Supplemental Digital Appendix 1

Data Extraction Form Questions

Authors (List all in order of appearance: First, second, third author, etc.):

Title of article:

Year:

Manuscript type:

- 1. Please summarize the main purpose of the study or innovation (using your own words, or quoting from the article. If you are quoting, please use quotation marks and indicate the page you are quoting from).
- 2. Please briefly describe the design of the study or innovation (using your own words, or quoting from the article. If you are quoting, please use quotation marks and indicate the page you are quoting from).
- 3. The study conducted was (please choose all that apply): Exploratory, Descriptive, Observational, Experimental, Quasi-experimental
- 4. The approach to data collection was (please check all that apply): Qualitative, Quantitative, Mixed Methods
- 5. Please summarize what kind of data was collected (e.g., surveys, evaluations, interviews, etc.).
- 6. The setting of the study was (please check all that apply): Inpatient, Outpatient, Continuity Clinic, Longitudinal Integrated Clerkship
- 7. Please provide a brief description of the study setting above.
- 8. The population included in the study was (please check all that apply): Attending physicians, Resident/Trainee Physicians, Medical Students
- 9. Please provide a brief description of the study population.
- 10. Describe the approach to data analysis.
- 11. Were any theories applied to the data analysis? If so, which theories?
- 12. Please describe the primary findings or conclusions presented in the manuscript as they relate to patient ownership. Please summarize and/or copy & paste statements from the manuscript (use quotation marks and indicate page numbers for source quotes as appropriate).
- 13. Please describe any other main findings or conclusions of the manuscript. Please summarize and/or copy & paste statements from the manuscript (please use quotation marks and indicate page numbers for source quotes as appropriate).
- 14. Was patient ownership the primary focus of the article?
- 15. Did the manuscript define patient ownership? If so, summarize and/or copy & paste statements from the manuscript (please use quotation marks and indicate page numbers for source quotes as appropriate).
- 16. Did the manuscript discuss a concept/term closely related to patient ownership? If so, summarize and/or copy & paste statements from the manuscript (please use quotation marks, and indicate page numbers for source quotes as appropriate). What was the term? How was it defined? How does it relate to patient ownership?

- 17. Did the manuscript discuss any facilitators (e.g., attitudes, behaviors, etc) related to patient ownership? If so, summarize and/or copy & paste statements from the manuscript (please use quotation marks and indicate page numbers for source quotes as appropriate).
- 18. Did the manuscript discuss any barriers (e.g., attitudes, behaviors, etc) related to patient ownership? If so, summarize and/or copy & paste statements from the manuscript (please use quotation marks, and indicate page numbers for source quotes as appropriate).

Supplemental Digital Appendix 2

Studies Included in Scoping Review

| First Author | Main Topic | Study Type | Study Design | Population | Setting | Definition | Influencing Factors |
|---------------|---|-------------------------------|----------------------------|------------------------|--|----------------|---|
| Antiel (2016) | Describing how DHRs affect ownership and can create a moral dilemma for residents who feel drawn to stay longer to care for patients | Commentary | N/a | Resident physicians | Residency programs (in general) | Yes: direct | Yes: DHRs, sense of responsibility |
| Arora (2012) | Discussing the problems with holding onto older views of professionalism and need to adopt a new professionalism that recognizes resident limitations | Commentary | N/a | Resident physicians | Residency programs (in general) | No | Yes: DHRs, sense of responsibility, team-based care |
| Bates (2013) | Examining how longitudinal clerkship placements for medical students influence their perceptions of assessment and feedback | Original research paper | Qualitative; interviews | Medical students | Two Canadian medical schools | No | Yes: outpatient clinic scheduling |
| Bates (2016) | Exploring a scheduling model that separates inpatient and outpatient responsibilities | Educational innovation report | Quantitative; Surveys | Resident physicians | IM residency program | No | Yes: outpatient clinic scheduling |

