing, and reflecting and evaluating)	The processes EIMC-OC group members used to plan initiatives, engage target-users, execute initiatives, and reflect and evaluate	8	14
Constructs: planning, engaging, executing, reflecting & evaluating				

^a The four EIMC-OC initiative categories are: physical activity awareness and promotion activities, educational workshops for students and/or community members, consulting interactions with campus Student Health Services or local primary care networks, and new curriculum developments or revisions.

Note. CFIR, Consolidated Framework for Implementation Research. EIMC-OC, Exercise is Medicine[®] Canada on Campus. Some barriers and facilitators were mapped to more than one domain.

SUPPLEMENTAL TABLE S2

Complete list of barriers to implementing Exercise is Medicine® Canada groups on university/college campuses

Barrier	CFIR Domain(s)	Frequency	Illustrative Quote
1) Promoting group initiatives to students from a range of disciplines	Process (engaging)	34	“The struggle was kind of not having... the widespread type of students that that would basically help generate participation from um a lot of different people... we were kind of relying on like a core group of people”
2) Time constraints (of group members, key stakeholders, etc.)	Outer Setting (cosmopolitanism)	28	“There was one... endocrinologist who we were put in contact with who was initially interested in working with us... due to her busy schedule and kind of our busy schedule... we lost communication on that front.”
	Direct Inner Setting (available resources)		“It’s challenging just even the faculty members that are on board, they have crazy busy schedules... and as do students as well”
3) Communicating with health care professionals	Intervention Characteristics (complexity)	23	“It is very difficult to get doctors to switch over to this new method of talking and prescribing um exercise.”
	Characteristics of Individuals (self-efficacy)		“Personally I'm not sure how to approach a physician in getting them to prescribe exercise”
	Process (engaging)		“Most of us don't have a lot of connections with physicians”
4) Scheduling	Direct Inner Setting (structural characteristics, networks and communications)	18	“It would be nice to have meetings more often. It’s just a schedule concern and I think that’s where it comes back to our executive team being a little bit too big.”
	Process (planning)		“...Finding dates, like we need to try to settle on a time for an event or a day for an event. We all have such different

			<p>schedules cause some of us are in Med, some of us are in Dentistry, some of us have like full undergrad courses, and then some of us are there all summer.”</p> <p>“This past year we unfortunately had some competition there was three events on the same evening so we had less attendance”</p>
	Process (engaging)		
5) Communicating with other EIMC-OC groups	Intervention Characteristics (adaptability)	17	“We did a little bit of research on what other schools have done for their Exercise is Medicine events but we can’t compare to them.”
	Peripheral Inner Setting (networks and communications)		“...That [communication with other EIMC-OC groups] I would say is pretty limited for at the time being. The only way that we have methods of contacting other groups is if, for example, he [group member] was part of the group at [Name of School] so we have some contact through him to the group at [Name of School].”
6) School characteristics	Outer Setting	15	“Finding people who can commit time to put in because it’s volunteer and again we’re just not a huge campus... there’s no residence, so it’s a commuter campus so students don’t really want to hang out here after hours.”
7) Managing group structure	Direct Inner Setting (structural characteristics)	13	“I think the biggest challenge we have right now is... I think we have too many people on our executive team even because like we have I think eleven people in total and it’s hard for people to like, there’s only so much work to do like at any given time, so if we give a role to everybody it feels like it gets dispersed too much and then it doesn’t feel like things move forward.”
	Direct Inner Setting (networks and communication)		“We learned that the way that [Name of School] was doing things and they’ve been very successful is that they have kind of little projects and basically when students join they pick a project and they kinda join that team... so we’ve tried to kind

