

Supplemental Digital Appendix 1

Facilitator Script for Discussion Group

The Principle Investigator (PI) will help facilitate a discussion group of nurses, attending physicians, resident physicians, patients, and families or caregivers and an optional category of “other staff” (maximum number of invited participants is 12). The goal of this session is to solicit the thoughts of a diverse group regarding the physician skill set needed for a safe patient discharge from the hospital. The facilitator will guide the discussion and assist the group in the prioritizing activity; the scribe will record items offered by the group.

The PI should be mindful of the importance of having each member of this interprofessional group be heard and will pay careful attention to any power imbalance that might emerge. The PI should feel free to direct the questions especially toward patients and nurses who may feel less comfortable in a discussion group with physicians.

To prepare:

- Plan to allot approximately 90 minutes for the session.
- Identify a scribe who will attend the session and record responses from the group on a white board/flipchart during the session.
- Supply a white board or flip chart with markers and/or eraser to the front of the room.
- Mark three columns/pages on the white board/flipchart, leaving room below for responses:
 - Column 1: “Before Discharge”
 - Column 2: “On the day of Discharge”
 - Column 3: “After Discharge”
 - Column 4: “Other”
- Obtain five colors of sticky notes from an office supply store (blue for patients, red for family, green for nurses, orange for residents, yellow for attending physicians, and purple for other staff). For each participant make a corresponding set of color sticky notes numbered 10–1; for example, write the numbers 10, 9, 8...1 on 10 blue sticky notes for each patient, on red for each family member, on green for each nurse, etc.
- Minimize distractions. Be sure all participants can easily observe the facilitator and that the environment is comfortable and well lit.
- Provide a supply of simple refreshments or beverages.

FOR THE INTRODUCTORY COMMENTS, FOLLOW THIS FORMAT, BUT YOU MAY USE YOUR OWN LANGUAGE.

Good morning/afternoon. My name is _____, and I want to thank you for coming today to participate in a discussion about what behaviors resident physicians must demonstrate in order to show that they are competent to discharge a patient safely.

This is important to me as a faculty member in our physician residency program and as a champion for a new educational approach, assuring that our resident physicians are well prepared and fully competent to safely discharge hospital patients by the time they graduate. We chose to focus on safe discharge because it brings together several concerns that, if not

addressed well, can cause a setback in a patient's health and possibly a preventable trip to the emergency room or re-hospitalization.

We have asked you to participate because you represent one of several perspectives: a patient who has recently been discharged from the hospital or the family member of someone recently discharged, a staff nurse who participated in discharging a patient, a physician who is responsible for supervising medical residents, or a senior or chief resident who is both learning and teaching new residents and medical students.

Our premise is that no single perspective has all the answers, but through this discussion, we will gain the most from listening to and building upon the views of all the people who are involved in the process of a hospital discharge. One last thing: there are 11 other residency programs that are conducting these same discussions groups. We will bring the results of our discussion together with those of the others to identify the 10 or so most important behaviors residents must demonstrate to show that they are competent to safely discharge a patient from the hospital.

Before we get started, refreshments are (available here) and the restrooms are (available here); please feel free to help yourself at any time. If you need or want to leave the discussion, you are free to do that at anytime as well.

You all know that I am (Your name), and this is (Scribe's name). He/She is going to be our scribe so we can keep track of all the great ideas we generate! Let's go around the table and introduce ourselves. Just give us your first name and, if you like, whether or not you have been a patient, family member, nurse, resident, or faculty physician.

Thank you everyone.

AS YOU CONTINUE PAST THIS POINT, PLEASE READ ALOUD INSTRUCTIONS, JUST AS WRITTEN.

FOLLOW, BUT DO NOT READ ALOUD, FACILITATOR NOTES.

- READ: As part of the protocol of the study, I am going to read the instructions exactly as given.
- First, a reminder: Your participation in this discussion group continues to be voluntary. Your attendance today represents your consent to participate in this study of resident behaviors. If at any time you wish to discontinue participation, you are entirely free to leave the session.
- Before getting started, I want to say something to the patients or family members or others here who may feel that their input is not as important as that of the medical doctors or nurses here today. Your opinions are so important for us to hear! We don't think we can have a clear picture of good care without your voice, so I will be looking for opportunities during the session to be sure your opinions are clearly heard by the group.

- Finally, let me remind everyone that it is fine to use examples of events during the discussion, but please do not use names or other details that might positively identify individual patients or patient care events.
- We recognize that discharging a patient involves many different people. In this session, we are trying to identify the steps, actions, or behaviors of the resident physician that may contribute to a safe discharge.
- Let's start by organizing our discussion into three parts of a safe discharge: steps, actions, or behaviors that the resident physician should take **ON THE DAYS LEADING UP TO** the day of discharge, things that should happen **ON THE DAY** of discharge, and things that should happen **DURING THE DAYS AFTER** a safe discharge. If the group brings up ideas that don't seem to fit in one of these three categories, our scribe will note them in the "Other" column.
- How about preparing for discharge? What important steps, actions, or behaviors do you expect of the resident physician **ON THE DAYS LEADING UP TO** the discharge?