| Bernabeo (2011) | Examining the effects of frequent rotation changes (every 2-4 weeks) on residents | Original research paper | Qualitative; focus groups | Attending and resident physicians | Three IM residency programs | No | Yes: outpatient clinic scheduling |
|---------------------|--|-------------------------------|---|--|--|----|--|
| Biderman (1996) | Determining whether training and/or practice setting influence role boundaries of family physicians | Original research paper | Quantitative; surveys | Attending and resident physicians | Five Israeli FM departmen ts | No | Yes: sense of responsibility |
| Bogetz (2014) | Identifying challenges and ways to improve training residents to care for children of medical complexity | Original research paper | Qualitative; surveys and focus groups | Attending and resident physicians | Pediatric Education al Excellenc e Across the Continuu m conferenc e attendees | No | Yes: autonomy, faculty expectations and role modeling |
| Bowen (2015) | Exploring the connection between continuity of care and education within the Primary Care Medical Home model | Commentary | Thematic literature review | Resident physicians | Residency continuity clinics (in general) | No | Yes: outpatient clinic scheduling |
| Bowen (2017) | Exploring physicians' motivations to follow up on patients after care transitions | Original research paper | Qualitative; interviews | Attending and resident physicians | IM residency program and affiliated hospital | No | Yes: sense of responsibility |
| Cantillon (2008) | Determining which factors in a general practice environment motivate effective learning for interns | Original research paper | Qualitative; interviews | Resident physicians | Inpatient surgery and outpatient general practice settings in Ireland | No | Yes: autonomy |

| Caplan (2008) | Commenting on the impact of DHRs on consultation psychiatry | Commentary | N/a | Resident and attending physicians | Academic hospitals (in general) | No | Yes: DHRs |
|----------------------|---|-------------------------------|--|--|---|------------------|--|
| Carney (2016) | Describing the importance of and challenges in measuring resident continuity of care | Original research paper | Qualitative; literature review, interviews, field notes | Resident and attending physicians | FM residency programs | No | Yes: outpatient clinic scheduling |
| Chaudhry (2015) | Determining the effects of adding a primary resident field into the electronic medical record in a continuity clinic | Original research paper | Mixed methods; surveys, chart review | Attending and resident physicians | Pediatric residency program | No | Yes: outpatient clinic scheduling |
| Clarke (2016) | Discussing the role of generational differences in shaping resident views of patient ownership | Commentary | N/a | Resident physicians | N/a | Yes: indirect | Yes: sense of responsibility |
| Colbert (2012) | Describing a resident-led Continuity Clinic Ownership in Resident Education that addressed clinic practice management and quality improvement | Educational innovation report | Qualitative; focus groups | Resident physicians | IM residency program | No | Yes: autonomy |
| Conn (2016) | Exploring communication and culture in surgical ICUs | Original research paper | Qualitative; ethnographic measures including observation, review of email and text messages, interviews | Attending and resident physicians | Seven ICUs within a large academic medical center | Yes: indirect | Yes: team- based care |

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| Conti (2015) | Discussing how changes in the work and training environment have impacted patient ownership and patient care | Commentary | N/a | Resident and fellow physicians | N/a | Yes: direct | Yes: DHRs, sense of responsibility, faculty expectations and role modeling |
| Coverdill (2016) | Examining how often and why surgery residents break DHRs, as well as how they manage care transitions | Original research paper | Mixed methods; surveys, follow-up interviews | Resident physicians | 13 surgical residency programs | Yes: direct and indirect | Yes: sense of responsibility, team-based care |
| Cowley (2017) | Defining patient ownership, identifying behaviors that exemplify ownership, and determining whether these differ between residents and faculty and between IM and psychiatry | Original research paper | Qualitative; survey | Attending and resident physicians | Two psychiatry and one IM residency program | Yes: indirect | Yes: autonomy |
| Desai (2013) | Examining the effects of 2011 ACGME DHRs on resident sleep, education, continuity, and quality of care delivery | Original research paper | Quantitative; sleep duration, patient outcome measures, continuity of care measures, resident satisfaction surveys | Resident physicians | IM residency program | No | Yes: DHRs |
| Drolet (2013) | Determining pediatric program director perceptions of 2011 ACGME DHRs | Original research paper | Quantitative; surveys | Attending physicians (residency program directors) | Pediatric residency programs | No | Yes: DHRs |

