

Introduction

Thank you for agreeing to participate today. My name is _____, and I am from the University of Michigan. We are conducting research to better understand surgical decision-making. We feel that it is important to talk with you directly to hear about your decision-making, experiences, and concerns so that we may learn better ways to care for older adults being considered for surgery.

I am most interested to hear about your personal experiences, opinions and views on the issues we discuss, so please do not feel shy. There are no right or wrong answers to these questions. There is a spectrum to how people feel, and it is normal to feel conflicted. Your views are extremely valuable to us and we are here to learn from you. I'd like to present two clinical vignettes and learn your treatment preferences for each scenario. This may trigger personal experiences you have had so please feel free to bring up any topics that you feel are related to this discussion. Also, I want you to know that your participation is completely voluntary, so if you want to stop at any time or don't feel comfortable, please let me know.

I would like to record this discussion so that the rest of the research team can hear your views directly and so that we don't miss anything you say. Our discussion will remain completely confidential. Only the research team will listen to the recording and the information you give will only be used for this research project to improve care for seriously-ill surgical patients. Do you have any questions or concerns? Is it OK to record this discussion?

This interview will last for no more than 30–45 minutes. Again, these answers are confidential and your responses are only available to the research team. Do you have any questions before we start?

I would like to start with a few demographic questions:

- ❖ Age
- ❖ Gender
- ❖ Race
- ❖ Ethnicity
- ❖ How many years have you been in practice?
- ❖ Can you describe your practice (i.e., community *vs.* academic, open *vs* closed ICU, specialty/subspecialty)?
- ❖ What percentage of your cases are emergent?
- ❖ What percentage of your practice is older adults (>65)?

Primary Inquiries	Prompts
Walk me through the steps you would take in your decision to perform surgery on a patient with expected poor functional/cognitive outcomes.	How do you think about function and cognition both before and after surgery?
How do you make decisions about high risk surgery?	How much do these factors play a role in decision for surgery?
How do you make decisions about pursuing aggressive care after a complication?	How do the potential long-term complications of surgery influence surgical decision-making?
How do you communicate to patients and their surrogates before surgery about potential complications?	How do you determine the capacity for the patient and/or their surrogates to understand potential outcomes?
Walk me through the steps you would take in your decision to involve palliative care.	How do you determine what matters most?
In what ways, if any, do past experiences influence how you approach caring for patients facing surgical complications or death?	When do you start thinking about limiting ongoing care?
How do you feel after experiencing an unwanted/unexpected outcome after surgery?	What factors do you consider when referring patients to palliative care? What do you view as the biggest challenges/barriers in providing palliative care? What do you view as the biggest motivators/facilitators in providing palliative care?
What institutional resources are available to you to assist the patient and/or family after an unwanted/unexpected outcome after surgery? What about for you – are there mechanisms in place to help you?	Personal experiences or clinical experiences
Is there anything else you think we should know about how you or others make decisions to perform high-risk surgery?	