

Online Supplementary Material

Rubin SE, Davis K, McKee MD. New York City physicians' views of providing long-acting reversible contraception to adolescents. *Ann Fam Med*. 2013;11(2):130-136.

<http://www.annfammed.org/content/11/2/136>

Supplemental Appendix 1. I-LARCAA Primary Care Provider Interview Guide

PERSONAL PRACTICE DEMOGRAPHICS

I'll start with some specifics about your training and your current clinical practice:

Training

- You are a (FP/Ped/OB-Gyn) correct?
- What year did you complete residency?
- Was your residency affiliated with a Catholic hospital?
- Did you learn about counseling for IUDs in residency? (clarify which type)
- What about implants?
- *Only if did not learn about counseling for either during training:* What did you learn about counseling for other contraceptive methods? Have you received any IUD or implant counseling training after residency? If so, where?
- Were you trained to insert these devices during residency? What about post-residency?
- Did you actually insert during residency? Post-residency?

Current clinical practice

- In what type of setting(s) do you currently practice? (probe: academic, community)
- How many hours of patient care do you have on an average week?
- Approximately what proportion of your clinical time is spent seeing adolescents (to clarify, when I say adolescents I mean people 14-20 years old)?
- Thinking about your adolescent patients, with what frequency do you discuss either sexual activity/pregnancy prevention/STI prevention? (probe – never, some of the time, frequently)
- Now thinking about all your female patients 14-20yo, approximately what proportion do you think are sexually active with male partners?
 - approximately what proportion use some form of prescription contraception?
 - What proportion use condoms?

Thank you.

KNOWLEDGE - Teen Pregnancy

- From what you've just told me (XX%) of your heterosexually active female patients use some form of contraception. How consistently or inconsistently do you think your adolescent patients use their method? With consistently I mean on a day to day basis.
 - f/u probe – why do you think that is?
- What about continuation rates? Not the day to day remembering to use a method, but the month to month or year to year continuation. What do you think about your patient's continuation?
 - f/u probe – why do you think that is?
- What about adolescent pregnancy. Are adolescents in your office getting pregnant?
 - f/u probe – tell me more

SKILLS & NATURE OF THE BEHAVIOR and BELIEF OF CAPABILITIES - Self-efficacy/control of behavior and environment and MOTIVATION AND GOALS - Intention – including certainty; Goal priority and MEMORY, ATTENTION & DECISION PROCESSES and ENVIRONMENTAL CONTEXT AND RESOURCES - Resources and environmental stressors

Counseling

Now I'm going to ask you to imagine a 16yo sexually active female teenager, we'll call her Ashley, who comes in for a visit to discuss birth control. Give me an example of the conversation you would have with Ashley.

- o Probe: can you share with me what you say to her in terms of contraception options?

If LARC not mentioned by respondent – Let's say Ashley is interested in an implant or an IUD, what would you say to her?

- How confident do you feel about your general contraception counseling skills with adolescents?
- Thinking now of all the times you counsel adolescents about contraception, with what frequency do you include information about a Mirena or Paragard? Why is that?
 - o How do you feel about your skills in counseling adolescents about IUDs?
 - o Probe: describe your comfort level counseling adolescents about these methods
- What about the implant?
 - o Probe: describe your comfort level counseling adolescents about these methods
- When you're doing contraception counseling, how frequently do you counsel adolescents about implantable contraception? Why is that?
- What type of thought process guides your decision to include LARC methods in your contraception counseling with teens?
 - o Probe - Is including LARC options routine for you or is it something you have to take time to think about?
 - o Probe – how does that differ or compare to when you're counseling an older woman, say Ashley was 26yo
- Describe how difficult or easy you find it to include LARC options in your contraception counseling with teens? Are there any issues such as time,,,,,that make you more or less likely to include this conversation.....
 - o Prompt – for example are there internal "conversations", time issues, clinic issues?
- Help me understand what may interfere, if anything, with your ability to counsel teens about LARC?
 - o Prompt – again, factors within yourself? External – eg time, scheduling, knowledge?
- Recognizing that many issues vie for time in the clinical encounter, when counseling female adolescents about contraceptive, what priority do you place on including LARC in the options?
- What might help you feel more able to counsel adolescents about LARC?

