TOPIC GUIDE (Study 1)

Primary Care Practitioners' Views about Digital Training in Communication for Patients with Osteoarthritis

Briefing

- 1. Thank you for agreeing to take part in a research interview today. I am (*researcher name*), a researcher at University of Southampton.
- 2. The aim of this interview today is to explore your views and experiences of communicating with patients.
- 3. With your agreement I will audio-record our conversation. The recording will be transcribed but everything you say will be anonymous. I am only recording it so I don't miss anything and make sure I have what you say written up accurately. Your name along with any names you mention, any places you mention and all other identifiable information will be taken out, so that if someone heard or read your interview they would not know who you are or where you work.
- 4. Your interview will remain confidential.
- 5. If at any time you do not wish to answer a question that's okay, and if at any stage you wish me to stop the recorder, please let me know.
- 6. We can take a break at any time let me know and I will stop the recording. We can either continue after the break, arrange another time to meet or stop there.
- 7. I would like to encourage you to be as honest as you can. There are no right or wrong answers. I am not here to judge you I am simply interested in your views and experiences.
- 8. Do you want to ask me anything before we start?
- 9. Do you confirm that you consent to taking part in this research interview?
- 10. TURN ON THE RECORDING DEVICE

Warm up

- 1. Thinking about your face to face consultations, how do you welcome your patients?
- 2. In your experience, could you describe any specific things that may help communication?
- 3. Could you describe any specific things that may hinder communication?
- 4. Can you tell me how you close your consultations?

Empathy

1. There are lots of definitions of empathy. Please could you describe what empathy means to you in the context of a patient consultation?

In this research the definition we have chosen is about putting yourself in a patient's position, acknowledging their feelings, concerns and expectations and behaving in a way to show you understand the patient's concerns (*definition to be refined prior to the interview*).

- o How does this fit with your view of empathy?
- 2. What are your feelings about using Empathy in your consultations?
- 3. How do you express empathy in your consultations?
 - o What verbal messages do you use?/What kinds of things do you say?
 - o What non-verbal cues/actions do you use?
- 4. How easy do you find it to express empathy to patients?
- 5. What limits your expression of empathy?
 - o Could you describe situations where you find it difficult?
 - o What would help you to use empathy more?
 - Everyone finds it hard to express empathy sometimes, are there any particular groups of patients or situations where you find it harder or easier?
- 6. What encourages your expressions of empathy?
 - Particular patient behaviour
- Particular patient groups
- 7. Specifically to OA consultations, is there anything that you can add?

Expectation management

- 1. Please could you describe what the phrase "patient expectations" means to you? In this study, we are particularly interested in patients' expectations about the likely outcomes of osteoarthritis management strategies, therapies, or treatments.
- 2. How do you communicate with patients about the likely effects of a treatment (could be lifestyle changes, medication, physio etc)?
- 3. How do you approach discussing patient expectations with OA patients?
 - What type of things do you say to patients
- 4. What do you think about the idea of encouraging patients to be optimistic about their treatment outcomes?
 - Probe: pros/cons of doing this, when it might be appropriate or inappropriate, difficult or easy
- 5. Could you describe how you might convey optimism to your patients?
 - What kind of things do you say?

- 6. Could you describe any barriers you encounter when helping patients to be optimistic about their treatment?
 - o What might help you to overcome those barriers?

Communication

- 1. Thinking about what we've talked about with regards to empathy, optimism and patient expectations, could you describe a recent example of a consultation where you think you and the patient communicated with each other really well?
 - o What elements of the consultation made you communicate well?
- 2. Could you describe a recent example of a consultation where the communication between you and the patient went less well?
 - o What elements of the consultation made you think it did not go so well?
 - o If you did the consultation again, what would you do?
 - What prevented you using those things that you have identified?/doing the things you have just described?
- 3. With regards to what we've just talked about, is there anything you'd like to add when thinking specifically about osteoarthritis?
 - o Things that may help or hinder communication specific to osteoarthritis?
 - o How and when do patients talk to you about their OA?

Training

- Please could you describe any training that you have received in communication skills? Consultation styles?
 - o How long ago?
 - o How did you access the training?
 - What did you think of it? (Probe things you liked/disliked/found useful/not useful)
- 1. How would you feel about training to help you enhance your skills in conveying empathy? (probe contents/benefits/drawbacks)
- 2. How would you feel about training to help you enhance your skills in discussing patient expectations? (probe contents/benefits/drawbacks)
- 3. If any, what are your training needs in terms of communication with patients with osteoarthritis?
- 4. What are your views about online training?
 - a. What should it include?
 - b. What should it not include?
 - c. Length?
 - d. Where do you access your training?
 - e. What would be the barriers to using in wider clinical practice?

- f. How could we make it easier for you to do such training?
- g. How could we make it easier for you to implement training in practice
- h. What would support the ongoing use of the skills that learn during training?

Debrief

- Ask if the participant has any questions about the study.
- Revisit consent still happy for their interview to be used (anonymously)?
- TURN OFF THE RECORDER
- Thank participant for taking part in the interview
- Offer copy of transcript when available
- Offer copy of study findings when available

The topic guide will evolve as the interviews progress and may change in response to specific feedback from participants.

Note: There are questions in this interview guide about osteoarthritis because this was of particular interest for our intervention development work.

Appendix B

Table S1: Summary of the Analytic Process.

| Analysis phase | Implementation | Supplementary techniques |
|------------------|---|------------------------------|
| Familiarization | Transcripts read repeatedly and initial notes | Audio-recordings were |
| | made. | listened to repeatedly. |
| Generate initial | Using the first 5 transcripts initial codes and | Line-by-line open coding on |
| codes | a coding manual were developed. This | all interview data; constant |
| | coding manual was used to analyse | comparison. |
| | subsequent transcripts and amendments | |
| | were made iteratively. | |
| Searching for | Related or similar codes were grouped | Constant comparison and |
| themes | together into themes and sub-themes. | writing of memos. |
| Reviewing themes | Themes and sub-themes were reviewed to | Constant comparison and |
| | ensure their headings accurately reflected | search for deviant cases. |
| | the coded extracts. | |
| Defining and | Themes were refined and defined to capture | Constant comparison. |
| naming themes | patterns in the data. | |
| and their inter- | | |
| relations | | |
| Reporting | Selected relevant examples to illustrate | |
| | themes and subthemes. Final analysis and | |
| | contextualisation in relation to the literature | |
| | and research objectives. | |