

## Supplemental Digital Appendix

### Transitions Focus Group Protocol September 25, 2008

#### Focus Group One: Residents

##### Introduction

We are talking with faculty, residents, and additional staff to better understand how current residency programs work, and to discover ways to help residency programs improve. We are especially interested in how residents make “transitions” from one system to another.

For purposes of this study, a system is defined as a “small group of people who work together on a regular basis to provide care to discrete subpopulations of patients...they evolve over time and are often embedded in larger organizations, like hospitals.” Examples of systems residents train in and work in are inpatient wards, the ambulatory clinic, emergency department, radiology department, intensive care unit, etc. It is important to remember residents can have multiple transitions during the same day, for example, from wards to clinic, or to a lecture.

We are particularly interested in how residents handle the “rotation” (e.g. transition) from one clinical system to another during training (for example, rotating from an ICU rotation to a hospital inpatient ward rotation). We want to hear about what your experiences and perspectives are regarding these transitions.

#### **1. Please explain how your program “rotates” residents through different units as part of training.**

- a. Describe the process (if any) that the program uses to prepare, support, or orient you to working in your current unit.
  - i. *Probe:* If you have an orientation process, is it standardized?
  - ii. *Probe:* If you receive support or help, is it from your program, from particular systems, and/or from individuals?
  - iii. *Probe:* Is orientation received before each transition?
  - iv. *Probe:* Is support available in each new system?
    1. *Probe:* What kinds of support do you find most helpful?
    2. *Probe:* What kinds of support do you find least helpful?
- b. How frequently do you shift between systems/units?

#### **2. How do residents experience these transitions?**

- a. Please describe a particularly successful transition. Why was it successful?

- i. Can you think of a particular time when you experienced or observed something that specifically impeded you, or another resident, to cope with a transition?

*Probe:* If yes, describe what was uncomfortable or not helpful to you (particular situation, relationship with colleague).

*Probe:* If yes, describe any behaviors, either by residents or faculty, that impeded your ability to cope.

- b. Please describe a particularly difficult transition. Why was it difficult?

- i. Can you think of a particular time when you experienced or observed something that specifically helped you, or another resident, to cope with a difficult transition?

*Probe:* If yes, describe what was helpful (particular situation, relationship with colleague).

*Probe:* If yes, describe any behaviors, either by residents or faculty, that facilitated your transition.

- c. Besides orientation, how do you prepare for the transition? (if at all)

- d. How do you learn the ‘unwritten rules or norms’ of the new system?

- e. How do you handle forming new relationships w/in the system?

*Probe:* get to know people/they know you, or, stay anonymous, especially with non-physicians

- f. What (if anything) do you feel you learn about the practice of medicine, as a result of these experiences?

*Probe:* good effects, bad effects

- g. What other types of transitions do you find challenging? Why? (e.g. handoffs to night float, weekend coverage, etc.)

**3. From your perspective, what is the impact of the transitions that residents have to make on patient care?**

**4. What would you recommend, if anything, to the leadership of your training program to improve transitions between clinical rotations?**

## **Focus Group Two: Faculty**

### **Introduction**

We are talking with faculty, residents, and additional staff to better understand how current residency programs work, and to discover ways to help residency programs improve. We are especially interested in how residents make “transitions” from one system to another.

For purposes of this study, a system is defined as a “small group of people who work together on a regular basis to provide care to discrete subpopulations of patients...they evolve over time and are often embedded in larger organizations, like hospitals.” Examples of systems residents train in and work in are inpatient wards, the ambulatory clinic, emergency department, radiology department, intensive care unit, etc. It is important to remember residents can have multiple transitions during the same day, for example, from wards to clinic, or to a lecture.

We are particularly interested in how residents handle the “rotation” (e.g. transition) from one clinical system to another during training (for example, rotating from an ICU rotation to a hospital inpatient ward rotation). We want to hear about what your experiences and perspectives are regarding these transitions as an attending physician (faculty).

### **1. Please explain how your program “rotates” residents through different units as part of training.**

- a. Describe the process (if any) that the program used to prepare, support, or orient residents to working in your current unit.
  - i. *Probe:* If you have an orientation process, is it standardized?
  - ii. *Probe:* if residents receive support or help, is it from the program, from particular systems, from individuals?
  - iii. *Probe:* is orientation received before transition?
  - iv. *Probe:* Is support available in each new system?
    - 1. What kinds of support do you find most helpful to residents?
    - 2. What kinds of support do you find least helpful to residents?

### **2. In your experience, how do residents handle, or cope with, these transitions?**

- a. Please describe a particularly successful transition experienced by a resident. Why was it successful?

- i. Can you think of a particular time when you experienced or observed something that helped a resident to successfully cope with a transition?  
*Probe:* If yes, describe what was helpful (particular situation, relationship with colleague).  
*Probe:* If yes, describe any behaviors, either by residents or faculty, that facilitated residents' transitions.
  - b. Please describe a particularly difficult transition experienced by a resident. Why was it difficult?
    - i. Can you think of a particular time when you experienced or observed something that impeded a resident to successfully cope with a transition?  
*Probe:* If yes, describe what was uncomfortable (particular situation, relationship with colleague).  
*Probe:* If yes, describe what was not helpful to residents.  
*Probe:* If yes, describe any behaviors, either by residents or faculty, that impeded residents' ability to successfully transition.  
*Probe:* What other types of transitions do you find challenging? Why?  
(e.g. handoffs to night float, weekend coverage, etc.)
  - c. How do you prepare for new group of residents (if at all)?
  - d. How do you handle working with new groups of residents?
  - e. (How) do you teach residents the unwritten rules and/or norms of the new system?
  - f. Do you help residents with this process? If so, how?
  - g. Does anyone else help them? If so, who and how?
- 3. How do you personally handle these transitions when you are attending?  
What adjustments do you have to make?**  
*Probes:* good effects, bad effects
- 4. From your perspective, what is the impact of the transitions that residents have to make on patient care?**
- 5. Which specific skills or habits you learned in residency relate to successfully transitioning between systems?**  
*Probe:* Do you feel you had to 'unlearn' any habits or skills acquired in residency to adapt to your current medical practice?