| Dubov | Discussing the | Commentary | N/a | Resident | N/a | Yes: | Yes: DHRs, |
|---------------------|---|-------------------------------|---|----------------------|---|---------------|--|
| (2016) | impact of DHRs on decision ownership among residents | | | physicians | | direct | sense of responsibility, autonomy |
| Francis (2014) | Assessing resident satisfaction with different continuity clinic models | Original research paper | Quantitative; surveys | Resident physicians | IM residents from 12 programs | No | Yes: outpatient clinic scheduling |
| Freund (2015) | Describing skills, education, and roles of health professionals in primary care teams | Commentary | N/a | N/a | Primary care teams (in general) | No | Yes: faculty expectations and role modeling and team-based care |
| Galandiuk (2013) | Commenting on conflict between surgeons and intensivists over care decisions, particularly after bad surgical outcomes | Commentary | N/a | Attending physicians | ICUs (in general) | No | Yes: team- based care |
| Garment (2013) | Describing and evaluating the effects of a structured clinic transfer of care | Original research paper | Quantitative; survey and chart review | Resident physicians | Three IM ambulator y clinics | No | Yes: outpatient clinic scheduling, patient handoffs |
| Greenzang (2015) | Sharing recommendations to foster accountability and responsibility among residents | Commentary | N/a | Resident physicians | N/a | Yes: indirect | Yes: DHRs, autonomy, faculty expectations and role modeling |
| Griner (2010) | Determining attending surgeon perceptions of resident attitudes and perceptions before and after 80 hour/week DHRs | Original research paper | Quantitative; surveys | Attending physicians | Surgery departmen ts at six academic medical centers | No | Yes: DHRs |

| Haas (2015) | Describing communication between intensivists and surgeons, including enablers and barriers to communication | Original research paper | Qualitative; interviews | Attending and resident physicians | Four academic hospitals | No | Yes: team- based care |
|-------------------|---|-------------------------------|--|--|--|--------------------------------|--|
| Heist (2014) | Determining the impact of two ambulatory clinic scheduling models (traditional vs a 4+1 week block) on continuity of care | Original research paper | Quantitative; health records review | Resident physicians | IM residency program | No | Yes: outpatient clinic scheduling |
| Hinchey (2009) | Examining perceptions of a redesign of the 2 nd -year of residency in an IM program | Original research paper | Qualitative; interviews | Resident physicians | IM residency program | Yes: direct and indirect | Yes: autonomy |
| Hom (2016) | Assessing resident compliance with outpatient clinic follow-up tasks during different rotations | Original research paper | Quantitative; Measuring electronic health record log-ins | Resident physicians | IM residency program | Yes: indirect | Yes: outpatient clinic scheduling |
| Horwitz (2010) | Investigating training and competence of residents in developmental and behavioral pediatrics, and whether these factors are associated with perceived responsibility for treating mental health problems | Original research paper | Quantitative; survey | Resident physicians | All residents completin g the American Academy of Pediatrics 2007 Graduatin g Residents Survey | No | Yes: sense of efficacy |

