Supplemental Table: Supplemental quotations supporting themes.

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| Rounds as a moment of accountability | “R2: It’s nice having the whole team during rounds. So any questions, it’s not like they gotta go find somebody to ask that question because they’re all there, any questions they just go to whoever the question falls to and it’s answered.  R: And it’s like when one of them does stuff throughout the day, they know what’s going on because they were all there when it got discussed.” C26  “When we were at [different hospital that does not use FCR] the fellow came in and then maybe 30 minutes later you’d have the resident and then you’d have the nurse practitioner and nobody’s on the same page and then it’s ‘well let us all get together and come back to you’ and this one said ‘no’ and this one said ‘yes’, so I think [FCR] has been the best way we’ve seen it. C26  “For me it helps to know where the entire team is at and I like knowing the plan for that day. We’re both in healthcare, so I understand the labs and I like to see the whole team discussion and hear their interpretation of things.” C15  “I realize that’s probably a challenge for [the providers] to all be present at the same time, but in a challenging kid, sometimes having everybody present for a discussion can help clarify things.” C1  “I like to join rounds to know what’s the plan for the day, voice my opinions, like if I agree or disagree, and to push the doctors to potentially consider other things, like what’s best for our family versus just like strictly medical [considerations].” C3  “When what you feel conflicts with what the doctor is feeling, I think, ‘hmm, do I want to disagree with the doctor?’, but as a parent this is my gut feeling that something is wrong and that you guys need to take a closer look at this thing. Rounds allow more dialogue like that, people feel more empowered during rounds.” C5 |
| Caregivers’ empathy for providers | “I know they’re doctors and they have other more emergent patients that need care first, so if they’re not able to get to him I understand why. I noticed on some units they actually go into the room to round, but I know because cardiology has a bigger team they’re unable to do that and that’s fine, I can go to the door” C23  “I know that there are so many patients here and [the medical team] is doing so much, and I feel like they do it in the most organized way that they really can.” C21  “We understand that there’s kids that are in worse conditions. You have your transplants coming in, you have everything going on, and they seemed to go from worst case scenario to the better case scenarios for rounds, so it’s never really a time slot. I never expect a time slot. But they do a good job coming about around the same time each day” C24  “I know that there are so many patients here and [the medical team] is doing so much, and I feel like they do it in the most organized way that they really can.” C21  “I know doctors have different opinions and there are lots of different like facets to consider…I’ve never seen two doctors disagree and then felt like [child’s name] wasn’t getting the right care, if that makes sense. I feel like both options were good options. I’ve never been bothered by their disagreements.” C3 |
| Providers’ objections to FCR | “If you say to parents, ‘we’re going to be starting rounds soon’, what’s their expectation of what ‘soon’ is? I’m sure they’re thinking, ‘ok when is this going to happen?’ I’m sure parents are frustrated that want to go to work and they’re like okay, I want to be for rounds too, but the team is delayed.” P8  “I think that having parents ask more than one question or any detailed questions that actually involve a thoughtful answer or an answer that takes time, I think the family is short-changed by getting that answered on rounds.” P10  “I think families have different questions or questions that are not answered by a typical medical rounds presentation. They’re interested in things that are not the focus of the medical team which is trying to make acute decisions about a medical plan of care for that specific day.” P11  “I think [caregivers] truthfully just want to talk to a single person versus like the whole team during rounds, and I don’t know that they understand that they can just ask for that. “P9 |
| Provider objections to FCR | *Assumptions about caregivers and caregiver choices on rounds*  “Sometimes you can’t help it if a parent asks 57,000 questions, it’s hard to know when to put a stop to it ‘cause you have to move on to the next” P3  “When the family has an opinion that is divergent from the medical team and the medical team is basing their opinion on objective information that may be different than the family’s subjective information, that can be challenging. Trying to balance their input with what we perceive as the medical care needs of the child can be challenging.” P1  “It’s hard. I wish every family would ask one question, I wish that no families would ask more than two.” P10  “Maybe we’re thinking about another surgery, but no one’s committed yet and we don’t want to say the word surgery, because family’s going to lose their ever-loving mind.” P5  *Inequity and bias*  “I think that we aren’t good at getting families involved each and every day, whether they’re sleeping or off the unit or not in the hospital, and we aren’t good at making those kind of difficult decisions to make the phone calls to families when we may be busy, but I think that they would appreciate us doing those things” P9  “How do we know if families want to be engaged or don’t want to be engaged, and if we implement a system where we insist on every family participating in rounds, is there a way to screen the families who don’t want to participate before doing that? For example, I’ve had families who chose not to participate in rounds and were resisting discharge and so I insisted that they join rounds and explain what their concerns were, and I think they had a malintent for not participating in rounds. But I also think there are probably families who have a good intent for not joining rounds or don’t feel comfortable with that structure of 30 people. How do we still make sure that we bring their concerns, especially if they’re unable to be present at the bedside, into our plan for the day?” P1  “I find the parents that are considered ‘difficult’, but also are the most involved, get done what they need to get done for their child and are really the ones that get their children out the door faster because they’re there to advocate for them.” P5  “I remember this family was classified as being difficult, and I talked to them and they had sound rationale for the things they wanted to do, but nobody wanted to listen to them because they were just were labeled as difficult and so people made plans without involving these parents. So they were very disheartened with the team, and then once I acted as liaison, things got smoother between the team and the family, but I think sometimes parents just want to be listened to, like why do they have these beliefs and maybe we can change those beliefs if they’re wrong by educating them. Sometimes we can’t, but I think that’s when you have a tense situation, but listening to the family, like really listening to them, and even saying ‘I know you were upset in rounds, I really want to hear your point of view.’ I think that really helps.” P8 |