			of create teams like that um and so basically there's a lot of like intra-team communication. We're trying to figure out ways to be better at inter-team communication cause... we're finding that the teams aren't communicating very well."
8) Advocating for curriculum changes	Intervention Characteristics (intervention source)	12	"I would like to think that they [the curriculum committee] would, you know either way, whether it's a group of med students or it's like an established organization... I would like to think that they would be you know as open to it um regardless of who approached them, but definitely I think it would help to have the extra pull um from whatever we can get to facilitate things. I think if there were just some sort of a standardized um approach that we could take."
	Characteristics of Individuals (knowledge and beliefs about the intervention, self-efficacy)		"...it would be great if we could kind of adapt the curriculum a bit. The only problem with that is that I kind of wouldn't feel prepared going to propose this kind of curriculum change without any kind of data or essentially proof that that it's necessary and that students are interested in it... right now I I'm not sure that we have enough information to kind of convince them to make that change."
	Process (engaging)		"It's just felt a lot like we've gotten the run around from faculty... like we'll talk to one dean and they'll say come to the curriculum meeting, so we go to the curriculum meeting and we're all prepared and then they say oh this is great, but we're not the people you should talk to, you should talk to these people, and then we're like we did already and so... I think barriers have been feeling like staff are on board, but not really taking an active approach at helping us reach those goals."
9) Finances	Direct Inner Setting (readiness for implementation –	12	"...financial stuff was definitely a barrier at the beginning because you can't even make promotional stuff that's quality other than a printer paper kind of thing. And we wanted a sign

	available resources)		and all of those were like over \$100. So financial stuff was definitely our biggest barrier at the beginning.”
	Peripheral Inner Setting (readiness for implementation – available resources)		“Exercise is Medicine Canada doesn’t have money to provide to campus groups... and so we can, we can apply for funding through our Society for Graduate Professional Studies, SGPS, but that’s quite limited, so I would say at the beginning in terms of like promotional events or or materials or prescription pads or that type of thing, we had to be very resourceful and also rely on other people um to support some of the things that we were doing. Um I would that, that’s one of the main barriers.”
10) School policies	Process (planning)	10	“Writing the constitution was quite elaborate. It has to be a very substantial document at our school, so that was a bit of a challenge cause I basically had to learn how to write a constitution which I didn’t know.”
11) Winter conditions	Process (engaging)	9	“It’s like nobody wants to drive in the snow, and in the winter time it’s also dark, so nobody wants to leave their homes after 5pm when the sun sets” “We had an event a couple of weeks ago, didn’t work out there was a massive snow storm... so the event basically absolutely no one showed up to it.”
12) Maintaining group continuity across years	Process (executing) Direct Inner Setting (networks and communications)	8	“A larger part of the group are from medicine, and so we all have kind of very, we have rotations of varying intensity and different times of the year so some of us will kind of fade out for a few months and then come back in so that’s also very hard in terms of planning continuity in terms of positions and like establishing specific responsibilities in the executive group.”
13) Maintaining interest of students	Process (engaging)	6	“I think a big issue that we were having too, middle of last semester, was that some people's interest in the club was

			wading a little bit and they wanted some initiatives that were more, kind of, fun for them to do... so things like capture the flag and yoga are fun and it's a way for us to build more membership."
14) Lack of experience	Direct Inner Setting (readiness for implementation) and Characteristics of Individuals (self- efficacy)	4	"The challenge in the beginning was that we were brand new. We didn't know exactly what we were doing."
15) Lack of faculty support	Direct Inner Setting (structural characteristics)	4	"Challenges would probably in terms of faculty involvement... we really haven't had much of any faculty involvement. It's been primarily a student-driven thing... for our symposium last year, we had professors who kind of speak, but we haven't really had anybody on with the group on a full-time basis or as like a faculty liaison or anything to that extent."
16) Lack of group member commitment	Direct Inner Setting (readiness for implementation)	3	"We're kind of struggling a bit right now with that dynamic in terms of people saying they're interested and then not doing what they said they would do and it's tough to kind of know how to follow up without kind of stepping on toes."
17) Creating interest in the community	Process (engaging)	2	"Certain people just put more effort into it than others." "I think sometimes the purpose of our group is, isn't as clear to community members because we are so versatile."
	Outer Setting (cosmopolitanism)		"It has been primarily students, only because it's right on campus and it's been in the middle of the day, so it's been difficult to get community members so that's another thing that's going to be up for discussion; if we can maybe change the time of day or day of the week to see if we can get more people to come."

