

Supplemental Digital Appendix 1

Semistructured Guide for Conducting Focus Groups With Residents From a Study of Investigating What Makes the “Perfect” Inpatient Consultation, 2016–2017^a

Purpose

“The purpose of this study is to understand the interaction between fellows and residents that occur while giving an initial recommendation during an inpatient consult. You are being asked to be in this research study because you are a pediatric resident who has been involved in these interactions and I would like to hear your perspectives.”

Informed Consent

“Before we begin, I will review the information sheet that all of you should have received. By participating in this focus group, you consent to participate in this study. However, your participation in this study is completely voluntary. You are welcome to withdraw at any time tonight or in the coming months should you wish to do so, and may contact me to do this. There will be no penalty to you if you withdraw.

“We are audio-recording tonight’s session. We will not ask you to share your names once all of you have introduced yourselves and will remove any identifying information from the transcripts prior to data analysis to maintain your confidentiality. Your name will not be linked to anything you say tonight or to any summaries of the data that are shared during dissemination.

“If you agree to participate, please sign the information sheet. You will also receive a copy of the information sheet for your records. Before we begin, does anyone have any questions?”

Process

“During the next 90–180 minutes, I will be asking a series of 6 questions. I will go around the room and ask everyone to answer the first question posed. Subsequent questions will be directed to the group as a whole and anyone is welcome to respond. I may ask you to comment on ideas or topics because I want to hear your opinion. I may also ask follow-up or clarifying questions to elicit specific examples or to make sure I understand you correctly.

“There are no ‘correct’ or ‘best’ answers to any of the questions I ask tonight. Our goal is to learn from your experiences and insight, so I hope you will feel comfortable answering openly and honestly.

“Before the focus group begins, I will ask you to fill out a brief survey. This should take approximately 5 minutes to complete. I will also ask you to complete a brief demographic questionnaire after the focus group has concluded. This should take approximately 1–2 minutes to complete.”

Confidentiality

“The information discussed in this group and shared on your survey is confidential. Once again, all identifying information will be removed from the transcripts of the focus groups to maintain your confidentiality.

“Before we begin, I’d like to go around the room and have everyone introduce themselves.” Start with facilitator.

Pass out survey.

****BEGIN RECORDING****

Focus Group Questions
Resident

1. There are multiple communication modalities used when a fellow delivers an initial inpatient consultation recommendation. These usually include face-to-face, by phone, by text message, or written in a medical note. Is there one mode of communication you prefer and why?

Please describe the advantages and disadvantages of each mode mentioned.

2. Please think about fellows who use each of these communication modalities: Are there any differences or trends between these fellows that you have observed?
3. Fellows have now taken a more active role of teaching residents in the inpatient setting and consultations have been seen as an opportunity for this teaching. Between the four modes of communication do you feel like there are any educational differences? For example, in the quality or amount of information that is taught?
4. High quality patient care is a goal at every hospital and residents and fellows play a major role in this. What impacts, if any, on patient care you can describe when comparing initial consultation recommendations in person, by phone, by text message, or by written medical note?
5. Finally, please share some challenges or barriers you have witnessed to discussing inpatient consult recommendations in person?
6. Is there anything else you would like to share related to this topic?

DISCLOSURE—PLEASE READ TO PARTICIPANTS AFTER COMPLETION OF QUESTIONS

“Now that we have completed the focus group, in the interest of full disclosure, I would like to tell you that the focus of our study is to explore communication modalities used between a resident and fellow while giving initial consult recommendations and to understand the educational opportunities, potential influences on patient care, and barriers that surround these interactions.

“My intent in not disclosing this fully at the start of the focus group was not to deceive you about the study, rather to not cue you to our opinion that in-person consults might be more helpful for learning and patient care. Please keep this focus group confidential until all of the focus groups have been conducted.”

^a Participants were from Lucile Packard Children’s Hospital at Stanford University, Palo Alto, California.

