

Supplementary File 1 - Nurse Focus Group Guide

1. Can you start by please describing your day-to-day communication practices with physicians
 - a. How do you communicate with physician teams during patient rounds?
 - b. What are the different ways you communicate with physicians outside of patient rounds?
 - c. How do physicians communicate things to you?
 - d. What communication method do you prefer with physicians (e.g. face-to-face, phone, page, text page)?
 - e. Do/how do patient characteristics impact the workflow for RNs and MDs? Do those characteristics impact communication between RNs and MDs?
2. If there is something you really want a physician to know, how do you communicate that?
 - a. Do you purposely choose a specific mode of communication, based on the message you want to convey (e.g. text page vs regular page)?
 - b. What kind of response are you hoping to get? (e.g. MD to come right away; new order; call back)
 - c. When physician orders are unclear, or you have a question or concern regarding physician orders, what do you do?
 - d. How would you (or do you) feel about being called on a personal mobile phone? How would you feel about being paged or able to receive texts?
3. What do you do if you don't get the response you're looking for from a physician?
 - a. If a physician is not responding to your pages in a timely manner, what do you do next?
 - b. Who do you generally go to first? e.g. NP, intern, resident, attending
 - c. Why do you think you're not getting the response you're looking for? Please reflect on what might be going on, on their end.
 - d. What types of issues do you consider requiring an urgent response when contacting physicians?
4. Do you routinely read physician notes in the patient medical record?
5. What do you like about EMR; what do you dislike?
6. Can you think of a time when a communication exchange between yourself and a physician contributed to a patient safety issue (e.g. med errors, delay of care)? Please describe and give examples.
 - a. Can you think of a time when a communication issue between yourself and a physician contributed to an adverse patient outcome or medical error, other than patient safety issues already discussed? What was the adverse outcome? Please elaborate.
 - b. What was the communication like during the exchange?
 - c. How was the incident resolved?

- d. When has communication prevented an adverse safety event?
7. What do you like about communication via the computer with physicians? What doesn't work well or needs to be improved?
 8. Please describe the process for carrying out STAT orders (e.g., STAT meds)
 - a. How do you find out about STAT med orders? Have you ever been late with orders because you were away from the computer for an extended time?
 - b. Is there a policy for how long it should take between the time a STAT order is written and when it is carried out?
 - c. Do physicians directly contact you to let you know about certain orders?
 9. Let's talk about the relationship between physicians and nurses
 - a. Do you feel comfortable approaching physicians about patient concerns?
 - b. Are certain team members more approachable?
 - c. Do you change your communication method based on your relationship with the individual?
 - d. Do the number or complexity of teams present on a unit affect communication?
 - e. Are there units with better/worse communication at your hospital? What makes them different?
 10. Do you feel that the layout of the unit influences your communication between other nurses and/or physicians? If so, please describe.
 11. Are there other barriers or facilitators to communication with physicians you'd like to share?
 12. What would make it easier for you to communicate with physicians what would it be?
- Night
1. Are you typically satisfied with the response you get from the night MD on call regarding patient issues? If you cannot reach the night MD (e.g. is a 'sleeper'), what do you do?