18) Convincing key stakeholders to follow through	Outer Setting (cosmopolitanism)	1	“I would say that for the most part those who are already actively engaged in promoting exercise have been excellent in the follow through in different things we have contacted them about and then all others have been excellent in the initial approach, like they show enthusiasm initially for promoting exercise and then we’ve had difficulty with the follow through.”
---	---------------------------------	---	---

Note. CFIR, Consolidated Framework for Implementation Research. EIMC-OC, Exercise is Medicine® Canada on Campus. *CFIR Domain(s)* column presents the domain(s) at which the barrier operates. *Frequency* column presents the number of times each barrier was referenced across 12 interviews.

SUPPLEMENTAL TABLE S3

Complete list of facilitators to implementing Exercise is Medicine® Canada groups on university/college campuses

Facilitator	CFIR Domain(s)	Frequency	Illustrative Quote
1) Collaborating with other campus or community groups	Outer Setting (cosmopolitanism)	40	“We’ve built some good connections with the recreation centre and health services on campus, so those are both things that we can utilize for the upcoming symposium.”
	Process (engaging)		“We’ve started creating um networks with other student groups that we can be in regular contact with... we partnered with Canadian Obesity Network students and New Professionals Group at [Name of School] and had a really successful partnership”
2) Advertising	Process (engaging)	38	“We have our Facebook page and then we create events there and kind of send them out, just trying to invite all of our friends and hopefully it gets passed along... We printed off a lot of posters and just posted them on bulletin boards all around the school and chalkboards... and I’m a Masters student so I actually just walk into classes to promote.”
3) Support from faculty	Outer Setting (cosmopolitanism)	30	“She [the group’s faculty representative] has helped us... connect with other community members”
	Direct Inner Setting (readiness for implementation)		“The faculty advisors for our group initially had a bigger role in starting the club up... they kind of brought it to our campus and worked with our previous president in creating the club at first”
	Process (engaging – opinion leaders)		“It’s nice to have another person who is in the field kind of talking about our group, especially when it comes to things like the medical school curriculum and changing it. You’d be pretty hard-pressed for a group of graduate students to go and do that, and so her being there and actively participating in

			those discussions really like legitimizes those types of things.”
4) Communicating with other EIMC-OC groups	Intervention Characteristics (adaptability) and Process (reflecting and evaluating)	25	“I went to the CSEP conference in October. They had the Exercise is Medicine on Campus group meeting directed by [Director of EIMC] and we all sat down and people expressed what events they did, how they went, what they would change, and that was definitely very eye-opening to me because we only started the group a month earlier. So I was able to take some of their ideas and... just morph them to suit [Name of Town].”
	Outer Setting (cosmopolitanism)		“[Chair of other EIMC-OC group] emailed me a doctor’s number who’s willing to come in and talk to the campus... so talking to him was good.”
	Direct Inner Setting (readiness for implementation) and Process (planning)		“We had to write the club constitution and the general mandate and stuff like that... I just used stuff from the website but I was in contact with the girls from [Names of Schools]... and they sent me their constitution... then they helped me write it.”
5) Support from the EIMC national body	Peripheral and Direct Inner Setting (networks and communication)	23	“She [Director of EIMC] put me in contact with [Name of School] who’s a professor in the School of Human Kinetics at [Name of School]. We worked together to kind of spearhead the whole thing.”
	Direct Inner Setting (readiness for implementation)		“For promotions and stuff like putting banners up... we wouldn’t be able to afford that kind of stuff if it wasn’t for having [Director of EIMC].”
6) Support from the university/college	Outer Setting (cosmopolitanism)	18	“Having regular contacts in different departments or in different faculties could be a really helpful thing.”
	Process (engaging)		“With us being in Medicine, we have a lot of support through our, ah um uh what’s it called, our Medical Student

