

Supplementary Material File 2: Codebook for Assessing Conditions for Effective Communication Amongst Interdisciplinary Teams in Surgical Intensive Care Units

Code
Psychological safety
Social norms
Relationships
Attendings not used to pushback
Excluded in discussions
Chance to ask questions
Valued opinions
Status
Hierarchy
Cognitive bias
Respect
Ownership
Deferring decisions
Delegation
Responsiveness
Attending preferences
Primary team gives approval
Anticipatory thinking
Communication
Agreement on care plan
Changing plans
Inter/intrapersonal
Formality
Mode
Assignment of a calling consultant
Fast decision-making
Handoffs
Shift to shift handoffs
Floor to SICU handoffs
Speaking up
Going directly to top of hierarchy
Rounds
Rounding at different times
Pre-rounding
Post-rounding
Work organization
Morning rounds
Communication with family

More consultants, more mixed messages to family
Need to smooth over confusion with family
Conflicting messages between teams
Tone
Updates
Variability in mechanism of communication
Regular interactions
Communication tools
Notes
WhatsApp
Texting group chats
Roles and responsibilities
Role definition
Role of APP
Point person
Mediating person
Constant in ICU
Advocate for attending
Role of 2nd year
Team manager
Psychological accessibility
Physical accessibility
Cognitive load
SICU - NIGHT
SICU - DAY
Managing expectations
Rotations
Staffing