

Supplemental Digital Appendix 1

Interview Guide in a Focus Group Study of Stakeholders' Expectations Regarding Trainee Competence in the Emergency Department, 2015

1. Choose the picture that best illustrates your perception of a good trainee at the Emergency Department, present your picture to the group one by one and explain why you chose the pictures and what it means to you.
2. (When all pictures have been presented) Use the pictures to discuss your different opinions on the matter – what values and knowledge informs your choice and opinions?
3. Name the skills every good trainee in the Emergency Department should have.
4. To a patient that has
 - strained his/her wrist,
 - cut his/her hand
 - hit his/her head
 - suffered the same injury as you had (only patients)... what skills and competencies should the trainee have in order to treat the patient right and create value for the patient?
5. Discuss the following words in relation to the trainee's competencies
 - Knowledge
 - Communication
 - Effectiveness
 - Waiting time (for patients) in the Emergency Room
 - Medical expertise
 - Collaboration
 - Manager/administrator/organizer
 - Health advocate
 - Scholar/researcher/teacher
 - Professional

NB: The interview guide was modified to suit the different groups, but the themes remained the same, e.g. 3. "A patient has strained his wrist" vs. "You have strained your wrist."

Supplemental Digital Appendix 2

Themes, Domains, and Sample Quotations from a Focus Group Study of Stakeholders' Expectations Regarding Trainees' Competence in the Emergency Department, 2015

Domain	Replication		
Theme	Knowledge about anticipated course of injury		
Stakeholders	Supervisor	Patient	Trainees
Quotes	<p>"... and I would say ... I see how patients are sent to controls and checks after only a few days only to keep the doctor safe. And it's a misuse of the system. They should be seen three weeks later or maybe not at all. So, it's things like that: I understand it's not easy; but you have to know as a doctor. ... They'll have to know these things – or at least where to look it up because there are guidelines for everything."</p>	<p><i>Patient:</i> "What I need is the information about what to observe and well – we didn't get any of that information, what should we do with it. Should he [son] be in school or not. And how about sports, When will he be fine again – when should we be contacting our family doctor or ... What is dangerous bleeding ... And then what should I look for exactly, when the swelling is gone."</p>	<p><i>Trainee 1:</i> "One area, I feel I lack knowledge is ... well, what do you call it: natural course of the most common injuries. I'd like to know what is happening. I read about the first 48 hours, like R.I.C.E and all, and then it should slowly go back to normal – but how long is that ankle going to be swollen? How long can they expect to be in pain? When should patients start thinking: This is normal? [...] This is knowledge I should have, and that I don't always feel like I have."</p>
Domain	Elaboration, adding depth		
Theme	Establishing rapport and providing dynamic and personalized communication		
Stakeholders	Patient	Nurse	
Quotes	<p>"It is part of building confidence ... You have to ask what's wrong and try to get the patient to explain his case and what is going on... and then LISTEN, not keeping his thoughts running on the side, drawing your own conclusions, just listening to what the patient says ... [...] and keep in mind this is a person who has experienced a trauma and needs</p>	<p>"They [trainees] should know what it is about even before they see the patient. "Is this Martha – who has a distal ankle fracture"? ... It makes you like: "Wow, you know that already ..." I think it means a lot both to my</p>	

	<p>treatment. Perhaps they are confused or in pain [...] I believe the most important thing is to be skilled with people. And to have a pedagogical approach – like teachers, [...] it is probably the most important thing ... He [trainee] should certainly not walk in and say: I'm the world's best, so just keep cool ...” [Facilitator: “So pedagogy is about the way you talk to people?”] “Talking to people ... Patients are different because some have a great sense of humor and others are simply traumatized and they are terrified and in that case the doctor should not make jokes. But to the patient with a sense of humor ... like: I smashed my thumb for perhaps the 10th time in a day, well ... that's funny, and then he [trainee] should be able to laugh with that guy. He [trainee] has to take the time to find out about the person, is he humorous? Is he trembling and afraid? ... That is pedagogy to me ...”</p>	<p>experience of the doctor, but also to the patient's experience ... “Well, you knew indeed that I [patient] was here and you had information on where I was injured.” Then you have established trust from the start, which is time well spent, I think.”</p>
Domain	Elaboration, broadening	
Theme	Awareness and respect for colleagues' skills and resources	
Stakeholders	Nurse	Leaders/Administrators
	<p>Nurse: “... among other things, they need to know what competencies an ER nurse or a nurse practitioner has. Anyway, in my experience, sometimes it may be that there are seven or eight x-rays to be looked at ... and what I'd like is just to say: “Let's go and look at these x-rays, which ones can the doctor handle and which ones can the nurse finish on her own”... Moreover, if we go through all of them at once and decide on who does what – then we can get done with it a lot faster. Instead of them [trainees] taking one at time and then going and looking at this x-ray and then the next x-ray ... I like when we are both in the process ... it gives us a much better flow, so we don't have to sit and wait and wait for them to read the x-rays and have it confirmed that nothing is broken ...”</p>	<p>“I think of them as a group. A group that works together and in fact, I see the good trainee as one who is learning to use her skills as part of a team consisting of more or less experienced doctors. This illustrates, in fact, the way we work together as doctors – in the ER and many other places. Trainees have to be aware of the limitations within the context we [hospital] are providing and within their scope of practice. Then they gain experience to perform at higher levels until they hopefully end up at an expert level ...”</p>
Theme	Managing workloads and prioritizing tasks to maximize patient flow	
Stakeholders	Trainee	Trainee
Quotes	<p>“Well, you have to be good at not letting yourself stress</p>	<p>“Well, and then with those patients ... where it's nothing, you know, and they just have to go back</p>