Supplemental Digital Appendix 2

Semistructured Guide for Conducting Focus Groups With Fellows From a Study Investigating What Makes the “Perfect” Inpatient Consultation, 2016–2017^a

Purpose

“The purpose of this study is to understand the interaction between fellows and residents that occur while giving an initial recommendation during an inpatient consultation. You are being asked to be in this research study because you are a pediatric fellow who has been involved in these interactions and I would like to hear your perspectives.”

Informed Consent

“Before we begin, I will review the information sheet that all of you should have received. By participating in this focus group, you consent to participate in this study. However, your participation in this study is completely voluntary. You are welcome to withdraw at any time tonight or in the coming months should you wish to do so, and you may contact me to do this. There will be no penalty to you if you withdraw.

“We are audio-recording tonight’s session. We will not ask you to share your names once all of you have introduced yourselves and will remove any identifying information from the transcripts prior to data analysis to maintain your confidentiality. Your name will not be linked to anything you say tonight or to any summaries of the data that are shared during dissemination.

“If you agree to participate, please sign the information sheet. You will also receive a copy of the information sheet for your records. Before we begin, does anyone have any questions?”

Process

“During the next 2 hours, I will be asking a series of 6 questions. I will go around the room and ask everyone to answer the first question posed. Subsequent questions will be directed to the group as a whole and anyone is welcome to respond. I may ask you to comment on ideas or topics because I want to hear your opinion. I may also ask follow-up or clarifying questions to elicit specific examples or to make sure I understand you correctly.

“There are no ‘correct’ or ‘best’ answers to any of the questions I ask tonight. Our goal is to learn from your experiences and insight, so I hope you will feel comfortable answering openly and honestly.

“Before the focus group begins, I will ask you to fill out a brief survey. This should take approximately 3–5 minutes to complete. I will also ask you to complete a brief demographic questionnaire after the focus group has concluded. This should take approximately 1–2 minutes to complete.”

Confidentiality

“The information discussed in this group and shared on your survey is confidential. Once again, all identifying information will be removed from the transcripts of the focus groups to maintain your confidentiality.

Before we begin, I’d like to go around the room and have everyone introduce themselves.” Start with facilitator.

Pass out survey.

****BEGIN RECORDING****

Focus Group Questions
Fellows

1. There are multiple communication modalities when a fellow delivers an initial inpatient consultation recommendation. These usually include face-to-face, by phone, by text message or written in a medical note. Which mode of communication you prefer and why?

Please describe the advantages and disadvantages of each mode.

2. Are there any differences of trends among residents that you can identify which influence the communication modality that you choose to use when giving initial inpatient consult recommendations?
3. Fellows have now taken a more active role of teaching residents in the inpatient setting and consultations have been seen as an opportunity for this teaching. Between the four modes of communication do you feel like there are any educational differences? Can you describe those differences and give specific examples?
4. High quality patient care is a goal at every hospital, and residents and fellows play a major role in this. Are there impacts on patient care you can describe when comparing initial consultation recommendations in person, by phone, by text or written in a medical note? If so, please explain.
5. Please describe what an optimal inpatient consultation would look like. What elements are needed to create that optimal consultation?
6. Finally, please share some challenges or barriers you have witnessed to sharing inpatient consult recommendations in person.
7. Is there anything else you would like to share or anything else I should know?

Pass out demographic survey.

**DISCLOSURE—PLEASE READ TO PARTICIPANTS AFTER THEY COMPLETE THE
DEMOGRAPHIC SURVEY**

“Now that we have completed the focus group, in the interest of full disclosure, I would like to tell you that the focus of our study is to explore communication modalities used between a resident and fellow while giving initial consult recommendations and to understand the educational opportunities, potential influences on patient care, and barriers that surround these interactions.

“My intent in not disclosing this fully at the start of the focus group was not to deceive you about the study, rather to not cue you to our opinion that in-person consults might be more helpful for learning and patient care. Please keep this focus group confidential until all of the focus groups have been conducted.”

^a Participants were from Lucile Packard Children’s Hospital at Stanford University, Palo Alto, California.