| Hoskote (2014) | Assessing resident perceptions of 2011 ACGME DHRs on patient care | Original research paper | Quantitative; surveys | Resident physicians | IM residency program | No | Yes: DHRs |
|-------------------|---|-------------------------------|---|--|--|------------------|--|
| Jain (2007) | Commenting on the how resident training shapes patient ownership attitudes, particularly for patients followed by a different primary care provider and patients not fluent in English | Commentary | N/a | Attending and resident physicians | N/a | No | Yes: sense of responsibility, faculty expectations and role modeling |
| Jantea (2017) | Assessing perceptions and outcomes of a 50/50 block schedule that separated inpatient and outpatient responsibilities | Original research paper | Quantitative; surveys, measures of continuity of care and intervisit task completion, log-ins to EMR, and patient clinical outcomes | Resident and attending physicians | IM residency program continuity clinics | Yes: indirect | Yes: outpatient clinic scheduling |
| Kempenich (2015) | Identifying barriers to resident autonomy as viewed by residents, attendings, hospital administration and the general public | Original research paper | Quantitative; surveys | Attending and resident physicians | Three surgical residency programs | No | Yes: autonomy |

| Kernan (1997) | Identifying site accommodations and preceptor behaviors that promoted learning among medical students | Original research paper | Quantitative; surveys | Medical students | Outpatient internal medicine clinic within a 3 rd -year medical student clerkship | No | Yes: autonomy |
|----------------------|---|-------------------------------|--|--|--|--------------------------------|---|
| Kolade (2014) | Assessing resident and faculty perceptions of continuity clinic patient handoffs | Original research paper | Quantitative; surveys | Attending and resident physicians | IM, FM, and pediatrics programs at single academic medical center | No | Yes: patient handoffs |
| Kontos (2008) | Identifying difficulties consultation psychiatrists face related to patient ownership | Commentary | N/a | Attending and resident physicians | N/a | Yes: direct and indirect | Yes: team- based care |
| Latessa (2016) | Identifying effective teaching practices within longitudinal integrated clerkships | Original research paper | Qualitative; interviews | Medical students | Medical school longitudin al integrated clerkship program | Yes: direct and indirect | Yes: autonomy |
| Lee (2012) | Assessing resident perceptions of 16-hour shift DHRs | Original research paper | Quantitative; surveys | Resident physicians | All U.S. surgical residency programs | No | Yes: DHRs |
| Lee A (2017) | Examining resident and preceptor perceptions and experiences of interpersonal continuity | Original research paper | Mixed methods; chart review, interviews | Resident and attending physicians | FM residency program | No | Yes: faculty expectations and role modeling, team-based care |

| Lee SH (2017) | Examining barriers and solutions for effective sign-out processes among residents | Original research paper | Qualitative; interviews, focus groups, observations | Resident physicians | IM departmen t in Singapore | No | Yes: DHRs, sense of responsibility, patient handoffs |
|-------------------|--|-------------------------------|---|--|---|--------------------------------|--|
| Lin (2006) | Exploring resident perceptions of impacts of DHRs on patient care, education, and job satisfaction | Original research paper | Qualitative; focus groups | Resident physicians | IM residency program | No | Yes: DHRs |
| Lockman (2017) | Defining professionalism within pediatric anesthesiology | Original research paper | Qualitative; focus groups | Attending physicians | Large academic medical center | Yes: indirect | No |
| Macauley (2012) | Discussing physician responsibilities surrounding patient handoffs | Commentary | N/a | Attending physicians | N/a | No | Yes: patient handoffs |
| Mattar (2013) | Querying surgical program directors about resident preparedness for entering fellowship | Original research paper | Mixed methods; qualitative and quantitative survey | Resident physicians | General surgery subspecial ty fellowship programs (in general) | Yes: direct and indirect | No |
| Matthew (2016) | Assessing resident perceptions of a reduced duty hour schedule with night float system | Original research paper | Qualitative; focus groups | Resident physicians | IM residency program | No | Yes: DHRs |
| McLaren (2013) | Provide a behavioral definition of patient ownership | Original research paper | Qualitative; surveys | Attending and resident physicians | Psychiatry residency programs in general) | Yes: indirect | Yes: faculty expectations and role modeling |
| Olive (1985) | Examining physician and nurse attitudes toward patient education | Original research paper | Quantitative; surveys | Attending physicians | Academic women's hospital | No | Yes: team- based care |

