Strategies used in managing conversations about prostate-specific antigen (PSA) testing among family physicians (FPs): A qualitative study BMJ Open 2002-070385

## **Interview Guide**

After obtaining consent from participant proceed with the interview below.

In order to gain a better understanding of how PCPs approach PSA testing we would like to ask you some specific questions about how you use PSA testing in your practice.

**A: Socio-Demographic Questions** – your answers to these questions will help us identify how various characteristics of physicians and their practices may influence experiences and perspectives about using PSA in practice

Gender	Age
☐ Female	□ Under 25
☐ Male	□ 25 – 34
Total years in practice	□ 35 – 44
☐ Under 5 years	□ 45 – 54
☐ 5 – 14 years	□ 55 – 64
☐ 15 – 24 years	□ 65+
☐ 25+ years	

## **B: General Questions**

1) What are the factors that influence your decision to order a PSA test for asymptomatic men? [Probes: Age? Comorbidities? Patient request? Fear of not catching PC early?]

If answer is: "I don't routinely order PSA tests" or "I discourage asymptomatic men from getting a PSA test", then go to <u>question 2</u>

2) Do men ask you specifically about the PSA test?

If NO (or rarely) go directly to question 3. If YES (or usually) proceed to questions 2a and 2b

## Strategies used in managing conversations about prostate-specific antigen (PSA) testing among family physicians (FPs): A qualitative study BMJ Open 2002-070385

- a. What do you typically discuss with men when they ask about the PSA test? [Probe: Do you discuss the risks and benefits of the PSA? If yes, what specific risks and benefits do you discuss?]
- b. What approximate percentage of your patients who receive PSA screening from you, receive a discussion of the risks and benefits of the test?
- 3) Do you specifically tell patients when you will be ordering a PSA test? [Probes: Do you recommend it? Offer it as a neutral suggestion or perform it without discussion specific to the PSA test?]

If YES (or sometimes):

- a) What do you tell patients when you order a PSA test for screening? [*Probe: Do you talk about risks and benefits?*
- b) Are there reasons you sometimes conduct a PSA to screen for prostate cancer without discussion?

If NO:

- a) What are the reasons you would conduct a PSA test without discussing it directly with the patient? (linked to 4 a, 4b below)
- 4) Are there specific types of patients with whom you would or would not discuss the risks and benefits of PSA testing? (Probe: What are the characteristics of the patients with whom you would discuss the risks and benefits? Ensure participant provides an answer for both patients they would and would not discuss with)
  - *a.* What are the characteristics of the patients with whom you **would** discuss the risks and benefits?
  - b. What are the characteristics of the patients with whom you **would not** discuss the risks and benefits?
- 5) In your opinion, what are the specific things that act as a barrier to discussing the risks and benefits of PSA testing for screening purposes [Probe: i.e., time, disagreement with guidelines, belief that the patient really wants the PSA test and is unlikely to be deterred by a discussion with PCP]]
  - If physician believes the patient wants the test and will not be swayed by what physician says then...

## Strategies used in managing conversations about prostate-specific antigen (PSA) testing among family physicians (FPs): A qualitative study BMJ Open 2002-070385

- a. What makes you think that the patient really wants the test and is unlikely to be deterred by a discussion with the PCP? [Probe: have discussed with patient before? experience with a certain demographic of patient? experience with patients in general?)
- 6) In your opinion, what are the specific things that act as a facilitator to discussing the risks and benefits PSA testing screening [Probe: i.e., Decision aids, education/communication materials for patients, guidelines, media/communications campaigns]
- 7) Are there particular sources that have influenced you to take this approach to PSA testing? [Probe: "Do you follow the recommendations published by a professional organization, an expert opinion, opinion of peers, personal review of the evidence?]
- 8) Who or what sources might influence you to change your approach to prostate cancer screening? [Probe: Expert advice or guidelines? From whom? Specific evidence? What kind?]
- 9) What is your general approach to managing a patient who requests a medical intervention like a prescription or a diagnostic test, when you don't feel it will be of benefit?
- 10) Is there anything else you would like to tell me?

Thank you for taking the time to answer these questions with me. Your input into this work is greatly appreciated.