

Supplementary Data

Resident Focus Group Guide

“Hello. Thank you so much for agreeing to participate in today’s focus group. My name is Kimi Warlaumont and for anyone I don’t know I’m a third year BCRP resident.

“Before we begin, let’s go over some ground rules. First, let’s all silence our cell phones, so we are not interrupted. Please keep your camera on for the duration of the focus group in order to maintain a “group” feel. In addition, we recommend that you select the view where you can see all participants, the gallery view in the upper right, in order to keep conversation going. Your comments will be recorded and transcribed without any identifying information. Because of the nature of focus groups, we cannot ensure that your information will not be disclosed outside of the group. We ask that each of you respect the others in the group and do not share information outside the group. You can decide that you don’t want to participate at any time during the focus group and we will remove your comments from the transcript. So that we can keep track of what people are saying, remember that we want only one person talking at a time. Please do not interrupt someone when they are talking. I want to make sure everyone has a chance to talk, so please use the “raise hand” feature if you feel like you are not getting a chance to share your thoughts. Please do not use the chat feature as this will not be monitoring during the focus group. Finally, please do not discuss anything that would be considered HIPAA.”

“If everyone consents verbally, we can proceed with the study – does anyone have any questions? Do you all consent verbally?”

“I know you all received some information about the focus group beforehand, however as a reminder, today we would like to have a conversation with you about multi-source resident feedback, also known as 360 feedback. For the context of our study, multi-source feedback is defined as feedback obtained from multiple healthcare providers including nurses, peers, chief residents, fellows, residency coordinators and attendings. This type of feedback is extensively used in healthcare sectors and non-healthcare industries and in medical training it has been shown to help identify high or low performing residents. In this focus group, we plan to discuss the interactions that residents have with each of those different groups and then brainstorm the behaviors/activities that different parties should be asked to evaluate. We hope that information you provide from our focus group today will ultimately help us to develop a multi-source resident feedback tool. Over the next hour, we are going to discuss each different group individually (nurses, peers, chief residents, fellows, residency coordinators and attendings) using the same set of questions.”

“Are there any questions about the topic or the plan for the next hour?”

Respond to participant questions.

“I am going to start recording now” – START RECORDING

Dunbar KS, Chiel LE, Doherty DP, Winn AS, Marcus CH. A unique lens: understanding what nurses are best positioned to assess about residents. *J Grad Med Educ.* 2022;14(6):687-695. DOI: <http://dx.doi.org/10.4300/JGME-D-22-00317.1>

“Residents complete countless tasks throughout the day when providing clinical care including, but not limited to, receiving and giving sign-out, participation on rounds, examining patients and evaluating patient acuity, direct communication with patients and families, medical decision making, writing orders, completing admissions and discharges, following up on labs and studies, communicating with nurses and consultants and many more. To start us off, please take a minute to think about all the things residents do on a given day working on an inpatient service, as you are thinking, please jot down your thoughts.”

After approximately 1 minute, start questions.

Questions:

Think about all the different ways you interact with or work with nurses throughout a day. Tell me about a time when you could have or wanted to receive feedback from a nurse. What was it about?

- i. optional: If received, how was it delivered?*
 - ii. optional: How did you react to receiving this feedback?*
- b. Which behaviors/activities do you think nurses would be able to provide feedback (positive or constructive) on?
- c. Theoretically, a lot of people such as peers or attendings might be able to provide residents with feedback. Of the things behaviors we just discussed, for which do you think nurses provide a unique input (meaning that nurses have insight or perspective that others cannot offer)? Explain why.
- d. What do you foresee are potential challenges to an approach where nurses give residents formal feedback?

What do you think would be beneficial for residents about the utilization of a multi-source feedback tool?

Is there anything else anyone wants to say that we haven't had a chance to discuss?

“This concludes our focus group. Thank you for your participation. As a reminder, your comments will be recorded and transcribed without any identifying information. Because of the nature of focus groups, we cannot ensure that your information will not be disclosed outside of the group however we ask that each of you respect the others in the group and do not share information outside the group. You can still decide that you don't want to participate at this time, and we will remove your comments from the transcript.”

*** Included in the interview were questions about feedback from other sources (e.g., peers, fellows, chief residents, attendings). These are purposely not included in this interview guide as they were not related to this specific study purpose.

Nurse Focus Group Guide

“Hello. Thank you so much for agreeing to participate in today’s focus group.

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“If everyone consents verbally, we can proceed with the study – does anyone have any questions? Do you all consent verbally?”

“Just to get us started, let’s have everyone tell us your name.”

“I am going to start recording now” – START RECORDING

“Before we dive into questions, I’d like to review some background on our study. While on an inpatient rotation, Pediatric Residents interact with multiple healthcare providers, including nurses, however they currently only receive structured feedback from attendings and peers. Today, we would like to have a conversation with you about incorporating nursing input into resident feedback. Over the next hour, we are trying to get a better understanding of the ways in which nurses and residents interact and how nurses might be able to contribute to resident development. We believe that incorporating input from multiple sources will provide residents with more comprehensive feedback that will aide in their growth. We hope that the information from the focus group today might help us develop a system in which nurses are regularly involved in the feedback process for residents.”

“Are there any questions about the topic or the plan for the next hour?”

Respond to participant questions.

“Let’s begin.”

“To start us off, please take a minute to think about all the ways in which you interact with residents on a given day working on an inpatient service.”

Questions:

1. “Nurses observe or work with residents completing countless tasks throughout the day including participation on rounds, examining patients, evaluating patient acuity, direct communication with patients and families, medical decision making, writing orders, completing admissions and discharges, following up on labs and studies, communicating with nurses and consultants and more. Are there other ways that I haven’t mentioned that you interact with pediatric residents throughout a shift?

“Now that we’ve discussed the ways in which nurses interact with pediatric residents, we’d like to transition to discuss resident-nurse interactions and feedback.”

2. Tell me about a time when you wanted to give constructive feedback to a resident, such as something that went poorly, or you wish had been handled differently. What was it about? Did you give the feedback? If not, why not? If so, how was it received?
3. Tell me about a time when you wanted to give positive feedback to a resident, such as something that went well, something you wanted to reinforce or something you observed a resident do that you wish other residents would do as well. What was the feedback about? Did you give the feedback? If not, why not? If so, how was it received?
4. Now that we’ve thought through these examples, what specific aspects of a resident’s practice do you think you can provide feedback on.
 - a. Thinking back to the beginning of the discussion, what are specific, observable, resident behaviors that you think you would be able to comment on?
 - b. *Facilitator should follow-up here to encourage participants to give examples that are as specific as possible.*
5. Theoretically, a lot of people such as peers or attendings might be able to provide residents with feedback. Of the things behaviors we just discussed, for which do you think nurses provide a unique input (meaning that you have insight or perspective that others cannot offer)? Explain why.
6. Currently, after each rotation, residents receive feedback from attendings and their peers via an online platform. What do you think about a system in which nurses are included in this feedback provided to residents?
 - a. What might be positive about this approach?
 - b. What do you foresee are potential challenges to this feedback approach?
 - c. Is there anything that might help encourage participation in this kind of feedback for residents?

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