			<p>Council, um cause they really kind of promote like forming different clubs, student initiative groups, and things like that, so we were able to kind of do some promotion through that and affirm the formal creation of the club. That definitely helped out with that.”</p>
7) Support from the community	Process (engaging) and Outer Setting (patient needs and resources)	17	<p>“The population here is just very interested in health and um when we do have events there tends to be a pretty good turnout because they’re looking for, um, to be educated, and they’re interested in these kind of things. So I guess just the attitude and the atmosphere of the population and the community is definitely a helping factor as well.”</p> <p>“There’s a lot of programs to head up here, like there’s a lot of cardiac rehab type programs, active aging programs, et cetera, and those people already have such a large following that putting an event up to promote physical activity makes it that much easier to get people there.”</p>
8) Support from students	Characteristics of Individuals (individual identification with the organization) and Direct Inner Setting (readiness for implementation)	17	<p>“I’d say facilitators are the number of people that are really passionate about it. Like we’ve actually had to turn down like so many people that wanted to be on our exec team and we were like we already have a full exec team. So many people are interested. Events that we’ve had have been really well received by the medical students.”</p>
9) Project-based group structure (delegating tasks to group members)	Direct Inner Setting (structural characteristics)	16	<p>“Recently we transitioned into a project-based approach where we delegated tasks according to specific projects, so people who were interested in a particular project could take the lead on that project and then um relay that information to the communications specialist who would then keep the co-chairs informed. I think we kind of adopted that way because uh, first and foremost, there was way too much put on the executive council last year to carry out major events. Um, and secondly, this kind of gives people the opportunity for people to get involved with what they’re really passionate</p>

			about.”
	Process (planning)		“I’m part one of the groups planning our yoga event and we’ve definitely gotten a lot more done in the last couple weeks than we had like in the last month that we’ve been trying to plan it for so...it [the project-based approach] definitely helped, like assigning responsibility to people instead of just kind of putting it out there and getting somebody to volunteer to do it.”
10) Using social media as a communication tool between group members	Direct Inner Setting (networks and communications)	16	“We have a Facebook page that’s private for all members and executives and then you know people will just say okay well whoever wants to be in this group can just kind of personal message me and then a group that is formed, they can go over stuff, they can even coordinate logistics and stuff over Facebook.”
11) Regular group meetings	Direct Inner Setting (networks and communications)	16	“We have regular general meetings where the exec come and our um members who are part of the committees but are not part of the exec, like we don’t differentiate between that. So what we generally do at those meetings is an update of what has happened since the last meeting its monthly. Um and the plan for the next little while and then we break out into the committees um where the leads, um lead their own um mini-meeting and then [Name] and I will go from committee to committee to make sure things are on track and um give our help as needed.”
12) Including students with varying education levels and disciplines on the executive team	Direct Inner Setting (structural characteristics)	16	“for last year and getting into this year definitely been able to pull not only from our classes, different years within medicine, but there are more involved from physiotherapy, occupational therapy, now there’s uh like a bunch of both undergrads and grads in Kinesiology. We’re starting to get a better pull from the Kin side of things.”
	Direct Inner Setting		“...we can’t come up with all the ideas that a health

