Supplemental Digital Appendix 1

Interview Guide (for Residents), From a Qualitative Study of Supervisor Experience and Approach to Trust, University of California, San Francisco School of Medicine, 2014

Thank you for participating in this interview. We appreciate your willingness to share your thoughts and experiences. Our goal is to understand, from your perspective as a resident, how you interact with and supervise interns. The purpose of this study is to understand the general process of trust and supervision. Please do not use any team members or patient names or identifying information. I would like to record this interview and have it transcribed. Your name and any identifying information will be removed from the transcript and will not be used during the analysis. Is it okay with you if I record the interview?

TURN ON RECORDER
This is an interview by [interviewer] with [study ID]. Today is [date].

We know that residents are making decisions about when to trust their interns to act autonomously and when to supervise more closely. We are interested in learning about your decisions about when to give interns more or less autonomy.

Take a minute to recall a few of the interns you have worked as a resident. Throughout this interview, it may be helpful to think about specific interns. Let me know when you are ready to begin the interview.

PART 1: GENERAL QUESTIONS
1. What does it mean to you to trust an intern with patient care responsibilities?
2. What makes you decide if you trust an intern with a certain task or not?
   a. Can you give me an example?
   b. What do you do differently if you don’t trust an intern?
3. How long does it take you to learn how much you can trust your intern?
   a. To what extent do you rely on word of mouth feedback about particular interns?
4. Sometimes, how much you trust your intern might change over time. Can you think of an example of when the tasks you trusted your intern with changed over time?
   a. Why did your trust change?
5. Did how you trust change from the beginning of R2 year to now?
   a. In what way?

PART 2: SUPERVISION
6. Now we will talk about supervision. What is your approach to supervision?
   a. Does your working relationship with an intern change how you provide supervision? Can you give an example?
7. As the resident, you are responsible for overseeing the care of all patients on your team. How do you ensure that patient care is safe?
   a. Are there things you do for all patients regardless of your trust in your interns?
8. As a resident, you are not only supervising interns but you are also supervised by an attending. Does this change your approach to trust or supervision?
9. Issues related to a particular month can affect the way you supervise. For instance, team census, types of patients on service, number of medical students, attendings, and other health care professionals all might influence your approach to supervision. What situational issues have you found to influence your approach?
   a. Was there ever a time when you felt like you supervised your intern less than you should have?
   b. More than you needed to?
   c. Were there ever situations where you were not sure how much supervision to provide?

PART 3: REFLECTION
10. The last few questions are reflective. How did you learn how to supervise?
11. As an intern, did you know how much oversight your residents were providing?
12. As a resident, do you know how much oversight your attendings are providing?
13. Have your own experiences as a resident changed how you think about supervision or trust over time?
14. Is there anything else you want to add about trust or supervision?
Supplemental Digital Appendix 2

Interview Guide (for Attendings) From a Qualitative Study of Supervisor Experience and Approach to Trust, University of California, San Francisco School of Medicine and University of Pennsylvania Perelman School of Medicine, 2013–2014

Thank you for participating in this interview. We appreciate your time and willingness to share your thoughts and experiences. Our goal is to understand, from your perspective as an attending, how you interact with and supervise a senior resident. The purpose of this study is to understand the process of supervision, not to gather any information about specific residents. Please do not use any team members or patient names or identifying information. I would like to record this interview and have it transcribed. Your name and any identifying information will be removed from the transcript and will not be used during the analysis. Is it okay with you if I record the interview?

TURN ON RECORDER

This is an interview with [interviewer] with Dr. [study ID]. Today is [date]. We know that attendings are making decisions about when to trust their resident to act independently and when to supervise more closely. We are interested in learning about attendings’ decisions about when to give residents more or less independence. Please focus your answers on your experience with your current senior resident (not the intern).

1. What does it mean to you to trust a resident with patient care responsibilities? (Probe as needed)
   a. How do you know that?
   b. How do you decide when you are comfortable letting the resident work independently?
   c. Can you say more about that?

2. What makes you decide if you trust a resident with a certain task or not?
   a. Can you give me an example of a time you decided to trust a resident with a certain task?
   b. How about a specific time you decided not to trust a resident with a certain task?
   c. What tasks or aspects of patient care did you feel that you could rely on the resident to complete independently?
      i. Can you tell me more about how you knew that?
      ii. Are there situations where you have not been certain how much supervision you needed to provide? Can you tell me about that?

