

SEMI-STRUCTURED INTERVIEW GUIDE

THE INTERVIEW PROCESS

This interview is intended to create statements of potential interest for a prescription-screening checklist to detect potentially inappropriate medication (PIM) in adults in internal medicine (excluding pregnant women and inpatients with low life expectancy or requiring palliative care).

The statements will be elaborated using an extensive literature review of evidence-based optimal and inappropriate medication prescriptions for each medical domain and subdomains previously selected and from recommendations get from the different semi-structured interviews conducted with specialist physicians.

Around fifteen semi-structured interviews are going to be conducted with specialist physicians of the domains selected for the checklist.

This process should allow to determine more precisely:

- Medical domains and subdomains to include in the checklist
- Statements of potential interest for the checklist (including over-prescriptions, under-prescriptions, interactions and mis-prescriptions)

Our aim is to develop an international, multidisciplinary consensus on a checklist of statements that includes all types of PIMs, covering pathologies commonly observed in internal medicine, and available as an electronic version to assist and train junior healthcare professionals, in PIM detection in their daily practice and to improve medication safety.

This interview includes 5 steps:

Step 1 : Project presentation

Step 2: Collection of general information about the specialist physician

Step 3: Presentation of statements previously published in geriatric prescription-screening checklists and statements related to the medical field addressed during the interview

Step 4: Submission to the specialist of the pathologies and statements formulated during the literature review

Step 5: Suggestions by the specialist of pathologies and statements to be added to the draft version

The interview takes about 60 minutes.

1. PROJECT PRESENTATION

PIM includes over-prescription, which refers to prescribing of medications without a valid indication or with a contraindication, mis-prescription which refers to occurrence of unwanted drug-drug or drug-disease interactions; or the incorrect prescribing of an indicated drug (such as duplicate prescribing, inappropriate follow-up, and incorrect medication dose or duration, etc.) and under-prescription which stands for failure to prescribe a clinically indicated drug. PIM is a well-known risk factor for adverse drug events, and is therefore a source of morbidities and sometimes mortality, imposing clinical and economic burdens on patients and healthcare systems. In the last two decades explicit criteria, such as STOPP-START or Beers' criteria have been shown to reduce PIMs in geriatrics. Nevertheless, polymorbidity and polypharmacy are independent risk factors for the occurrence of PIM, while age is not, and these problems are frequent in internal medicine, even in middle-aged patients

Interview conducted on

Our objective is to adapt the approach used by Gallagher et al. to develop STOPP-START (i.e. using a Delphi method including international multidisciplinary experts) in order to develop a prescription-screening checklist for use with adults in general internal medicine using. We will recruit internists, clinical pharmacists, and clinical pharmacologists from general and university hospitals from French-speaking countries: Canada (Québec), Belgium, France, and Switzerland to conduct our Delphi study.

To our knowledge, this tool will be the first specifically designed to assist residents and young healthcare professionals in the detection of PIM in patients typically admitted in internal medicine

The semi-structured interviews are going to be conducted with specialist physicians from the University Hospital of Geneva in order to elaborate a draft version of this checklist, to be submitted during the Delphi study.

2. GENERAL INFORMATION ABOUT THE SPECIALIST PHYSICIAN

2.1. Name

2.2. Email address

2.3. Telephone number

2.4. Function :

<input type="checkbox"/>	Specialist physician	Speciality :
<input type="checkbox"/>	Clinical pharmacologist	Speciality :

2.5. Medical Unit of exercise :

<input type="checkbox"/>	Department of General Internal Medicine	Speciality :
<input type="checkbox"/>	Specialized unit	Speciality :
<input type="checkbox"/>	Department of Clinical Pharmacology and Toxicology	
<input type="checkbox"/>	Other	Specified :

2.6. Unit organisation:

Number of beds	<input type="text"/>
Number of chief residents	<input type="text"/>
Number of residents	<input type="text"/>

2.7. Number of years experience

2.8. Academic and hospital missions

Hospital	<input type="text"/>
Academic	<input type="text"/>

3. PRESENTATION OF STATEMENTS PREVIOUSLY PUBLISHED IN GERIATRIC PRESCRIPTION-SCREENING CHECKLISTS AND STATEMENTS RELATED TO THE MEDICAL FIELD ADDRESSED DURING THE INTERVIEW

Our literature review process allowed us to identify 19 geriatric prescription-screening checklists. The exhaustive analysis of these checklists allows us to identify the following items related to the medical field addressed during this interview:

Drugs	Recommendations	Rational	Alternatives	References	Remarks

Interview conducted on

4. PATHOLOGIES AND STATEMENTS FORMULATED DURING THE LITERATURE REVIEW

Do you think these pathologies and statements related to your speciality should / could be addressed in the checklist?

Drugs	Recommendations	Rational	Alternatives	References	Remarks

Interview conducted on

5. SUGGESTIONS BY THE SPECIALIST OF PATHOLOGIES AND STATEMENTS TO BE ADDED TO THE DRAFT VERSION

Do you see other pathologies, key points, drugs, recommendations, statements related to your speciality to be addressed in the checklist ?

Drugs	Recommendations	Rational	Alternatives	References	Remarks

Interview conducted on