	(implementation climate)		promotion person could come up with. So I uh again another facilitator, to go back to your question on facilitators after what <i>*Name of P2*</i> said, is allowing every member of the group to, to participate in whatever they want to participate in, within the guides... which is why it's so important to have members from different disciplines on executive and things."
	Process (engaging)		"It's really good having input from undergraduate students as well because that's kind of the biggest, not necessarily our target audience, but that's the biggest pool of students that we can um that we can kind of promote our events to."
13) Collecting feedback at events	Outer Setting (patient needs and resources)	15	"We had feedback from discussions and stuff, answering the audience's questions and talking with them. So it was just like, people would generally say positive things so it was good to listen to the positive feedback but it was also good to listen to um some people said the presentations weren't long enough or were too long, so we took those into consideration. Um it helped us change what we did in terms of guest speakers too."
	Process (reflecting and evaluating)		"We are looking at doing some kind of um feedback system for the community to give us on how effective our um initiative would be."
14) Commitment of group members	Direct Inner Setting (Culture)	15	"I can speak from the last two years that having a group of people who are really passionate um and are really um excited about what we're doing has been invaluable because um, you know, we have a group of solid students who are well-versed in their um area of study, who have a lot of very interesting perspectives to bring to the table. So even though not everybody in our group might be involved in carrying out a project, there's a lot of really good ideas."
	Direct Inner Setting		"Some of the facilitators are just the other group members

	(readiness for implementation)		and just the motivation of the co-founders. And that is kind of plowed through most of the barriers.”
	Characteristics of Individuals (knowledge and beliefs about the organization)		“I’m really, really passionate about what exercise, Exercise is Medicine is about. So exercise prescription, and creating opportunities for people to be engaged in physical activity. I mean, just as [Name] said, I really feel like Exercise is Medicine is a great vehicle for that, asnd a really great place to do it, on a university campus. Cause we have the opportunity to do um all those things um and because we do like that’s what motivates me to really try and make it happen because there are so many things that we can do and we can make happen so. And we have a great group so it really helps.”
15) Support from health care professionals	Intervention Characteristics (evidence strength and quality) and Process (engaging)	10	“When you’re somebody in the audience and you’re having a lecturer who’s from, who’s the professor, I think there’s a little bit of a jaded perspective that comes from the audience because they’re going well, they’re paid to do that kind of research and they’re interested in science to begin with, but I think that there’s a whole new level of respect that comes from somebody in the audience who’s listening to a doctor say exercise is a good idea for you because I think that’s just kind of the way our society’s been brought up for such a long time. You know the doctor’s at the absolute top of the pyramid to be listening to, so having the doctor and in this case, [Name of Physician] that is so like immersed in exercise it’s incredible. It um was just such a grateful, just grateful to have her speak, was just such a great thing for the public to listen to too.”
	Process (executing)		“I think we’ve had the most success with like our educational workshops. Um but all of those require consultation with medical professionals that were in line with

			our message.”
	Direct Inner Setting (readiness for implementation)		“[Health care professional] was so on board with the ideas of Exercise is Medicine. I think she already had a lot of the same ideas before we even approached her. So she had so much to offer in terms of advice and being the face to a lot of people.”
16) Easy access to students in professional health-related programs (i.e., medical, physiotherapy, occupational therapy, nursing, etc.)	Direct Inner Setting (readiness for implementation)	10	“Although it’s our second year at [Name of School], I feel that since we have so many resources, we really should be um leading, along with [Name of School], the Exercise is Medicine on Campus initiative. Just because we have the physiotherapy students, we have the occupational therapy students, the med students.”
	Process (engaging)		“Last year we had the med student onboard and because this year he’s in the hospital a lot so there’s not as much involvement with prescribing exercise cause we don’t have many contacts with doctors so we’re trying to carry out what he had started but this year we have a couple new med students that are on board that are doing the same thing for their project so hopefully we can get more of the educational side.”
17) Starting with small events focusing on student engagement	Intervention Characteristics (trialability)	8	“...instead of going out over the whole school and trying to do this thing that eventually maybe even doesn’t work um we’re starting, we’re trying basically to start small and then go bigger instead of kind of trying to assume that everyone’s going to wanna be a part of this from like the get go.”
	Intervention Characteristics (complexity)		“I don’t want to say easier for us to do, but we definitely have more control over what we can do on campus involving students versus physicians.”
	Process (engaging)		“Promoting it as like a fun social event, not as like an