Facilitator note: This is the first of three open-ended questions to allow participants to identify important elements of discharge. Pause and allow the discussion to begin. The scribe will begin to record steps, actions, or behaviors as they are voiced by group members on the whiteboard/flipchart pages, choosing where the item fits: before, day of, after discharge, or "other" if they are not time-related. Some participants may begin with "their story" of a good or bad discharge experience. After listening, the facilitator may need to help them find a positive idea from the story to write down.

Give participants time to generate ideas. Participants may not give their responses in exactly the sequence requested, which is fine. The goal is to let everyone have a chance to participate in generating ideas. Watch for chances to bring reluctant talkers into the conversation. The facilitator should keep her/his own comments to a minimum, helping participants be concise and clear.

- **READ:** What important steps, actions, or behaviors should be taken by the resident physician to contribute to a safe discharge **ON THE DAY** the patient is being discharged?

Facilitator note: Give participants time to generate ideas. Participants may not give their responses in exactly the sequence requested, which is fine. The facilitator should keep her/his own comments to a minimum, helping participants be concise and clear.

- **READ:** What important steps, actions, or behaviors should be taken by the physician/resident to contribute to a safe discharge **DURING THE DAYS AFTER** a safe discharge?

Facilitator note: Give participants time to generate ideas. Participants may not give their responses in exactly the sequence requested, which is fine. The facilitator should keep her/his own comments to a minimum, helping participants be concise and clear.

Facilitator notes: After about 30 minutes or when it seems that the group may have come up with an exhaustive list, you will need to consolidate some of the ideas as you move toward the prioritizing activity.

- **READ:** It seems as if we are about finished with ideas. Now let's combine any that are similar so we can get them ready to list, going from most to least important. Are there any steps, actions, or behaviors we have so far that are alike, that we might be able to combine?

Facilitator notes: Help the group find and combine similar behaviors or reword them slightly to provide clarity or specificity. In talking about them in this way, the group can further focus the ideas they have generated. The scribe can cross off earlier items or use a new sheet to list the final ones.

- **READ:** Now to finish up, we need to select and rank our group's top 10 most important behaviors to be observed when deciding a resident can safely discharge a patient. We will be using the following process. Each of you will receive a set of color-coded sticky notes numbered from 10 down to 1. In a moment we will all go up to the whiteboard/flipcharts. I would like each person to put the sticky notes next to the behaviors they believe belong in the top 10 most important behaviors, using the numbers to rank them in order. Place a sticky note marked 10 next to the most valued behavior of the top 10, and place the sticky note marked 1 next to the least important of the top 10 behaviors.

Facilitator notes: Give each person a set of 10 numbered sticky notes unique to each discipline (e.g., BLUE for patients, RED for family or caregiver, GREEN for nurses, ORANGE for residents, and YELLOW for attending). Let them begin placing sticky notes next to the items they would like to prioritize. They may not have enough sticky notes for all the items, which is fine.

- **READ:** Let's spend a few minutes talking about our choices. Who wants to start by telling us what you numbered at 10, and why you chose that item as most important?

Facilitator notes: After encouraging as many participants to tell what they chose as most important and why, the session is coming to a close.

- **READ:** I want to thank everyone for your work today. Our program will be sending your responses to be compiled with those from a total of 11 residencies. It is our expectation that these results will add something important to the training of doctors that will improve the safety and experience for many patients to come.

(END OF EXACT READING: THE GROUP SESSION HAS ENDED.)

Following the end of the group session:

Each institution will complete an Excel spreadsheet of responses by participant discipline (provided separately). The table for institution A (below) gives a partial example of how results may be recorded for your group session. The PIs' results will be assembled, and a group process will be followed involving all PIs to determine which behaviors should be included in a resident assessment for safe discharge.

Table of Discussion Results by Institution A (Example)

Resident behaviors necessary to demonstrate competence to safely discharge a patient.	Family N = 2		Patient N = 2		Nurse N = 3			Resident N = 2		Attending N = 2		Other* N = 2	
Customizes discharge plan to account for patient's medical, social, economic needs.	10	8	9	7									
Assures that patient or caregiver can reconcile new medications with those previously taken at home.	7	7	7	8									
Maintains awareness of the situation in the moment, responds to situational needs.	4	6	5	6									
Works effectively as a member of the interdisciplinary team and with patients and families to ensure discharge plans are in place prior to discharge.	8	9	10	9									
Behavior x	9	10	8	10									
Behavior x			6										
Behavior x				5									
Behavior x	1	1											
Behavior x			1										
Behavior x													
Behavior x	2	3	3	2									
Behavior x	6	5		1									
Behavior x	5	4	4	4									
Behavior x	3	2	2	3									

*Optional "other" category for other professionals who may be involved with residents discharging a patient from the hospital and can contribute to identifying the physician skill set needed for a safe discharge.