	<p>out. Uh ... I at least think so. And then you have to be able to prioritize, uh. And well personally I've had a hard time doing that. I've tended to spend way too much time with just one patient – and then it just adds up to like twenty patients piling up in the waiting room, just waiting and waiting – not getting the treatment they need, well that's the thing about prioritization.”</p>	<p>home again ... Well, I think to communicate with those patients are the hardest part – the most difficult, because they might have been waiting several hours, four to six hours ... and then you look at the x-ray before seeing the patient, and you already know, when you get in there. And perhaps you might be going about it the wrong way, like starting by telling them, that nothing is broken – and well, that might be the wrong way to do that, but then again you don't get to spend too much time with those patients ... So well, that is a real challenge. You have to greet them properly – ‘cause it's like, this is all that has happened to them on this particular day – it's their day in a way, they've been to the ER – that's the day – and they are going to remember this all week – and tell people how they went to the ER – sat there for like six hours and that kind of things ... It's a big thing to them. But to us, it's just nothing really – and then in some way you have to take it seriously and get them going without them thinking ”What a horrible treatment.” This is the hardest – also because we're told not to spend too much time with them ...”</p>
Domain	Complication	
Theme	<i>No theme defined:</i> Identifying unsatisfactory behavior from trainees in the ER	
Stakeholders	Leader/Administrator	Nurse(s)
Quotes	<p>“Well, I'll say it like this – I think that they are very well watched anywhere they go – from the first day. Like the nurses, who have been in the ER for like thirty years – and have “eaten” young doctors the last twenty-five years. – They are really – you know they are going to be watching over them, guarding their steps, and if some doctor does not seem to have the competencies then we'll be told – from day one – right?”</p>	<p>Nurse 1: “Sometimes it's a bit worrying, how there are very high expectations towards nurses' taking care of young doctors. Now, this might sound a little negative, but it's not meant like that ... It's just, there's this huge confidence in the group of nurses, but we have so many other functions. We are not just assigned to the ER... We are assigned to the reception and in our ward as well and several other responsibilities. So if we are to follow up – well, we will of course like to advise trainees, but there has to be a follow up by supervisors, quite meticulously ensuring these things.”</p> <p>Nurse 2: “A lot of them would pass without us seeing it, because we're doing a lot of other things and in other rooms. We can't supervise under those circumstances. I for one would never</p>

		hang my hat on nurses guiding or catching the risky ones that way ...”	
Theme	Perseverance and commitment		
Stakeholders	Supervisors	Trainees	Patient
Quotes	“And you must be prepared to be a little blown away in the beginning. Like, you see so many new things during the first months, and you just think; I've never seen this before ... I've never seen that before so ... And you just have to keep your head up, not letting it get to you. Also just say; Fine ... so I know what I know and the rest I will learn along the way ...”	Trainee 1: “Well, I think it’s about keeping up a poker face: Looking like one who knows what she’s doing – and in reality, you are not in control at all ... And because it feels really insecure being the doctor and you feel the patient knows that you’re not in control of anything. I would feel bad if I was the patient. And there I go about: Eh, I see your x-ray, it’s almost like nothing is broken ... But I think it’s better to fake being in control even when you’re not.” Trainee 2: Well, the ideal you have to strive for looks nothing like reality. I feel like an octopus. Trying to stuff all the knowledge into	I have a comment: I think, well it’s my experience that patients will have a better understanding and acceptance if you’re just open and honest about it. Well, I don’t mind a young doctor saying: “You know what; I’m new – I have to learn by working in the ER doing real stuff. I’m not going to make real mistakes, but I will have to ask people ... So you know, they have to be honest with the patients and not act like they know everything – when in fact they don’t. Personally, I’d not mind having a treatment like that – but the thing is: they have to be open and transparent about it.

		<p>a big head. And then all these arms – one is trying to hug yourself, telling you it’s going to be alright – and then another arm trying to catch a nurse and some again trying to get some things going. Lots of arms in different directions and a head trying to organize your skills, well that’s what I’m thinking.”</p>	
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