

Supplemental Digital Appendix 1: Interview Guide for Interviews of Post-Graduate Year 2 and 3 Internal Medicine Residents About Their Trust of Interns (2014)

Thank you for participating in this interview. We appreciate your willingness to share your thoughts and experiences. Our goal is to understand, from your perspective as a resident, how you interact with and supervise interns. The purpose of this study is to understand the general process of trust and supervision. Please do not use any team members or patient names or identifying information. I would like to record this interview and have it transcribed. Your name and any identifying information will be removed from the transcript and will not be used during the analysis. Is it okay with you if I record the interview?

TURN ON RECORDER

This is an interview by (interviewer) with (study ID). Today is (date).

We know that residents are making decisions about when to trust their interns to act autonomously and when to supervise more closely. We are interested in learning about your decisions about when to give interns more or less autonomy.

Take a minute to recall a few of the interns you have worked as a resident. Throughout this interview, it may be helpful to think about specific interns. Let me know when you are ready to begin the interview.

PART 1: GENERAL QUESTIONS

1. What does it mean to you to trust an intern with patient care responsibilities?
2. What makes you decide if you trust an intern with a certain task or not?
 - a. Can you give me an example?
 - b. What do you do differently if you don't trust an intern?
3. How long does it take you to learn how much you can trust your intern?
 - a. To what extent do you rely on word of mouth feedback about particular interns?
4. Sometimes, how much you trust your intern might change over time. Can you think of an example of when the tasks you trusted your intern with changed over time?
 - a. Why did your trust change?
5. Did how you trust change from the beginning of R2 year to now?
 - a. In what way?

PART 2: SUPERVISION

6. Now we will talk about supervision. What is your approach to supervision?
 - a. Does your working relationship with an intern change how you provide supervision? Can you give an example?
7. As the resident, you are responsible for overseeing the care of all patients on your team. How do you ensure that patient care is safe?
 - a. Are there things you do for all patients regardless of your trust in your interns?
8. As a resident, you are not only supervising interns but you are also supervised by an attending. Does this change your approach to trust or supervision?

9. Issues related to a particular month can affect the way you supervise. For instance, team census, types of patients on service, number of medical students, attendings, and other health care professionals all might influence your approach to supervision. What situational issues have you found to influence your approach?
 - a. Was there ever a time when you felt like you supervised your intern less than you should have?
 - b. More than you needed to?
 - c. Were there ever situations where you were not sure how much supervision to provide?

PART 3: REFLECTION

10. The last few questions are reflective. How did you learn how to supervise?
 11. As an intern, did you know how much oversight your residents were providing?
 12. As a resident, do you know how much oversight your attendings are providing?
 13. Have your own experiences as a resident changed how you think about supervision or trust over time?
 14. Is there anything else you want to add about trust or supervision?
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Supplemental Digital Appendix 2: Focus Group Guide for Discussions with Residents or Recent Graduates Who Had Intern Supervisory Duties (2014)

Session Protocol

- If 2 facilitators, decide who will lead the discussion and who will be primary note taker.
 - Thank participants for coming. Facilitators introduce themselves if they don't already know the residents.
 - Explain the purpose of the session: We conducted an interview study in which we asked residents to describe how they trust their interns with patient care responsibilities. We analyzed the responses and now would like to do a "member check" which means seeing if the findings resonate with residents at other sites. First we'll ask you to respond to the question we asked residents in the study. Then we'll share what we found and ask for your thoughts.
1. Ask the group to respond to the question:
 - a. What does it mean to you to trust an intern with patient care responsibilities?
 - a. Follow up question: What, if anything, have you found challenging about balancing trust and supervision?
 - b. Follow up question: how did your approach to trust change over time as you went from a new second year resident to a third year resident?
 2. Share findings about trust from our study. Explain the different contributors to trust.
 - a. Do these resonate with you? Some more than others?
 - b. Is anything not captured in these?
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Supplemental Digital Appendix 3: Survey of Post-Graduate Year 2 or Higher Internal Medicine Residents Who Supervise Interns (2015)

A. Basic Information

1. Select your residency program: [UCSF, U Colorado, U Florida, U Minnesota, U Penn]
2. Select your post-graduate year: [2, 3, other – please specify]
3. Please indicate the number of months you have led an inpatient team (i.e. supervised interns): [1 – 10 or more]
4. Please indicate your age: [25 or younger – 45 or older]
5. I am a: [male/female/other/decline to state]

B. Trust and Supervision

Part 1: Contributors to trust*

Please rate the **degree to which the following factors affect how much you trust your intern** to do patient care activities:

(continuous bar: 0 = not at all, 50 = somewhat, 100 = very much)

Q #

1. My intern's follow-through on daily tasks. [intern reliability]
2. My intern's prioritization of daily tasks. [intern reliability]
3. My intern's clinical decision making. [intern competence]
4. My intern's medical knowledge. [intern competence]
5. My intern's attitude/enthusiasm. [intern confidence]
6. My intern's help-seeking behaviors. [intern reliability]
7. My intern's honesty. [intern reliability]
8. My intern's outward confidence. [intern confidence]
9. My intern's comfort with a particular patient's care plan. [intern confidence]
10. My intern's number of prior wards months. [intern confidence]
11. My intern's patient presentations on rounds. [intern confidence]
12. My intern's familiarity with the hospital system. [intern confidence]
13. My intern's tendency to make errors that affect patient care. [intern errors]
14. My intern's tendency to make errors that do not significantly affect patient care. [intern errors]
15. How my intern calls consults. [intern communication]
16. How my intern manages new or acute problems. [intern competence]
17. How my intern communicates with nurses about plans of care. [intern communication]
18. How my intern communicates with patients and their families about plans of care. [intern communication]

19. My observations of my intern at the bedside with patients. [intern communication]
20. My prior knowledge of the intern. [resident experience]
21. My own confidence in a patient's care plan. [resident experience]
22. My own experience as a resident. [resident experience]
23. How well I get along with a particular intern. [intern confidence]
24. How similar my intern's thought processes are to my own. [intern confidence]
25. My attending's involvement with patient care decisions. [context – healthcare team members]
26. The complexity of the patient. [context – patient characteristics]
27. The acuity of the patient. [context – patient characteristics]
28. The number of patients on the team. [context – patient characteristics]
29. The number of medical students on the team. [context – healthcare team members]
30. Other health care professionals on the team (e.g., pharmacists). [context – healthcare team members]
31. The particular hospital system in which I am working. [context – healthcare team members]

Part 2. Influence of supervisor experiences on trust

Please rate the **degree to which you AGREE or DISAGREE** with the following statements.
(continuous bar: 0 = strongly disagree, 50 = neutral, 100 = strongly agree)

Q # Question

1. When I cover my interns on their days off, I gain information on how much I can trust them. [context – duty hours]
2. My own days off clarify for me how much I can trust my interns. [context – duty hours]
3. I learned how to trust through role modeling from my previous residents. [learning to supervise]
4. I learned how to trust through feedback from my interns. [learning to supervise]
5. Reviewing the electronic medical record (EMR) helps me decide how much to trust my intern. [context – system]
6. I regularly check my interns' work in the EMR behind the scenes. [context – system]
7. I check the EMR daily regardless of my trust in the intern. [context – system]

*text in brackets denote the factor that the item factored into in factor analysis