NOTE: If you work in more than one office help me understand how this differs office to office

Insertion

- Do you personally insert IUDs in your current practice?
- Implants?
- **If yes for insertion**, Approximately how many IUCs/implants have you inserted in the past 12 months? Have you inserted any for a teen?
 - o What can you tell me about the ease or difficulty of actually providing LARC to teens?
 - Prompt – are there internal "conversations", time, clinic, or insurance issues?
 - o Describe the problems you've encountered with providing the methods? Describes the enablers you've encountered? What interferes, if anything, with your ability to provide LARC to adolescents?
 - Prompt – again, factors within yourself? External - eg time, scheduling, more trained inserters, etc?

- Given that many issues vie for time in the clinical encounter, to what degree do you prioritize or how important do you think it is to actually provide LARC to adolescents?
- To what extent and how do physical space or resource factors facilitate or hinder your LARC provision to adolescents? When I say physical or resource factors I mean clinic or office related issues including staffing, scheduling, supplies, etc
- If works in more than one office: help me understand how this differs office to office
- If **no, for insertion**, where or how do you help your adolescent patients obtain the devices?
 - Probe: do you have a referral system, some other method?
 - What can you tell me about your pt's success with this referral system?
 - What factors in addition to (lack of ability to insert the devices/no supplies onsite/etc) interferes, with your ability to provide LARC to adolescents?
 - Prompt – consider factors within yourself and external factors
 - What might help you to actually provide LARC for adolescents?

Note: Ensure we have touched on all their current clinical settings

BELIEF ABOUT CONSEQUENCES - Expected outcomes – characteristics and consequences

- Thinking again about 16yo Ashley who saw you for contraception counseling, what do you think will happen, (both positive and negative) if she chooses an IUD?
 - Prompt – consequence for Ashley and for the provider, in the short and long term
 - If describes only pos or negative, probe for the other – same for pt & provider
 - Tell me what you think are the risks and/or benefits of providing IUDs to teens
- Do the benefits outweigh risk? Do the risks outweigh the benefits?
- What if she chooses an implant – do you see it as being different (again both positive and negative)?
 - Prompt – to patients, the provider, in the short and long term
 - Describe the risks and/or benefits of providing implants to teens
- Do the benefits outweigh risk? Do the risks outweigh the benefits?
- If not already mentioned: Tell me about any differences in risk and benefit between providing IUDs and implants

Attitude

- What might make Ashley an inappropriate LARC candidate?
 - Prompt: any difference between IUC and implant?
- What makes her an appropriate LARC candidate?
- Do you have a checklist in your head to help you determine what teen is an appropriate candidate for a iud/implant..... makes Ashley a

KNOWLEDGE - LARC Eligibility

- Are you aware of any guidelines, evidence or recommendations about adolescents and their use of either IUDs or implants?
 - Probes: what is your understanding of those guidelines, evidence or recommendations? Have you looked at these guidelines? Do they help you? Are they reliable sources for clinical information?

SOCIAL/PROFESSIONAL ROLE & IDENTITY - Group norms and organizational commitment

- What do you think other (FPs/peds/obgyns) in your office or clinic are doing in terms of counseling or providing LARC to teens? Is it the norm or expectation or not?
 - Probe – Why is that?
- What do you think other (FPs/peds/obgyns) locally (then nationally) are doing with their clinical practice in terms of counseling or providing LARC to teens?
 - Probe – Is this the norm?

- *If does not counsel/provide*: Do you think providing these methods to adolescents is compatible or in conflict with professional standards of your specialty? Tell me more...

SOCIAL INFLUENCES - Social/group norms

- Help me understand how and what professional influences may facilitate or hinder your LARC counseling? What about LARC provision?
 - By this I mean your peers, administration, other professional groups
- Do you identify as the role models or decision makers in this area? Who might be an ally in your clinic, office or department?

BEHAVIORAL REGULATION

Implementation intention

- What are some procedures or ways of working that would support LARC counseling and provision to adolescents in your clinical setting?
- Are there any policies, rules or culture in your workplace (clinic or health system) that either facilitate or hinder adolescent's access to LARC methods?

Goal/target setting

- What preparatory steps are needed in your clinical site to increase the proportion of adolescents who are counseled about or provided LARC methods?
 - Probe: if you wanted to implement change in your own practice (individual, team or entire practice or organization setting) to encourage adolescents' access to LARC, what do you think would be the necessary steps to do this?

That's all the questions I have for you; has anything occurred to you about this topic that we haven't already discussed?

Thank you very much for your time and input. They are both very much appreciated. I have a \$40 stipend in appreciation. Where would you like me to send it?