			educational thing helps.”
18) Having a flexible mindset	Direct Inner Setting (implementation climate)	7	“Then I think it evolves through the year as well because our goal moving forward at the beginning of the year in September was not to give two evaluation studies right off the bat because we hadn’t really connected with [Name of Faculty] that much but then we had an opportunity and we saw okay can we prioritize this, yes, do we want to be involved with this, yes, and that kind of evolved and then we got, we had to set smaller goals from there.”
	Process (executing)		“For our events, we just very much like do things quickly on our feet... didn’t work? Let’s change it.”
19) Experience	Direct Inner Setting (implementation climate)	5	“I think we had pretty much the same mission and goal from the first year to this year um but we’re doing more now to reach that because we’ve developed a little bit as a group and we’re able to do more and I mean we’re extremely ambitious this year.”
	Characteristics of Individuals (self-efficacy)		“I think initially we weren’t as ambitious as we are right now. I don’t think we thought some of the things that we’ve done were realistic at the beginning. So I don’t think we thought it was realistic for us to develop a prescription form and implement it at a family health team. I don’t think that it like we thought it was realistic to teach medical students things that they would be tested on in two years kinda thing. So um so I would say that now that that those things are um, that, that, we’ve seen success with them, we realize our potential I think our goal has shifted more so to, to targeting the physicians and the medical community, um, versus just as a physical activity awareness campaign.”
20) Organizing unique events that participants could not easily find in	Process (engaging)	5	“The first one was just normal capture the flag and then the second one we did a glow-in-the-dark capture the flag. And I think just it being at night and glow-in-the-dark, people were

other places			pretty excited to come out and, and I think that was a good change that we made in the planning of it to try to just make it a little more interesting for people.”
21) Making events practical and useful for the target audience	Outer Setting (patient needs and resources)	5	“For example, for the med students we have basically like a lunch time series where we have different experts come in and talk about different things, but we try to make sure that the experts focus on like the practical, like don’t talk about like um you know like glute transporters and like all these like various things that like no one cares about essentially... like talk about what this means like clinically and like what like how you can what you can see and how you can feel it and all these things so that basically like we can relate that to our patients later.”
22) Conducting research in line with initiatives	Process (reflecting and evaluating)	4	“We’re evaluating the [Name of Workshop] with a pre- and post-, um, questionnaire design, um, and then similarly to that, we’re also evaluating the effectiveness of a half-day workshop that we, um, led for the second-year medical students in their endocrinology block.”
23) Being goal-oriented	Outer Setting (cosmopolitanism)	4	“And I think one way also to help when we are talking to those types of community stakeholders or whatever is to have something specific in mind that we want out of it because there’s also the times where we’ve had conversations with several people where there’s nothing specific at the end. There’s no action. We just had a conversation which is great, it’s not a waste but then it’s like well where do we go from here, what are we looking to get out of this. We want to get more out of this partnership.”
	Direct Inner Setting (implementation climate)		“One more facilitator too I think what really helped us, that separated us from other types of clubs that might have similar types of goals, is that we were very goal-oriented. So especially with I think [Name of One of Initial Leaders] wanted, she was like very helpful. She was always kind of

			action-focused. So rarely did we walk away from a meeting without having something to do, to actually tangibly do. Which sometimes when you have these types of groups, it can be a lot of talk and not a lot of walk. Um whereas, uh, we're very like objective, goal-focused, like purpose-driven."
24) Organizing team-based activities	Process (engaging)	2	"The team-based aspect of it drew people to want to participate because it's something to do with their friends."

Note. CFIR, Consolidated Framework for Implementation Research. EIMC, Exercise is Medicine® Canada. *CFIR Domain(s)* column presents the domain(s) at which the facilitator operates. *Frequency* column presents the number of times each facilitator was referenced across 12 interviews.