| Park (2007) | Exploring surgical resident and attending perceptions of responsibility | Original research paper | Qualitative; interviews | Attending and resident physicians | Surgery departmen ts at two academic medical centers | No | Yes: DHRs, sense of responsibility, team-based care |
|----------------------|---|-------------------------------|--|--|---|---------------|--|
| Peccoralo (2012) | Assessing resident's satisfaction with continuity clinic and its relation to career choice | Original research paper | Quantitative; surveys | Resident physicians | Three IM residency programs | Yes: indirect | No |
| Pellegrini (2017) | Discussing the impact of DHRs on orthopedic residency training | Commentary | N/a | Resident physicians | Orthopedi c residency programs (in general) | Yes: indirect | Yes: DHRs |
| Phillips (2017) | Assessing end-of- year clinic handoffs in IM residency programs | Original research paper | Quantitative; surveys | Attending physicians | IM residency programs | No | Yes: patient handoffs |
| Pincavage (2012) | Assessing resident perspectives and patient outcomes after a year-end clinic handoff | Original research paper | Quantitative; surveys, chart reviews | Resident physicians | IM residency program | No | Yes: patient handoffs |
| Pincavage (2013) | Evaluating results of an enhanced clinic handoff of patient safety, continuity, education, and ownership | Original research paper | Quantitative; surveys, chart reviews | Resident physicians | IM residency program | No | Yes: outpatient clinic scheduling, patient handoffs |
| Pinzur (2011) | Discussing implications of levels of attending supervision and graduated responsibility within residency training | Commentary | N/a | Attending and resident physicians | Orthopedi c residency programs (in general) | No | Yes: autonomy |

| Politi (2011) | Discussing challenges to interprofessional decision support and possible solutions | Commentary | N/a | N/a | N/a | No | Yes: team- based care |
|-------------------------|---|-------------------------------|--|--|--|----|---|
| Rabjohn (2008) | Commenting on the effects of DHRs on psychiatry training | Commentary | N/a | Resident physicians | Psychiatry residency programs (in general) | No | Yes: DHRs |
| Ratanawong sa (2006) | Exploring resident perspectives on professionalism, including the impact of DHRs | Original research paper | Mixed methods; qualitative and quantitative survey | Resident physicians | IM, neurology , and FM departmen ts at three medical centers | No | Yes: DHRs |
| Rose (2011) | Discussing determinants of interprofessional collaboration in the ICU and interventions to promote teamwork | Commentary | N/a | N/a | Intensive care units (in general) | No | Yes: team- based care |
| Saba (2014) | Exploring perceptions and impact of a telephone follow-up curriculum for medical students | Original research paper | Mixed methods; surveys, focus groups, clinical performance examination | Medical students | Third-year medical students in longitudin al clerkships | No | Yes: outpatient clinic scheduling, sense of responsibility |
| Sanfey (2011) | Comparing surgical resident and program director perceptions on service and education in residency | Original research paper | Quantitative; surveys | Resident and attending physicians | All U.S. general surgery residency programs | No | Yes: faculty expectations and role modeling, team-based care |
| Schuh (2011) | Determining feasibility of 2008 IOM recommended DHRs | Original research paper | Quantitative; surveys, activity logs | Resident physicians | Three neurology residency programs | No | Yes: DHRs |