3. I’d like to ask a bit about your working relationship with your most recent senior resident. Can you tell me about that?
   a. What were your first impressions of this resident?
   b. How did the relationship evolve over your time working together?
   c. Why did these impressions change?
   d. Have you known him/her before? Or had you known about him/her from others?
e. What are your expectations of your interactions with him/her? How did you communicate those with the resident?

f. What do you think his/her expectations of your interactions are?

g. (Probe as needed) Are any other things that help you know you have a good, or not good, relationship or rapport with a resident?

4. There can be particular resident characteristics that influence how much you feel you need to supervise. What is it about this resident that influenced your thinking about how you supervise him/her?

   a. (Probe if they are stuck): Are there any resident traits or behaviors that affect your style or level of supervision?

   b. Thinking of a different resident you worked with recently, would you add anything different? (allow interviewee to compare/contrast)

5. Going back to the resident you recently worked with…

   a. Were there times that you felt your resident should have sought help but did not? Can you tell me about that?

   b. (If this didn’t occur with current resident): Did this occur with a different resident in the past? Can you tell me about that?

6. We recognize that issues related to the particular month can affect the way that you interact with your resident. For instance, team census, types of patients on the service, and issues related to the other team members, all might influence an attending’s interactions with the resident.

   a. What particular situational issues affected your interactions with the resident during this time?

   b. How did those issues influence your level of supervision?

7. Do you feel that you have had enough experience with this resident to determine whether or not you can trust him/her to complete tasks independently?

   a. Why or why not?

   b. If not, what kind of experience with a resident do you feel would you need to determine whether you can trust him/her to complete tasks independently?

8. Is there anything else you’d like to add about what it means to you to trust a resident with patient care responsibilities?

That concludes the interview. Thank you very much for participating.
Supplemental Digital Appendix 3

Focus Group Facilitator Guide, From a Qualitative Study of Supervisor Experience and Approach to Trust, University of California, San Francisco School of Medicine, 2015

Thank you for participating in this focus group. We appreciate your time and willingness to share your thoughts and experiences. In the past two years, we have interviewed both attendings and senior residents about how they trust their trainees with patient care responsibilities. Using this information, we have identified how supervisors with different levels of supervising develop trust in their trainees for patient care tasks. We created 3 exemplars of trust/supervision styles you may have experienced as trainees. We would like to share these exemplars with you and ask you to share your reactions to them. Our goal is to understand supervisor development and its implications for your learning experience.

Please do not use any team members or patient names or identifying information. I will be recording this session to have it transcribed. Any identifying information will be removed from the transcript and will not be used during the analysis. Your names will not be used in any reports from this project. Are there any questions before I pass out the exemplars and begin the recording?

I will now pass out the exemplars which we had also emailed to you. Please take a few minutes to read through each exemplar and I will begin the recording.

[pass out exemplar narratives for everybody to read through] (2-3 min)
[start recorder]

1. Think back to the residents/attendings you have worked with on your inpatient rotations. Did the exemplars resonate with experiences you’ve had on the wards with your residents/attendings?
   a. Which ones?
   b. Why or why not?
   c. Anything that is missing?

2. Personally, have you noticed any preferences for one of these exemplars over the others when working with your residents/attendings?
   a. Probe: Why?
   b. Probe: What do others think?
   c. Probe: Any other preferences for other exemplars?
   d. Probe: Do your preferences change based on the situation – such as hospital, team, or time of year?

3. Now, we will go through each exemplar one at a time. [also add in additional if group brings up new exemplars in question 1] For each, we would like your opinion about advantages or disadvantages from your own personal experiences, as it relates to your own growth and learning.
   a. Let’s start with the first exemplar. What are the major advantages to this style? (probe: any benefits for your learning? For patient care?) What are the major disadvantages? (probe: any disadvantages for your learning? for patient care?)
b. Second exemplar – advantages/disadvantages (same probes)
c. Third exemplar – advantages/disadvantages (same probes)
d. Any other examples

4. What do you do when your preference for a certain approach to supervision is different than the way you are being supervised?
   a. Have you ever tried to change your supervisor’s approach to supervising you?
   b. Probe: how did you do it? Was it successful?
   c. what made you decide to do that?
   d. Probe: have there been situations where you wanted to change your supervisor’s approach, but didn’t?
   e. Probe: Any other thoughts from others?

5. Those were all of the questions I had for you. Before we end the session, do any of you have other thoughts? Comments?