Supplemental, Digital Appendix 1

Moderator’s Guide: Nurses

Introduction: Hello. My name is [ ] and I’m the moderator today.

The purpose of this discussion is to talk about the specific teaching behaviors of attending physicians who perform Family Centered Rounds. We realize that teaching occurs all throughout the day but for the purposes of this discussion, we want you to focus on the teaching behaviors of the attending physicians which occur during Family Centered Rounds each morning.

Ground Rules: I am interested in what each of you has to say. There are no right or wrong answers.

Feel free to make comments good or bad about anything that comes up in the discussion. Before we begin, I’d like to cover a few simple ground rules:

1. The session will last 60-90 minutes.
2. The session is being tape recorded. There is no hidden camera or anything else to identify you. The tape recording will be transcribed but will not identify who you are. Specifically, even if we say each other’s names here, the transcriptionist will identify you only as “participant.”
3. I would like all of you to talk, but you don’t each have answer every question.
4. Please talk one at a time in a loud voice and please avoid side conversations with your neighbors.
5. Please feel free to ask each other questions as well as respond to mine.

Background: Please introduce yourself to the group and state which unit you are from. Ask each nurse to answer the following questions

a. How long have you been a nurse?
b. How long have you been here at Children’s National Health System?
c. Which unit you are from? Or if you are not from a specific unit, describe your main role here at Children’s National Health System.
Warm-Up:

1. What do you think are essential qualities of an effective medical educator?

Body:

2. Please describe a time when an attending physician was effective in teaching either a family, medical student or resident during Family Centered Rounds
   a. What was it about that attending’s behavior that made the teaching effective?
   b. [Moderator should try to elicit/probe all of participants to get a variety of examples - i.e. examples of effective teaching to families AND trainees]

3. Conversely please describe a time when an attending physician was ineffective in teaching either a family, medical student or resident during Family Centered Rounds
   a. What was it about that attending’s behavior that made the teaching ineffective?
   b. [Moderator should try to elicit/probe all of participants to get a variety of examples - i.e. examples of effective teaching to families AND trainees]

4. What specific behaviors and strategies make an effective teacher on Family Centered Rounds?

5. Please describe some ineffective teaching behaviors which you have experienced during FCR?

6. If you could give just one piece of advice to an attending to help him or her become a more effective teacher during FCR, what would it be?
   a. For families/parents
   b. For students or residents

7. Is there anything else you would like to share?

Closing:

I want to thank you all for participating in this discussion.

I would like to end by asking if “Anyone has any questions for me?”

Thank you again for being here tonight.
Supplemental Digital Appendix 2

Moderator’s Guide: Parents

Introduction: Hello. My name is [ ] and I’m the moderator today.

The purpose of this discussion is to talk about the specific teaching behaviors of inpatient doctors who perform Family Centered Rounds. Just so that we are all on the same page, Family Centered Rounds are multi-disciplinary bedside rounds conducted with patients, their families, nurses, medical students, residents and the attending or “supervising” doctor. Here at Children’s National Health System, Family Centered Rounds typically occur between 8:30 am and 10:30 am and last approximately 10-15 minutes in each room. It is during this time that families and the medical team create a plan of care for each patient. We realize that teaching occurs all throughout the day but for the purposes of this discussion, we wanted you to focus on the teaching behaviors of the attending or “supervising” doctor which occurs during Family Centered Rounds each morning.

Ground Rules: I am interested in what each of you has to say. There are no right or wrong answers.

Feel free to make comments good or bad about anything that comes up in the discussion. Before we begin, I’d like to cover a few simple ground rules:

1. The session will last 60-90 minutes.
2. The session is being tape recorded. There is no hidden camera or anything else to identify you. The tape recording will be transcribed but will not identify who you are. Specifically, even if we say each other’s names here, the transcriptionist will identify you only as “participant.”
3. I would like all of you to talk, but you don’t each have answer every question.
4. Please talk one at a time in a loud voice and please avoid side conversations with your neighbors.
5. Please feel free to ask each other questions as well as respond to mine.
Background: Please introduce yourself to the group and briefly state how you came to be associated with Children’s National Health System. Please state:

a. How long have you been coming to Children’s for your child or children’s care?
b. Which floors/units have you stayed on (7 EAST, Hem/onc, etc.)?

Warm-Up:

1. What do you think are essential qualities of an effective teacher?

Body:

2. Please describe a time when a doctor was effective in teaching you or your child during Family Centered Rounds?
   a. What was it about that doctor’s behavior that made the teaching effective for either you or your child to learn?
   b. What were the specific strategies they employed?

3. Conversely, please describe a time when a doctor was not effective in teaching you or your child during Family Centered Rounds.
   a. What was it about that doctor’s behavior that made the teaching ineffective for either you or your child to learn?

4. If you could give just 1 piece of advice to a doctor to help him or her become a more effective teacher of families and patients during FCR, what would it be?

5. I want to change gears a little bit now. During Family Centered Rounds, again that time period between 830 am and 1030 am each morning, doctors also have to facilitate the teaching of medical students and residents in addition to taking care of patients (i.e. your son or daughter).
   a. How do you feel when your doctor does this teaching at the bedside (near you and your child)?
      i. Can you describe a situation when you observed a doctor teach really well?
      ii. Can you describe a time when you felt it was inappropriate? Please explain.
   b. What do you think are the most important behaviors and strategies that make an effective teacher of the medical students and residents on FCR?
   c. What teaching behaviors or skills don’t work so well during FCR?
6. If you could give just 1 piece of advice to a doctor to help them become a more effective teacher of medical students and residents during FCR, what would it be?

7. Is there anything else you’d like to share?

Closing:

I want to thank you all for participating in this discussion.

I would like to end by asking if “Anyone has any questions for me?”

Thank you again for being here tonight.