SUPPLEMENTAL APPENDIX A

PRELIMINARY SURVEY

Note: The survey was developed to ensure adequate information relating to each CFIR domain was collected to facilitate the tailoring of interviewing questions to each group. For example, information regarding the leadership team/executive committee was collected to establish a broad understanding of the structure and composition of each group so that interview questions related to the "Inner setting" and "Characteristics of Individuals" domains could be appropriately tailored.

EIMC On Campus Casebook Project - Preliminary Survey

Date Submitted: ____/____/____

Name of Institution (University/College): _____

Date EIMC on Campus Group was First Launched: ____/____/____

Faculty Liaison(s)

Name(s): _____

Title(s): _____

Faculty(ies): _____

Role(s): _____

Leadership Team/Executive Committee

Total number of committee members (with a specified position): _____

Total number of general members: _____

Please provide the title and a short description of each executive position (e.g. Chair, Vice Chair, Communications Officer, etc).

Position	Description	Faculty/Department of Current Position Holder

List the social platforms your group uses to communicate with your school and surrounding community, as well as the name of your group on these platforms (i.e. Facebook, Twitter, e-mail, etc.).

Please state your group's overall mission/vision.

Working Groups or Committees

A working group or committee consists of a sub-group of members or volunteers who focus on a specific initiative or project. For example, a sub-group of individuals who are responsible for organizing and leading an annual fun run would be considered a working group. Please provide the name of each working group/committee, the number of students involved, and the roles/responsibilities of each group.

Name	Number of Students	Roles/Responsibilities

Past Initiatives

For each of the following categories of initiatives, please provide one example of a past initiative implemented by your committee that you felt was successful and one example of a past initiative that was not as successful as you had hoped. Include the number of times the initiative has been implemented, the goals of the initiative, and why you think it was successful/unsuccessful. If you do not have an example for a particular category, leave it blank.

	Successful Initiative	Unsuccessful Initiative
--	------------------------------	--------------------------------

Physical activity awareness and promotion activities (e.g., fun run)		
Educational workshops for students and/or community		
Consulting interactions with campus Student Health Services, a local family health team, or primary care networks		
New curriculum development or revisions (within medicine, nursing, physician assistants, etc.)		

Future Initiatives

Please provide a brief summary of the primary initiatives you plan to implement this year, when you plan to implement each initiative, and the goals of each initiative.

Thank you very much for completing this preliminary survey!

The second part of your participation in this project consists of a 60-75 minute interview with the student investigator. The purpose of the interview is to follow-up on the information you provided in your preliminary survey so a more detailed profile of your group can be developed for the Casebook. We kindly ask you to nominate two people involved in your EIMC on Campus group to participate in the interview. The first person should be someone who played a role in the initiation of your group or is knowledgeable about the history of your group, such as yourself.

The second person should be someone who has been involved in organizing/leading some of your group's initiatives. You are asked to identify only these people's names, e-mail addresses and chief roles in your organization. When we contact them, we will explain the project and seek their consent before they participate in the project.

	Interviewee #1	Interviewee #2
Name:		
Role in EIMC on Campus group:		
E-mail:		

SUPPLEMENTAL APPENDIX B

INTERVIEW GUIDE

Note: The following interview guide was developed using the online CFIR Guide Interview Tool. Specifically, each of the recommended questions listed within each CFIR construct in the tool were reviewed to assess their relevance to the EIMC-OC groups. The questions that were deemed relevant were then adapted if necessary to ensure they fit the context of the EIMC-OC initiative. Questions were organized into a logical order to create an effective interview structure. Finally, questions were tailored to each specific group when appropriate (for example, when inquiring about specific group initiatives).

Interviews began with general introductions and expression of appreciation for the interviewees' participation. Interviewees were then asked if the interview could be audio-recorded to allow the investigator to later transcribe the interview. Interviewees were informed that they would receive a copy of the transcribed interview to confirm the information collected.

If the interviewees consented to audio-recording of the interview, recording was started at this point.

Personal Motivations

1. Tell me how you got involved in [Name of Group].
2. What is your motivation for wanting to help ensure the group is successful?