| Schulman (1989) | Exploring transfer of patient care at the end of psychiatry residency | Original research paper | Qualitative; surveys | Resident and attending physicians | Psychiatry residency program | No | Yes: outpatient clinic scheduling |
|--------------------|---|--|---|--|--|------------------|---|
| Schumacher (2012) | Addressing the quality, in addition to the quantity, of duty hours in residency | Commentary | N/a | Resident physicians | Residency programs (in general) | No | Yes: outpatient clinic scheduling |
| Soeprono (2017) | Soliciting perspectives on practical methods to enhance patient ownership among residents | Original research paper | Qualitative; surveys | Attending and resident physicians | Psychiatry residency program | Yes: indirect | Yes: outpatient clinic scheduling, sense of responsibility, sense of efficacy, autonomy, faculty expectations and role modeling |
| Soones (2015) | Identifying factors impacting teambased care and the effect of care teams resident education | Original research paper | Qualitative; interviews, focus groups | Resident physicians | Three IM continuity clinics | No | Yes: sense of responsibility |
| Stack (2016) | Commenting on a paper examining resident perceptions of responsibility after patient discharge (Young 2016) | Commentary on original research paper | N/a | Resident physicians | IM residency program | No | Yes: sense of responsibility, team-based care |

| Stevens (2014) | Commenting on the effects of adding longitudinal continuity experiences in medical school | Commentary (in addition to describing their own outcomes in implementin g a longitudinal continuity clerkship experience) | N/a for commentary; brief quantitative description of their students' exam scores and perceptions | Medical students | Longitudi nal clerkship settings in medical school (in general) | No | Yes: outpatient clinic scheduling |
|---------------------|---|---|--|---|---|------------------|---|
| Stroud (2012) | Determining attending, resident, and student perceptions of a new call structure | Original research paper | Qualitative; focus groups | Attending physicians, resident physicians, and medical students | Two IM residency programs | No | Yes: DHRs |
| Sun (2016) | Exploring perceptions of 16-hour shift DHRs with night float system | Original research paper | Qualitative; interviews | Attending and resident physicians | IM residency program | Yes: direct | Yes: DHRs |
| Szuflita (2015) | Personal reflection on patient ownership demonstrated by physicians caring for the author's father | Commentary | N/a | N/a | N/a | Yes: indirect | No |
| Teman (2014) | Determining factors that affect entrustment decisions and barriers to autonomy in surgical residency programs | Original research paper | Mixed methods: qualitative and quantitative survey questions | Attending physicians | Seven general surgical residency programs | No | Yes: DHRs, autonomy |
| Van Eaton (2005) | 1 0 | Commentary | N/a | Resident physicians | Residency programs (in general) | Yes: direct | Yes: DHRs, sense of responsibility, team-based care |

| Walters (2012) | Describing literature on outcomes for longitudinal integrated clerkships | Literature review | N/a | Medical students | Longitudi nal integrated clerkships in medical school (in general) | No | Yes: outpatient continuity clinic scheduling |
|-------------------|--|---|--|---|--|--------------------------------|---|
| Wamsley (2009) | Describing longitudinal outpatient continuity for medical students and its effect on learning | Original research paper | Qualitative; surveys, interviews | Medical students | Medical school 3 rd - year clerkships | No | Yes: autonomy |
| Wieland (2013) | Describing resident perspectives on factors that affect continuity within continuity clinics | Original research paper | Qualitative; facilitative small group discussions | Resident physicians | IM residency program | No | Yes: team- based care |
| Wyatt (2016) | Discussing student, resident, and attending physician concepts of patient ownership and suggesting a new way to conceptualize it | Commentary on original research abstract | Qualitative; interviews, focus groups, observations | Attending physicians, resident physicians, and medical students | IM clerkship | Yes: direct and indirect | No |
| Yedida (1993) | Examining resident perceptions of responsibility for patient care, quality of care, and education following new DHRs | Original research paper | Qualitative; interviews | Resident physicians | IM residency program | No | Yes: DHRs, sense of responsibility |
| Young (2016) | Examining resident perceptions of responsibility after patient discharge | Original research paper | Quantitative; surveys | Resident physicians | Nine IM residency programs | No | Yes: sense of responsibility, sense of efficacy, faculty expectations and role modeling |

Abbreviations: ACGME indicates Accreditation Council for Graduate Medical Education; DHRs, duty-hour restrictions; FM, family medicine; ICU, intensive care unit; IM, internal medicine; IOM, Institute of Medicine.