**6. Do you think there should be any changes to your current residency program regarding transitions? If so, what and why?**

*Probe:* Work hour limits? Patient handoffs? Faculty having to pick up the slack? Strict adherence to the letter versus the spirit of the rules when in conflict?

**7. Are you aware of residents in your program who adopt behaviors to cope with these transitions, or aspects of a particular transition, that are counter-productive?**

### **Focus Group Three: Nurses/others**

#### **Introduction**

We are talking with faculty, residents, and additional staff to better understand how current residency programs work, and to discover ways to help residency programs improve. We are especially interested in how residents make “transitions” from one system to another.

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We are particularly interested in how residents handle the “rotation” (e.g. transition) from one clinical system to another during training (for example, rotating from an ICU rotation to a hospital inpatient ward rotation). We want to hear about what your experiences and perspectives are regarding these transitions.

- 1. Where do each of you currently work?**
- 2. Please explain how the residency program “rotates” residents through your unit as part of their training.**
  - a. Describe how you interact with residents during their rotation.
  - b. Which aspects of the residency program impact you the most on your day to day work?
  - c. Does anyone on your unit participate in any activity to orient residents to the unit when they change rotations?
    - i. If yes, who and how is this done?
    - ii. What do you think is the effect of this orientation?
- 3. How do non-physician staff experience these transitions?**
  - a. Please describe a particularly successful transition you had with a resident. Why was it successful?
  - b. Please describe a particularly difficult transition you had with a resident. Why was it difficult?
  - c. What other types of transitions do you/you think residents find challenging? Why? (e.g. handoffs to night float, weekend coverage, etc.)
  - d. How do you prepare for new group of residents (if at all)?
  - e. How do you handle working with new group of residents?

- f. (How) do you teach residents the unwritten norms or rules of the new system?
  - g. Do you help residents with this process? If so, how?
  - h. Does anyone else help them? If so, who and how?
  - i. What (if anything) do you think residents learn about the practice of medicine, as a result of these experiences?  
*Probes: good effects, bad effects*
- 4. Are you aware of residents in your program who adopt behaviors to cope with these transitions, or aspects of a particular transition that are counter-productive, and/or that they try to hide from their supervisors?**  
*(if yes, probe for examples)*
- 5. Do you think there should be any changes to your current program regarding these transitions in residency?**  
*Probe: If yes, what and why?*  
*Probe: Work hour limits? Patient handoffs? Faculty having to pick up the slack? Strict adherence to the letter versus the spirit of the rules when in conflict?*

## **Focus Group Four: Mixed Group**

### **Introduction**

We are talking with faculty, residents, and additional staff to better understand how current residency programs work, and to discover ways to help residency programs improve. We are especially interested in how residents make “transitions” from one system to another.

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*Examples* of systems residents train in and work in are inpatient wards, the ambulatory clinic, emergency department, radiology department, intensive care unit, etc. It is important to remember residents can have multiple transitions during the same day, for example, from wards to clinic, or to a lecture.

We are particularly interested in how residents handle the “rotation” (e.g. transition) from one clinical system to another during training (for example, rotating from an ICU rotation to a hospital inpatient ward rotation). We want to hear about what your experiences and perspectives are regarding these transitions.

### **2. Please explain how your program “rotates” residents through different units as part of training.**

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  - iii. *Probe:* Is orientation received before each transition?
  - iv. *Probe:* Is support available in each new system?
    1. *Probe:* What kinds of support do you find most helpful?
    2. *Probe:* What kinds of support do you find least helpful?
- b. How frequently do you shift between systems/units?

### **2. How do you experience these transitions?**

- c. Please describe a particularly successful transition. Why was it successful?
  - i. Can you think of a particular time when you experienced or observed something that specifically impeded you, or another resident, to cope with a transition?



*Probe:* If yes, describe what was uncomfortable or not helpful to you (particular situation, relationship with colleague).

*Probe:* If yes, describe any behaviors, either by residents or faculty, that impeded your ability to cope.

d. Please describe a particularly difficult transition. Why was it difficult?

- i. Can you think of a particular time when you experienced or observed something that specifically helped you, or another resident, to cope with a difficult transition?

*Probe:* If yes, describe what was helpful (particular situation, relationship with colleague).

*Probe:* If yes, describe any behaviors, either by residents or faculty, that facilitated your transition.

c. Besides orientation, how do you prepare for the transition? (if at all)

d. How do you learn, or help residents learn, the ‘unwritten rules or norms’ of the new system?

e. How do you handle forming new relationships w/in the system?

*Probe:* get to know people/they know you, or, stay anonymous, especially with non-physicians

f. What (if anything) do you feel you learn about the practice of medicine, as a result of these experiences?

*Probe:* good effects, bad effects

g. What other types of transitions do you find challenging? Why?  
(e.g. handoffs to night float, weekend coverage, etc.)

**5. From your perspective, what is the impact of the transitions that residents have to make on patient care?**

**6. What would you recommend, if anything, to the leadership of your training program to improve transitions between clinical rotations?**