

Supplement Table e-2: Nurse comments

Major themes and subthemes	Frequency (%)	Sample Quotations
With bedside rounding, the patient and family members concerns are addressed	6 (15)	<i>“For bedside patients get most questions answered better and if family members are there their concerns are also answered better, otherwise, we have to page the team later”</i>
With bedside rounding, it is easier for nurses to be involved	3 (8)	<i>“Easier to participate in bedside rounding”</i>
With bedside rounding, the patient is more involved and reassured	5 (13)	<i>“Very helpful with bedside - decreases the anxiety of patient, increases communication, decreases number of pages to team”</i>
With bedside rounding, nurses are able to acquire more in-depth knowledge about plan	5 (13)	<i>“Bedside rounding is WAY better as the patient hears the reasoning behind decisions and thought processes and because of that they hear it directly from the doctors and not asking us the specific questions later”</i>
Nurses are not called for rounds	6 (15)	<i>“Not called to the patient or updated later about any plans”</i>
Prefer Bedside rounding	11 (28)	<i>“I definitely feel more connected and up to date if it’s bedside rounding”</i>
Prefer hallway rounding	3 (8)	<i>“Bedside can be overwhelming”</i>

Supplement Table e-3: Resident comments

Major themes and subthemes	Frequency (%)	Sample Quotations
With bedside rounding, medical jargon inside the patient’s room can be confusing and translation time consuming	6 (12)	<i>“At bedside the whole process becomes translate your HPI in patient lingo and we can’t talk as candidly”</i>
With bedside rounding, review of images is difficult and impacts learning and teaching	8 (16)	<i>“Can be difficult to gather around a computer on the floor; Due to lack of resources viewing patient data as a team is difficult”</i> <i>“The educational piece was impaired significantly as I teach when I’m looking at images and that is not at all possible in bedside setting”</i>

With bedside rounding, assessment and plan is not well defined and communication with patient is not clear	6 (12)	<i>"Sometimes plans aren't ready and may leave patients confused"</i> <i>"Assessment can't be given without looking at images- so plan is deliriously vague - as finer details have not been hashed out"</i>
For bedside rounding, teaching of assessment and plan decreased	4 (8)	<i>"Teaching residents how to do assessment and plans is WAY LESS in the room"</i>
Bedside rounding not suitable for certain patient's, eg. delirious patients and ICU transfers	3 (6)	<i>"It should take into account that some patients who are delirious are not suitable for these rounds".</i> <i>"The ICU transfers are not good for bedside rounding because they have a ton of images and data to be reviewed and the senior has to do that by themselves before rounds because it's impossible to do it during bedside rounds"</i>
Bedside rounding better for patient care and family involvement	4 (8)	<i>"While at the bedside patients are more involved, they can correct things, add comments, really helps with their thought process, very important for small strokes and patient can feel more comforted and cared for"</i> <i>"Even if the patient does not understand it's so great for rapport building and they feel more important and involved"</i>
Bedside rounding better for nursing involvement	3 (6)	<i>"With hallway more of an effort needs to be made to involve nurses versus bedside and for me the efficiency of my day is deeply impacted if I am unable to touch base with the nurses and address their concerns and tell them the assessment plan"</i>
With hallway rounding, there is increased quality and in-depth medical discussion, making it easier to ask and address resident questions	10 (20)	<i>"For bedside- full in-depth conversation lost as you try to simplify for patients"</i> <i>"More people speak up outside, more discussion, much better learning, better for education"</i> <i>"At the bedside discussion becomes limited - intellectual discussion impaired- more censored"</i>
With hallway rounding, there is effective communication that leads to increased efficiency	5 (10)	<i>"Prefer hallway for efficiency and reviewing data while talking about differential diagnosis and clarifying medical details"</i>
Bedside rounding is superior for history and exam techniques	1 (2)	<i>"With bedside I did feel like we had more educational value for history taking and exam techniques"</i>

Abbreviations: ICU = intensive care unit