### SUPPLEMENTARY TABLE 1: THREE MAIN THEMES ILLUSTRATING HOW THE PALLIATIVE CARE ROTATION INFLUENCED THE JUNIOR DOCTORS

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| Re-conceptualisation of control | Perceived loss of control in the face of death and learning to let go | *Perceived loss of control in the face of death*

“Death is something that even the doctors cannot intervene…when I find out that the patient has already passed away, it is still very shocking.” (Doctor 2)

“… (the rotation) is quite daunting because you’re just seeing dying patients. Patients are just dying every day…” (Doctor 16)

*Learning to let go*

“This rotation taught me that medicine has its limitations especially when patients are at this end stage. We have to recognise that and then help them recognise that this is part of life.” (Doctor 6)

“If you get too emotionally attached, you will be reluctant to let go even if it was the patient’s wish… Because from the start of medical school, we are taught how to treat and not to let go. So I guess it’s quite difficult at first.” (Doctor 21)

|                      | Shifting control                                | “It’s not only just giving medicine; it’s not only just symptoms control and watching them die. There are a lot of other things we can still do. A lot of times, we can still empower the patients…We still can enable the patients to do a lot of things, including going on outings.” (Doctor 1)

|                      | Shared control with patients, families and other healthcare | “Even though many of the patients have a life-limiting diagnosis, it doesn’t always mean that you only come in when they’re at that last stage of life. They still have a good quality of life and we still strive to maximise that quality. And we strive to reverse all reversible causes of their morbidities until we are really at the terminal part.” (Doctor 6)

“**It made me think a lot about what we do in our care of our patients, whether what we think is right is really necessarily the best for the patients. We need to strike that balance in what we think is best for the patient, what the patient wants versus what the son wants because it’s a...**
professionals
three-way interlinked relationship.” (Doctor 7)

“Doctors should not be working as independent people but (should be) working as a team ... especially in the palliative care setting. Doctors, nurses and social workers... we learn from them. We need to support one another. The social workers can come in and provide a lot of support for the rest of the team and in return, they are also, I hope be supported by the team. I learn what teamwork is.” (Doctor 13)

Emerging
Professionalism
Balancing emotionally
draining doctor-patient
relationship
“It’s easy to get caught up with what the patient is feeling and what your patient is going through. You feel for them, and from sympathetic, empathetic, you become too involved, and it becomes difficult.” (Doctor 8)

“There’s a lot of emotional burden. I also told myself that being a doctor I should be able to give emotional support to the family and the patient rather than getting very emotionally involved. I guess as a doctor, as a professional, I need to be strong.” (Doctor 21)

Role modelling
“I will remind myself to pay more close attention to bedside manners. The palliative physicians always lower themselves to be at the same eye level as the patient, and they will sometimes hold their (patients’) hands when they talk. And I find a lot of us (junior doctors) take all these things for granted. We (junior doctors) will just lean over the side (of the bed) and peer down at them (patients), so that’s something I became much more mindful about.” (Doctor 5)

“...You can read all in the book but not everything can be practiced on every patient. That’s where you have the chance to see the patient and the (palliative care physician) guide you, on what is right.” (Doctor 19)

Learning to cope
Reframing mindset
“We cannot always cure or solve the problem, but we can always care for people. We can always do something to make things better and when there’s nothing left to be done, then we just have to reframe our mind.” (Doctor 11)

“Patients die, you mourn for 1 day... the next day, it’s another work day. Another patient needs you as well. So you shouldn’t be dwelling too much as long as you feel that you have done your best for that patient.” (Doctor 16)

“Death and demise is an eventuality. It’s how we manage the symptoms that come along with it.” (Doctor 21)
Support from palliative care physicians

“I have doubts about... treatments sometimes... if you get support from your (palliative) doctors and colleagues that “this is the best for the patient”, I feel very reassured by that.... I’m able to cope along the way.” (Doctor 2)

When the patient passes away very suddenly, they (palliative care physicians) are aware that some of us who have closer emotional attachment to patients might feel a bit distraught. So they do give us a lot of space to approach them and to vent our frustrations.” (Doctor 6)

Holistic care of patient

“We actually truly care for the patient’s family, not only the patients. The care extends beyond the patient. And the patient is more than just the patient, but a person webbed between different things, different family members, and different events in life.” (Doctor 1)

“(Before doing palliative care), we are just treating patients like... a bed number. But, (now) I can probably say that I can remember all the patients in the hospice... During MDR (multi-disciplinary rounds), I can remember each (patient), and I no longer go back to (bed) numbers.” (Doctor 14)

Personal Growth

Confronting one’s own mortality

Reflecting on death

“I have seen the most patients dying in this entire posting than I’ve ever had in my entire life. It made me realise death is the biggest equaliser of all. It doesn’t matter how rich you are, how poor you are, how famous you are. It (death) gets you.” (Doctor 1)

“Death is not an adverse outcome. Death is not a bad thing to happen. It’s ok to die... What matters most is the way you lived... everybody has a story to tell and everybody’s life is special in some way. And that’s what we should remember, more the death itself.” (Doctor 8)

Dying process as a time for appreciation and reconciliation of relationships

“A “good death”: it’s in a way having proper closure to your “intra” (and) interpersonal relationship and also just being comfortable.” (Doctor 7)

Appreciating the positive attitudes patients and their families display at facing death

“I think some of them (patients) are actually very impressive... they (patients) talk to you and they tell you about their life story, they’re still able to share so much and... to be able to handle their diagnosis and what is to come in their stride. I find that very impressive.” (Doctor 4)
“You learn from them (patients). They are courageous. It makes me feel “How do they do it?” Their families… are very brave and … very supportive and loving…” (Doctor 20)

Cherishing the sanctity of life and our loved ones

“I learn to treasure my days more… we are guilty of taking life for granted and we don’t tend to think long term, because we haven’t been forced to, unlike our patients in this department. We find that their (patients’) concerns and their dying wishes have certain recurring themes. That forces us to think about the people around us, what we want to accomplish and learn to treasure what we have.” (Doctor 6)

“Treasure every day. You never know when you die… a lot of them (patients) say, “I wish I can spend more time with my family. I wish that I would have listened to them more, love them more, care for them more.”…that is one thing I take away (learnt) informally.” (Doctor 17)

Development of empathy

“When you manage someone who is so real, the experience becomes more real. You’re able to live through his fears and his concerns as well.” (Doctor 5)

“I think practicing in this discipline has allowed me to be more understanding and more tolerant of other people’s values and beliefs. It helps me understand sometimes why they do what they do or why they think in a certain way.” (Doctor 6)

Renewed passion of being a doctor

“Along the way, I became a lot less patient-focused. When you see everyone here (palliative care department) really interested in the patient genuinely…, it brought me back to that level which I’m very happy to go back to.” (Doctor 7)

“We all started in medical school, feeling very idealistic… it’s the nature of medical school and housemanship (internship) that made us very jaded in a way. We are just treating patients like “a bed number”….Just doing a palliative (rotation), makes me feels like a doctor all over again.” (Doctor 14)