Development of Group

1. Who was involved in the initial launch of your EIMC-OC group?
 - a. Which faculties were involved in the initiation?
2. What was the initial mission/objective of the group?
 - a. How has this mission changed?
3. Talk about some barriers encountered throughout the stages of initiation.
4. Talk about some facilitators encountered throughout the stages of initiation.

Composition and Organization of Group

1. How are positions on the leadership team/executive committee allocated to members?
2. Who are the “go-to” people in the group when something needs to be completed?
3. Describe your faculty member's involvement in the group.
4. Describe your leadership team/executive committee meetings.
5. How do members of your group communicate outside these meetings?
6. What other high-priority events/activities are members of your executive committee involved with outside of EIMC-OC?
7. How have you promoted membership in your group to other faculties who aren't currently involved?

Communication with Other EIMC-OC Groups, EIMC, and Key Stakeholders

1. Describe your communication with other EIMC-OC groups.
 - a. How do you feel about the current communication between EIMC-OC groups?

2. Describe your communication with the larger EIMC national body.
 - a. How do you feel about the current communication with the larger EIMC national body?
3. Describe your communication with key stakeholders (well-respected teachers/educators, health professionals) in your campus community.
 - a. Talk about some barriers that you encounter when approaching these stakeholders.
 - b. Talk about some facilitators that you encounter when approaching these stakeholders.
4. Did you fill out the EIMC-OC Annual Report last year?
 - a. If not, why not?
 - b. What format of the report would you prefer?
 - c. What time of year is most convenient for you to complete the report?

Initiatives

EIMC-OC groups design and implement initiatives in four categories:

- Physical activity awareness and promotion opportunities
- Educational workshops for students and/or community members
- Consulting interactions with student health services, local family health teams, or primary care networks
- New curriculum development or revisions (within medicine, nursing, etc.)

1. Which categories do the majority of your initiatives target?
 - a. Why?
2. Are there any categories your group has never targeted?
 - a. If yes, why not?
 - b. Are there any resources EIMC could provide to encourage you to target this category?
3. Describe your group's volunteer base.
 - a. I.e., how many, what disciplines, recruitment
4. Describe your group's participant base.
 - a. I.e., how many, what disciplines, recruitment
5. How do you promote your initiatives?
6. Explain how your group sets goals for its initiatives.
7. How do you evaluate the success of your initiatives?
 - a. Have you elicited information from participants?
8. Which types of initiatives are least successful on your campus/in your community?
 - a. Why do you think this is?
9. What lessons have you learned from your unsuccessful initiatives?
10. What supports, such as online resources, marketing materials, and toolkits, do you use to successfully implement your initiatives?
 - a. Are there any additional materials you would find useful?
11. On a scale of 1 to 7, with 7 being extremely confident, how confident do you think your group members feel about implementing EIMC-OC initiatives?
 - a. Possibly follow-up about why they did not select a lower/higher number

12. On a scale of 1 to 7, with 7 being extremely confident, how confident are you that members of your campus community will participate in EIMC-OC initiatives?
 - a. Possibly follow-up about why they did not select a lower/higher number

The following questions were asked about 1-2 of the initiatives identified in the preliminary survey.

1. Describe the [Name of Initiative], which you identified on your preliminary survey.
 - a. Talk about the role of your group leaders in this initiative.
 - b. Describe any goals you set/will set for the initiative.
 - c. What information/feedback did/will you collect throughout the initiative?
 - d. What did you learn most/hope to learn when implementing this initiative?
 - e. What required resources were/are you missing?
 - f. What barriers did/will you face when planning and implementing the initiative?
 - g. What facilitators did/will you face when planning and implementing the initiative?
 - h. What barriers do you think participants faced/will face to participating in the initiative?
 - i. What facilitators do you think participants faced/will face to participating in the initiative?
 - j. Explain any changes you will make if implementing the initiative again.