

Supplemental digital content for Myers LC, Gartland RM, Skillings J, et al. An examination of medical malpractice claims involving physician trainees. Acad Med.

Supplemental Digital Appendix 1

Additional information on variables

Loss date was the date on which the harm occurred, not when it was discovered. Filing time was the difference between when the loss occurred, and a claim was filed. Open claim time was the difference between when a claim was filed and the claim closed. Primary responsible provider was the specialty of the provider whom the coder felt was responsible for the harm event.

An academic medical center was defined as a hospital meeting all of the following qualifications: 1) affiliated with or owned by a university or medical school, 2) provides tertiary care, 3) has a major commitment to teaching with multiple training programs and other health professional education, 4) has a commitment to research and 5) has at least 1 full time residents for every 4 operating beds.

Contributing factors were the properties of a harm event identified during the nurse coder's root cause analysis of the claim files that in aggregate allowed the harm event to proceed. The database contains the following standardized categories for contributing factors: supervision, clinical judgment, clinical environmental, clinical systems, technical skill, equipment, electronic health record, documentation, communication, administrative, behavior-related and managed care-related. For each contributing factor, the coders chose the general category in addition to the most appropriate subcategories, which also existed within a structured taxonomy. For example, the most detailed subgroup of supervision contained 1) inadequate supervision of house staff, 2) inadequate supervision of nurses or 3) inadequate supervision of other. If coders felt that better supervision of a physician trainee could have prevented the harm from occurring, they associated "inadequate supervision of house staff" to the claim.

Supplemental Digital Appendix 2

Most Common Procedures Associated With Medical Malpractice Claims by Trainee Involvement (2012-2016)

| | Trainee involved in harm event n=581 | Control n=2,610 | p-value |
|------------------------------------|---|----------------------------|----------------|
| Intubation | 28 (5%) | 58 (2%) | 0.001 |
| Cesarean section | 9 (2%) | 26 (1%) | 0.27 |
| Total knee replacement | 9 (2%) | 24 (<1%) | 0.18 |
| Manually assisted vaginal delivery | 9 (2%) | 9 (<1%) | 0.002 |
| Injection/infusion of medication | 9 (2%) | 45 (2%) | 0.86 |

n (%) is reported. The first row indicates the percent that any procedure was involved according to whether physician trainees were involved or not. The most frequent procedures are listed in descending order according to the trainee involved group. Fisher exact test was used for statistical comparisons.